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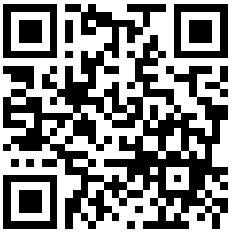

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THE Medical Press and Circular. Estab. 1838.

Being the Incorporation of the Journals hitherto known as "The Medical Press" and "The Medical Circular."

A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JULY TO DECEMBER,

1879.

LONDON : 20 KING WILLIAM STREET, STRAND. DUBLIN : 3 MOLESWORTH STREET.
EDINBURGH : SOUTH BRIDGE. GLASGOW : COLLEGE GATE, HILLHEAD.

N 15084 . d 7
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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 2, 1879.

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Original Communications.

ON PULSATION IN THE JUGULAR AND OTHER VEINS.

By T. LAUDER BRUNTON, M.D., F.R.S.

Pulsation in the jugular veins is usually regarded as a sign of tricuspid regurgitation, and therefore of grave import. When I thus speak of pulsation in these veins, I of course exclude the apparent pulsation produced by the motion communicated to them by the pulsation of the carotids, and refer only to pulsatile movements in the veins themselves. Several writers have noticed that pulsations in the jugular veins may occur without any cardiac lesion. Some have attributed these to contraction of the right auricle, while others have supposed them to be caused by the aorta pressing the blood out of the intra-thoracic veins into the jugulars during its distension by the cardiac systole. Some observations which I have made upon jugular pulsation have shown me that it is sometimes due to the distension of the aorta acting in a somewhat different way from that described by Friedrich. I cannot believe that the phenomena I have observed have previously been unnoticed, and I feel quite sure that they must have been already described by older authors, although I have been unable to find an account of them in more recent works. These phenomena consist in apparent pulsation in the left jugular alone, while it is absent from the right. In the first case of this sort which I saw, the apparent pulsation was very marked in the left jugular. On comparing it with the right, I noticed that it also appeared to be much fuller; and when I compressed it just above the clavicle, in order to ascertain whether I could thus stop the pulsation, it filled up very rapidly, and became much distended. This showed that the peripheral vessels by which it was supplied were much dilated, and that blood was flowing very rapidly into it. On compressing the right jugular in a similar manner, it also became very much distended. On relaxing the pressure, it quickly emptied, and when I alternately increased and diminished the pressure, the alternate filling and emptying produced an appearance of pulsation. If it was compressed with the finger simultaneously with each beat of the pulse, an exact imitation of the pulsation observed in the left jugular was produced. It therefore appeared to me that the pulsation in the left jugular was simply due to alternate compression and relaxation of the innominate vein by the aorta during its dilatation and contraction at each beat of the heart. Since my attention has been attracted to this unilateral jugular pulsation, I have observed several cases of it. These have all been females, and all have been more or less anæmic. The following cases may serve as examples :—

Rosana R., æt. 22, cartridge maker, in following her occupation, stands in a close room. About twelve months ago she began to get very pale. She had no fright, but during the course of the last year she has had much worry. The patient is markedly chlorotic; menstruation is regular, but scanty; the bowels are constipated; tongue clean; appetite rather poor. There is an anæmic murmur over the pulmonary cartilage; the cardiac sounds are otherwise healthy. There is apparent pulsation in the left jugular vein, none in the right. When either jugular is compressed, it fills very rapidly. On compressing the right jugular with the finger at each beat of the pulse, apparent pulsation is produced in it. On first beginning to auscultate, the pulsation in the left jugular was very distinct. The heart's action was somewhat excited. As the agitation of the patient subsided, the pulsation in the left jugular diminished, and finally disappeared. It did not return when the patient walked across the room, but she could only be induced to do so slowly.

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Elizabeth G., æt. 19, is also very pale. For nearly nine months she has had a slight cough, and has been losing flesh. Her appetite is very poor; the bowels are regular; she has not menstruated for the last three months. Percussion sounds are normal. There is a slight click at the end of inspiration over the right infra-clavicular region. The breath sounds are otherwise normal. There is a systolic bruit over the pulmonary cartilage; the heart's sounds are otherwise normal. Pulse, 150, when the patient is standing. The left jugular vein pulsates visibly, but only during expiration. During inspiration the vein empties completely. There is no pulsation in the right jugular, and that in the left is stopped by pressure above the clavicle. It may be imitated in the right jugular by pressure with the finger. There is no distinct venous hum.

Margaret B. came to the hospital complaining of weakness and nervousness. While in attendance, she began to suffer from vomiting, and, a week or ten days after the vomiting commenced, she spat a little blood. Her nose also bled frequently about seven in the evening. There was no abnormal, pulmonary, or cardiac sound. On one occasion, a curious persistent contraction of the jugular vein was noticed at the place where her collar had pressed upon it.

In the case of Rosana R., the pressure exerted by the aorta on the left innominate vein was insufficient to produce the pulsation when the circulation was quiet, but it did so when it was excited by emotion. In that of Elizabeth G., it was insufficient to produce it when the thorax was dilated and the sternum raised by inspiration, but did so when the thorax had collapsed, and the sternum had fallen during expiration. In all of them the peripheral vessels were dilated, so that the vein filled very rapidly during compression, and but for this no appearance of pulsation would have been produced. These few observations may serve to direct attention to a cause of jugular pulsation, which, so far as I can find, is not generally recognised.

There is another venous pulsation which is also omitted from modern text-books, although it is to be found in the older writers. This, however, is not a simulated, but a real, pulsation, occurring in the pulmonary veins, and in the vena cava. Some time ago, Sir Joseph Fayrer and I found that occasionally the pulmonary veins and the vena cava in rabbits might be seen to pulsate rhythmically for a considerable time after the auricles and ventricles had become perfectly still. In one animal, all the cavities of the heart continued to beat for a considerable time after the thorax had been opened. The ventricles then stopped, but the auricles continued to pulsate, as well as the pulmonary veins. The veins and auricles both pulsated at the rate of 119 per minute, but the contractions were not synchronous. The auricles then ceased to beat, but pulsation continued in the pulmonary veins, and the ventricles again commenced, although the auricles remained perfectly quiet. The pulsation of the ventricles was at the rate of eight per minute; while in the pulmonary veins it was at the rate of 46 per minute. Both the superior and inferior vena cava in the same animal were found to be pulsating an hour and forty minutes after the thorax had been opened. From the inferior cava contraction spread like a wave over the right auricle, the ventricle being quiet. But after the auricle had contracted two or three times, the ventricle again commenced to pulsate. These rhythmical contractions of the pulmonary veins, and of the vena cava, occur in animals killed in various ways. Sir Joseph Fayrer and I observed them in animals killed by a blow on the head, by the action of cobra poison, and by the combined use of chloroform, atropia, and physostigma. They do not occur frequently, and the conditions under which they take place are at present unknown, and we are unable to say whether they occur in man at all. But it has been shown by observations on decapitated criminals that the inferior vena cava, as well as the hepatic, portal, and several of the sub-plural pulmonary veins, besides others, are strongly contractile. It seems, therefore, not improbable that such contractions may occasionally occur in the human subject. In one case, as I have already said, Sir Joseph Fayrer and I noticed that the contraction of the pulmonary veins was not synchronous with that of the auricles. The ventricles, at this particular time, were not pulsating, but, had they been doing so, their contractions must needs have been synchronous with those of the pulmonary veins. Supposing that in a case of mitral regurgitation a similar rhythmical contraction should occur in the pulmonary veins, a most powerful obstacle would be opposed to the backward flow of the blood, and the force of the current, driven by the powerful left ventricle into the lungs, would be broken, and the injurious effects it would otherwise produce be greatly diminished. A similar action may be exerted by the vena cava in cases of tricuspid regurgitation.

We have already noticed the persistent contraction which occurred in the left jugular vein in Margaret B., at the point where it had been compressed by the collar. This constriction is an indication of one of the properties possessed by veins which is little regarded in considering the mechanism of the circulation—viz., that of contractility. This property they possess to a very great extent, and it is especially remarked in the smaller veins. In these, the walls sometimes approach each other so closely as to completely obstruct the lumen (?), and altogether prevent the flow of blood through the vein. In them, too, rhythmical pulsations may frequently be noticed. The importance of the venous contractility in reference to the maintenance of the circulation in health and in disease is very great. It is obvious that, if venous radicals contract, they may oppose a resistance to the flow of blood in the capillaries, and by thus increasing the pressure within them may cause more fluid to exude from them into the tissues; while, on the other hand, a rhythmical contraction may forward the onward progress of the blood in the normal condition, and may prevent some of the injurious effects which are usually noticed in tricuspid regurgitation. Everyone who has studied cases of chronic bronchitis must have been struck with the variety of forms in which the obstruction to the circulation manifests itself in them. In one we find considerable œdema, but no albuminuria; in another, great dyspnœa, with signs of pulmonary œdema, although the legs may be very slightly, or not at all, swollen. In the same case you may see the legs begin to swell, and the pulmonary œdema and dyspnœa at the same time diminish. Such an occurrence I have observed in a patient suffering from chronic bronchitis, and who was apparently at death's door from an acute exacerbation of the disease. This patient was obliged to sit upright in bed, gasping for breath; the lips were purple, and all over the lungs there was loud sybillis (?), and rhoncus, with occasionally coarse mucous râles and final crepitation at the bases of both lungs posteriorly. Notwithstanding the interference with the circulation, there was but very slight œdema of the legs. After the administration of an emetic, followed by ipecacuanha and squill, the patient was greatly relieved, but the œdema of the legs increased temporarily. The increase did not, however, last long, and the patient, from the moment of the administration of the emetic, steadily recovered.

The action of drugs upon the veins has hitherto received very little attention, and therefore we are unable at present to bring together pharmacological experiment and clinical observation so as to give us any efficient aid in treatment. But it is probable that before very long we may have some definite knowledge of the action of drugs on the veins, which may help us in many cases, where now we are sadly at a loss in the treatment of those diseases in which venous engorgement plays a prominent part.

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THE SULPHUR SPA OF DONEGAL.

By WILLIAM FAUSSETT, A.B., M.B., F.R.C.S.I.,
Clontarf, co. Dublin.

"There can be no question whatever that sulphur waters and sulphur baths do cure, and even better than any other mode of treatment, many diseases of the skin."—See Dr. Kennion, on Harrogate Waters, last edition.

A PAMPHLET, which I published in 1867, on the "Mineral Springs of Lisdoonvarna," had the effect of calling considerable attention to the medicinal value of those waters, and other writers drawing pretty freely on the information therein supplied them, have since confirmed those observations. A very careful and accurate analysis also of their chemical composition, has been made by Messrs. Plunkett and Studdert, who received a commission from the Royal Irish Academy for that purpose. The amount of sulphuretted hydrogen detected by these gentlemen was rather less than that computed by Professor Apjohn, but they discovered a trace of lithia, which however interesting in a chemical point of view, is perhaps too insignificant to have much therapeutic value attached to it as an agent in the cure of arthritic affections. Since the publication of the pamphlet in question, I have visited the several springs of Harrogate, Moffatt, Lucan, and Donegal, and have satisfied myself that compared with Lisdoonvarna the last three are in their action on the human organism, and most probably in their chemical constituents likewise, very similar, though, no doubt, differing to some extent in their actual proportions.

It is remarkable that none of these waters possess aperient or purgative properties, and may, therefore, be judged by some practitioners to be inferior in efficacy and power to the Harrogate sulphur springs.

When, however, we call to mind the fact that chloride of sodium, or common salt, is the principal aperient element in those renowned waters, and that this is a salt of all others which is rarely adopted in prescriptions, the question naturally arises, may not its absence be considered a gain, and may it not be advantageously replaced by some of those in more ordinary use, *e.g.*, a finely pulverised salt, composed of equal parts of sulphates of soda and magnesia? A teaspoonful the dose, added to the spa in the first draught in the morning, will secure the desired effect on the bowels, while the more important action of the mineral is still retained. Dr. Sheil, of Ballyshannon, writes to me to say he had an analysis made of the sulphur spa of Donegal some years ago, by the late Dr. Aldridge, and that it was found to contain sulphur, sulphuretted hydrogen, and sulphates of lime, soda, and magnesia? Waters of this description, however, can never be conveyed to any considerable distance without losing some of their gaseous elements, as no method of corking, sealing, or otherwise securing them, will prevent a certain amount of decomposition; where perfect accuracy, therefore, is aimed at, the analysis must be made at the well's mouth.

The spa of Donegal, from its manifest strength and power, I regard as peculiarly suitable for warm baths, which can always be secured at the spa by giving timely notice to the caretaker. I am satisfied, also, that it is a most active and efficient alterative, removing effete matter from the blood through the emunctories of the skin, the lungs, and the kidneys.

Those several *non*-purgative springs, viz., of Donegal, Moffat, Lucan, and Lisdoonvarna, all act so rapidly and powerfully on the kidneys that in cases where it is desirable to keep these organs at rest, as in albuminuria, Bright's disease, &c., their use is undoubtedly contra-indicated. Again, should there exist an enlargement of the third lobe of the prostate gland, and that the bladder happened to fill up suddenly and rapidly, retention of urine, as I have known happen, would probably be the consequence.

Dr. Hudson, the present distinguished Regius Professor of Physic in the University of Dublin, so well-known for his accurate observation and sound judgment, first called my attention to the virtues of the Donegal spa, of which he seems to have himself had some personal experience.

Having subsequently communicated to him the result of a fortnight's sojourn there last autumn, I had the pleasure of receiving from him the following letter:—

2 Merrion Square, November 29th, 1878.

MY DEAR DR. FAUSSETT,—I am happy to learn that you have visited Donegal with benefit to your health.

I consider that my own health was materially benefited by the internal and external use of the water during a visit I paid to the town some years ago. I have since sent several patients there with satisfactory results from the use of the spa and bath, and I think it much to be regretted on public grounds that these are not made more available, and their capabilities more generally known.

Believe me, my dear Sir,
Very truly yours,
A. HUDSON.

Dr. Faussett.

The old town of Donegal, though impoverished by the want of trade and the absence of a landlord's fostering care, presents some features of interest.

The ruins of an old Castle and fine old Abbey, associated with the memories of by-gone days, call up many interesting reflections to the mind of a thoughtful tourist. The country around is prettily undulated, and in some places tastefully planted. The narrow bay, with its green islands in the distance, and its snug pier for the accommodation of small vessels, always affords abundant opportunities for boating and fishing. Car-hire is exceedingly moderate, and with single, and sometimes tandem, horses, however diminutive in size, an excursionist can manage to visit many places of interest at a very moderate expense. Lough Esk Castle, within three miles of the town, the residence of Mr. Brooks, is a spot of most exquisite beauty, presenting, within a narrow compass, all the elements of wood, mountain, and lake, that can possibly combine to make a landscape lovely. Mr. Brooks himself, who looks a fine exemplification in green old age of a most healthy locality, informed me that some of the neighbouring inhabitants are remarkable for great longevity; in one instance, an humble individual of the poorer farming class, having attained to the extraordinary age of 115. Mr. Brooks appeared to be of opinion that not only sulphur but chalybeate springs must abound in the neighbourhood, owing to the presence of sulphuret of iron ore in the greatest abundance.

The tourist or visitor to Donegal will always find excellent accommodation at Blain's Hotel, where, without any pretension whatever to style, every attention is given to comfort and good wholesome fare, with abundance of meat, fish, and fowl provided, both host and hostess being most attentive to their guests. Mr. Blain, having prior to his residence in Donegal, kept an hotel at Carrick, can afford much useful information as to the readiest mode of reaching that extraordinary region, abounding in scenery of almost inconceivable grandeur and sublimity, unsurpassed, in fact, for magnificence by any other in Europe. The mountain named "Slieve League," having an elevation of nearly 2,000 feet above the level of the sea, is an object which, from its stupendous height, is calculated to fill the mind of the most ordinary observer with wonder and with awe, while the splendid tints and colouring of the naked surface of the rock, when lit up with the sun's rays, present the most gorgeous sight that the human eye can rest upon. The reader will find a graphic description of this wonderful region in Mr. Henry Coulter's valuable and interesting work on the West of Ireland, written by him as the correspondent of *Saunders' Newsletter* in the year 1862, in which he quotes the glowing description of a very able writer from the *Dublin University Magazine* of September, 1866.

The town of Donegal is distant from the railway station

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of Ballyshannon about twelve miles; cars plying back and forward continually at the rate of sixpence per mile express, or even at a smaller rate with a party.

Clinical Records.

HOPITAL DU MIDI, PARIS.

Amblyopia, symptomatic of Cerebral Syphilisation.

By M. CHARLES MAURIAC,
Physician to the Hospital.

(*Concluded from page 405.*)

The weakness of sight had existed for about nine months, when the eyes of this patient were examined; it was not possible to determine in which eye it commenced, the condition of sight progressively deteriorated, but for some weeks remained stationary.

Many hypotheses might be indulged in, as to the probable cause of the lesion. The following are worthy of notice and comment.

1st. Can we admit that the optic nerves were compressed by a syphilitic exudation, or by a gummatous tumour?

This diagnosis naturally presented itself to the mind. But a tumour so large as to compress both the optic nerves would have also involved the adjacent nerves? We would then have ocular deviation and ptosis of the upper eyelid on one or both sides.

2nd. Would it not be more logical to believe in a syphilitic lesion, having its seat in the corpora geniculata, the tubercular quadrigemina, optic thalami, or the posterior part of the foot of the column of Reil?

Such a lesion would, without doubt, have produced amaurosis, but would it not have been slower, less regular in its process, than in this patient?

Besides, would not other complications have shown themselves?

I may remark, that in this region, in the neighbourhood of the common bundle of all the sensitive and sensorial fibres, it must have been extraordinary, if a morbid production was so circumscribed as only to involve the visior. It must be confessed that one of the most obscure points of cerebral pathology is the real origin of the optic nerves, and the central lesions which may consequently atrophy them. If, with amaurosis, hemi-anæsthesia and hemichorea had existed, we might say, it is certain or probable that the seat of the lesion is in the part posterior of the peduncula. On the other hand, if there had been hemiopia, we might pronounce in favour of a probable lesion of the base touching the optic bandelette.

Right lateral hemiopia, that is to say, abolition of the right half of the field of vision of the right eye, or the right halves of the two retinæ, indicates a lesion of the right bandelette; and *vice versa*, for left lateral hemiopia. As regards temporal hemiopia, or loss of vision in the external half of each eye, it generally arises from a lesion having its seat in the anterior angle of the chiasma. In the patient under notice such lesions had not been observed. Excluding these two hypotheses, we should be led then to admit that the cause existed in some of the centres of innervation in the cortical layer of the hemispheres.

May we not believe, that the disorders of the eye and vision have some affinity of origin with the lesions from which result aphasia and right hemiplegia?

This appreciation would be too vague and hazardous, and I would not have put it forward, if some facts did not come to my support.

In a recent work, my learned colleague and friend, Dr. Luys, amongst many other interesting cases, reports the following—

A woman, æt. 66, lost successively, the sight of the right and left eye, whilst at the same time severe pain came on in left frontal region. She attributed her blindness to excessive work at sewing.

This patient died of some acute disease, and an ophthalmoscopic examination of eyes was not made. On examination of the brain after death the following characteristics were found: The optic nerves were notably atrophied, the right had a greyish tinge. The tubercula quadrigemina and corpora geniculata were also atrophied, similar lesions in optic thalami. But where M. Luys noticed remarkable peculiarities, was in the frontal convolutions. The first and second frontal, about two centimetres above their emergence from the sub-orbital lobe, presented some ulcerations formed by a very notable softening of the cerebral surface. They were surrounded by a very close vascular network, with adherence of the pia mater to the subjacent tissues.

M. Luys adds, that this was the third example he had met with of the coincidence of a general lesion with alteration of sight. Thus the functional suppression of vision had, in the three facts observed by M. Luys, been due to atrophic degeneration of a circumscribed portion of brain, and this was exclusively confined to the frontal convolutions.

Must we not conclude that a close anatomical connection exists between the optic nerves and the grey cells of the frontal lobes, and that this anatomical connection creates between the two parts a functional solidarity, so that when one of the portions is injured, the other shares in the lesion. And since atrophy of the optic nerve carries with it atrophy of the frontal convolutions, may not a reciprocal action take place? Is it not legitimate to suppose that atrophic degeneration of the convolutions may produce amaurotic complications and atrophy of the papillæ?

Was not such the case in this patient? It was evidently the left frontal lobe which had been attacked by syphilitic determination. At the commencement—at the epoch of the attack of aphasia and right hemiplegia—the principal seat of the lesion was the third left frontal. But it is possible, that by little and little, it extended to the neighbouring parts, attacking the centres which are in anatomical relation and physiological solidarity with the optic nerves.

It is a complex question. My patient exemplifies a possible cause of syphilitic amblyopia. In all cases we should not search for the cause in the nervous apparatus of the eye, but rather in the centres from which emanate sensorial innervation. The lesion may be central or peripheral.

Special.

MEDICAL ACTS AMENDMENT BILL.

The Select Committee on the Medical Acts Amendment Bill held a fourth sitting on Friday, June 27th, when the further examination of Mr. John Simon, C.B., F.R.S., P.R.C.S., late Medical Adviser to the Privy Council, was proceeded with by Mr. Wheelhouse, the hon. member for Leeds.

The Oxford Medical School.

Mr. Simon concluded that Oxford afforded only the preliminary scientific education of a medical student, but urged that an eminent distinction must be drawn between the education afforded, and the examination conducted, by the University. In discharging the latter duty outside assistance was sought, and men fully competent to undertake the office of examiner tested the capabilities of candidates for the University degree.

Irish Students.

Mr. Wheelhouse wished to know if the witness had heard any complaints that the period of education had been so reduced in Ireland that students at some places in that country are permitted to qualify in a little over two years. Mr. Simon said he was not aware of any such fact, which if it existed, would indicate a most improper state of things, and he thought that in such a case as this the Medical Council should at once enforce amendment, if it had the power to do so. Neither had he heard that students attending at some Irish educa-

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tional institutions were not placed on the register, such registration being part of the duty of the branch Council for the country.

THE BRITISH MEDICAL ASSOCIATION

was referred to by Dr. CAMERON, as having very freely criticised the acts of the General Medical Council, which body it expressly charged with refusing to accept extended power of action. Mr. Simon replied that it was historical how the Medical Bill of 1870 had been wrecked, entirely through the attempt of the Association to force the abuse relating to direct representation, but that the General Council were entirely in accordance with the provisions of Lord Ripon's Bill, including that which would have conferred a greatly increased power on the Council. A considerable amount of evidence as to the General Council, which was given, was a mere recapitulation of that already published in abstract in these columns; but on the subject of a

CONJOINT SCHEME,

Mr. SIMON said he did not approve a *single* Board for the three kingdoms. He wished to see a separate Board constituted for each, with a general Board or Council of supervision. From this there might be a right of appeal to the Privy Council. He could not agree with the British Medical Association that progress had been obstructed by the constitution of the General Medical Council, but, on the contrary, felt certain that the Medical Association was itself a prominent obstructive, as evidenced by its conduct in regard to the Bill of 1870. The witness then explained the nature of the opposition stirred up against the Bill, and described it as factious and impetuous, quoting in support of his theory some passages from the defunct *Medical Mirror*. He did not think plebescite votes by distributed papers at all a satisfactory method of ascertaining general opinion; and in regard to direct representation he closely followed Dr. Acland's testimony on the same point. Mr. Simon, while contending that the Council worked well, and will suffer from direct representation of the general practitioner on it, is of opinion that its numbers might be advantageously reduced, and its business thereby expedited. He is convinced that the powers at present vested in the Council are insufficiently large, and thereby its working is so far defective; but this in no way, according to him, affects its constitution. While dissenting from the universal suffrage proposal, he thinks that every man who enters the profession should be able to feel that on attaining a higher grade of qualification in the corporation that has licensed him, he will have a voice in electing the officers of his Society. And as these latter decide the representation on the Council, this choice will indirectly rest with the younger licentiates also.

QUALIFICATION.

Mr. SIMON said he admitted with regret that a great number of practitioners whose names were contained in the Register boasted only a single qualification. Dr. Lush then pointed out that of the six Crown nominees on the General Medical Council, five held only *one* qualification. Mr. Simon, while avowing himself as singly qualified (R.C.S.) said he believed that some of the gentlemen mentioned ought to possess surgical or medical licenses, as the case may be, but that they were accustomed to employ only one or other respectively. In former times, he continued, it was a caution to a man entering on surgery to beware of medicine, and *vice versâ*; all these considerations must be taken into account in discussing the point raised by Dr. Lush.

ROYAL COLLEGE OF PHYSICIANS.

Mr. SIMON said that the Royal College of Physicians claimed, in virtue of an Act of Henry VIII., that its licentiates, members, or fellows might practice equally, medicine or surgery. This right is recognised by the Local Government Board, the Royal College of Physician's diplomas conferring a double qualification on the possessor. Some years ago, he added, the College of Physicians obtained the assistance, since continued, of Fellows of the Royal College of Surgeons, in examination of candidates for its diplomate. No examination exists for the Fellowship of the College.

SCHOOL OF MEDICINE FOR WOMEN.

LORD ABERDARE presided on Thursday at the annual distribution of prizes to students of the London School of Medicine for Women, 30 Henrietta Street, Brunswick Square. Among those present were Mr. Stansfeld, M.P., Mr. G. J. Shaw-Lefevre, M.P., General Waddington, Mr. Hopgood, Prof. Allen Thompson, Dr. Elizabeth Blackwell, Miss M'Laren, M.D., and Miss Louisa Stevenson. The Dean of the School, Mr. A. T. Norton, F.R.C.S., in opening the proceedings, said, that this session terminated the second year of the School since its recognition as a school of medicine in association with the Royal Free Hospital. In all 56 students had entered the School since its foundation, of whom 11 joined in October last. Altogether 11 of these students were, or would be, engaged in medical missionary work. Five ladies who had been partially, and one wholly educated here had been registered as qualified medical practitioners. One lady had come back from Africa in order to obtain a medical degree, had studied at this School, obtained the licence of the King's and Queen's College of Physicians of Ireland, and had since returned to Livingstonia, on Lake Nyassa, to continue her missionary and medical labours. He was glad to say that, of the small number attending the School, 5 were preparing themselves for the medical degrees of the London University. In conclusion, he drew attention to the course of science lectures given at this institution to ladies who wished to complete their studies in such subjects without desiring to become doctors. The prizes were then awarded, the principal prize winners being Miss Prideaux, Miss Marston, Miss Kenealy, and Miss Cradock.

Lord Aberdare congratulated the meeting and all who had the same cause at heart upon the progress made in the movement to place women on a social equality with men in all matters in which such equality was desirable. He alluded more especially to the enlargement of the charter of the University of London so as to admit ladies to all degrees of the University. The Royal Free Hospital, with which this School was connected, had been recognised as a medical school by the Senate of the University of London, so that at last the principal obstacles which had prevented their progress had been effectually removed. He was glad to say that the Medical Acts Amendment Bill had been somewhat improved in its passage through the House of Lords, and he hoped that any objectionable clauses remaining would be removed in the other House. In conclusion, he dwelt upon the great service rendered to this institution and to society by the efforts of those, and of the ladies especially, who had opened a medical career to women.

Mr. Stansfeld, in making a financial statement as honorary treasurer, said that including cash in bank, £744 from subscriptions, and £742 from students' fees, the receipts for the year were £2,197, and the expenditure, including subscriptions to the Royal Free Hospital of £315, amounted to £2,125. After speaking at some length on the financial position of the school, he called attention to the scholarships. Besides their own entrance scholarship, there was one founded by the Birmingham Ladies' Association for the Education of Women, worth £30 a year, and tenable for three years; and another bestowed by the National Association for Promoting the Education of Women—a society having their headquarters at Edinburgh. He also acknowledged a donation of twenty guineas from the Clothworkers' Company. The school was greatly indebted to the hon. secretary, Mrs. Thorne, for her self-sacrificing labours to secure the success of the institution. As to the Medical Acts Amendment Bill, that measure was before a Select Committee, and there was practically no chance that the Bill would pass the House this session. Knowing the amount of professional jealousy—indeed of male jealousy—which the Bill had excited, he was sure that it would be necessary to watch its provisions closely.

Mr. Shaw-Lefevre moved a resolution, declaring the satisfaction of the meeting with the progress made by the school during the year. Mrs. Westlake seconded the motion, which was supported by Mr. Critchett and carried unanimously.

OPENING OF THE PARKES MUSEUM OF HYGIENE.

A NUMEROUS and brilliant company assembled last Saturday at University College, Gower Street, to assist at the inauguration of the Parkes Museum of Hygiene. The Right Hon. R. A. Cross, Secretary of State for the Home Department, presided. He was supported by the Right Hon. Viscount Cranbrook, Secretary of State for India, His Grace the Duke of Northumberland, Earl Fortescue, Cardinal Manning, Sir Thomas Watson, Sir William Jenner, Professor Huxley, the Council and Staff of University College, &c. The right hon

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gentleman opened the meeting in a few practical and sensible observations on the value of the labours of the late Dr. Parkes, and the importance of the collection which he had had the gratification of inspecting, and which no doubt would directly subserve the studies of officers of health, architects, engineers, and others, on whose special attainments the public health so largely depends, and prove of immense advantage to the public. The collection has been methodically arranged, and select illustrations of very many departments of hygiene are exhibited in sections. Great praise is due to the committee, who have laboured to bring the museum to its present state. It is, however, we need scarcely say, far from complete. Indeed, the committee must have very soon discovered that the term hygiene is capable of very wide application, and therefore, seeing that their space was limited, have mainly confined their efforts to an attempt to illustrate visually the various subjects which are treated of in Dr. Parkes's comprehensive book on Practical Hygiene. The various articles exhibited are carefully arranged in six groups, under the headings of, 1. Engineering and Local Hygiene. 2. Architecture. 3. Furnishing. 4. Clothing. 5. Food. 6. Preservation and Relief. To these a library, which is a very important and necessary addition, has been added, so that in time the Parkes Museum will become a great centre of reference for students and all persons in search of knowledge on hygiene.

For the benefit of those who are specially engaged in sanitary work, a department has been instituted for demonstrating the uses of hygienic apparatus, and this is wisely placed under the direction of Professor Corfield, whilst a curator, Mr. Judge, is placed in charge of the collection generally, and attends on the mornings of Tuesday, Thursday, and Saturday to facilitate their inspection, and answer all inquiries. The committee, it should be known, have received valuable aid from Mr. T. Twining, of Twickenham, whose labours in sanitary matters have extended over many years, and in addition to a donation in money, this gentleman placed at their disposal an useful contribution of museum fittings, together with serial illustrations and a collection of food articles. He also prepared a convenient synopsis of the proposed scope and classification of the museum, and materially assisted in other ways by his extensive experience in matters pertaining to sanitary work.

Her Majesty the Queen has shown her gracious approval of what has been done for the instruction of the public by a munificent donation, and His Royal Highness Prince Leopold, as well as other members of the Royal Family, have given the scheme their cordial support. The Government of this country, as well as that of the United States of America and the City of Brussels, have also contributed various articles and reports; and Sir Joseph Hooker furnished from the Museum of Economic Botany at Kew a useful collection. Altogether, the museum has made a good beginning, but it is manifestly far from being complete. A museum must be a thing of slow growth, and the collection is a mere skeleton of what we hope it will be. "Whether the hopes and intentions of the committee," as the report says, "are to be realised, depends entirely upon the public." Those who have laboured to bring it to its present condition have however so far given a good account of their stewardship, and we feel certain that both funds and materials will be forthcoming to make the Parkes Museum a national and a useful institution, worthy of the important subject which it illustrates, and the great name it bears.

Special Correspondence.

[FROM OUR CORRESPONDENT WITH THE AFGHAN ARMY.]

CHANGES IN THE INDIAN MEDICAL DEPARTMENT.—A recent number of the *N. W. P. Gazette* contains a notification that a Deputy-Surgeon General, Indian Forces, has been placed at the disposal of the local Government, and that this officer will hold henceforth charge of the Civil Medical Department in those provinces. This measure marks a new starting point in medical administration. The civil duties of the Indian Medical Department, which is essentially a military one, will henceforth be severed from the charge of troops. The deputy-surgeons general who superintended civil and military duties alike were often inexperienced in those of the former. This led to much inconvenience, which will be obviated by the new arrangement. The civil surgeons will be now entirely subordinate to the local Government under which they serve. Under the new scheme, inspectors-general of dispensaries will cease to exist. The civil appointments appertaining to the Indian medical service, some of which are very lucrative, are, as a rule, medical charge of jails, civil dispensaries (kept up by the municipalities), rajahs, or rich nawabs, or native noblemen, ordnance department, private practice, which latter depends much upon the local reputation of the surgeon. Some young and active officers of the Indian medical service hold several of such appointments, as well as the charge of a Sepoy regiment.

CHOLERA IN INDIA.—Since the breaking up of the Hurdwar Fair, between 10th and 12th April, cholera, which is stated to have caused several thousand deaths among the Hindoos there assembled, has been brought by them into several stations in the North-west Provinces and the Punjaub. Local outbreaks follow only immediately upon their arrival. It has now appeared at Lukkur, the starting point for Candahar, and through which our returning troops must pass. The sanitary condition of the East is described as bad in the extreme, and in many parts the stench—from decomposing dead bodies and want of due attention to surface conservancy,—as abominable, very favourable conditions for its spread.

RETURN OF THE TROOPS TO INDIA.—It is rumoured that on the conclusion of peace with Yakoob Khan, the greater part of the troops will march back in June to the Plains. Hopes are universally expressed that such a move, which must lead to great hardships, will be avoided.

THE NEW DISEASE.—Surgeon-Major Joseph O'Brien, Civil Surgeon, has published some interesting notes on "Acute Dropsy," from which we gather that the disease may be propagated by contagion and imported. Several instances are given.

DEATHS OF MEDICAL OFFICERS IN INDIA.—We regret to announce the deaths of three surgeons-major of the British service—Drs. Kilroy, Jamieson, and P. J. Clarke. The first occurred at Nainee Tal from cholera. Surgeon-Major Clarke (brother-in-law to Professor Mapother, Vice-President, Royal College of Surgeons in Ireland) died at Dinapore. He entered the service 17th March, 1849, and saw over thirty years' service. Dr. Clarke served in the Crimea, Indian Mutiny, and during a severe epidemic of yellow fever at Barbadoes, for which he received the thanks of the military authorities. He also held the onerous appointment of Recruiting Officer in Dublin, officiating for some time as Surgeon-General and Principal Medical Officer of the Dublin Prison. After a long and laborious service in the army, he was passed over (like Dr. Todd and other well-known officers) by the head of his department on grounds which, to outsiders, appeared flimsy and childish in the extreme. Indeed, we believe some occurred subsequently to his removal from his appointment. Dr. Clarke made a gallant struggle for his rights, but with little result to himself; but we are in a position to state, with the effect of directing special attention to the proceedings of the gentleman in Whitehall Yard, whose popularity gained little by the correspondence which he published. Dr. Clarke leaves many friends among his late brother officers, with whom he was always popular.

CHANGES IN THE ADMINISTRATIVE APPOINTMENT IN INDIA.—With a view to economy, we are in a position to state that, at the termination of our difficulties with Cabul, the question of the dual appointments in the administrative ranks will receive the early attention of the Indian Government—one deputy-surgeon general only being retained in each circle.

SICK AT THE FRONT.—By latest advices from Gandamak we hear more than 600 sick are in the hospital of this division. The Rifle Brigade has most sick in hospital. Since the last news a correspondent writes to us: "The most horrible smells arise in all directions."

PRINCIPAL MEDICAL OFFICER IN INDIA.—Surgeon-General Innes, C.B., has just returned from a tour of inspection of the hospitals at the front. He accompanied the Commander-in-Chief, and is stated to have been pleased at the result of his visit. Up to the present no strain has been put upon the arrangements, which would have been amply tested had the army marched to Cabul.

CHOLERA IN 15TH HUSSARS.—Since the return of the regiment to Meerut from Kandahar, 10 seizures occurred, out of which 8 proved fatal. The admissions were confined to B Troop, who occupied a carriage used by some of the Hurdwar pilgrims in returning to the Punjaub. An investigation into the circumstances is being carried out by the authorities.

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DISCOURTESY TO ADMINISTRATIVE OFFICERS IN AFGHANISTAN.—A correspondent of the *Civil and Military Gazette* comments in no measured terms on the discourtesy shown to Dr. Gibbon, Principal Medical Officer, Colonel Hunt, Chief Commissariat Officer, and the Chaplains to the Forces, at Sir Samuel Browne's reception of the Ameer at Gandamak, in not being amongst those specially invited to be present, while several members of the Press were officially invited to be present.

SURGEON-MAJOR PORTER.—Surgeon-Major Porter, late Assistant Professor of Military Surgery at Netley, is at present in charge of the 1st Field Hospital at Jellalabad. His services would no doubt have been appreciated as they deserve had the army advanced to Cabul. The abrupt termination of the campaign has been a disappointment to many officers, who are tired of the monotony of inaction in the Khyber.

SPECIAL CORRESPONDENT OF THE "STANDARD."—Mr. Frederick Boyle, of Ashantee and Bulgarian notoriety, has been getting into scrapes with General Maude for his rather free speaking about the not very creditable affair at Dakka. Mr. Boyle's telegrams were refused, but we understand such absurd restrictions on free comment are likely to be removed. Mr. Boyle has made the Indian public acquainted with his wrongs through the *Pioneer* and *Civil and Military Gazette*.

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

„ IF PAID IN ADVANCE 1 1 0

. Post-office Orders and Cheques to be drawn in favour of—

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A. H. JACOB, 3 Molesworth Street, Dublin.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 2, 1879.

THE MEDICAL COUNCIL WITNESSES BEFORE THE SELECT COMMITTEE.

UP to Friday, the 27th ult., four days had been occupied by the Select Committee on the Medical Acts Amendment Bill in receiving evidence from two witnesses. It is true that the official position of both these gentlemen is sufficiently important to make it advisable to receive whatever testimony they can adduce in support of a measure of reform; but viewing the evidence as it has been reported in our columns, by our own Commissioner, it is impossible to repress a feeling of intense disappointment at the really valueless nature of the work accomplished at a cost of so much valuable time. It took two days of four hours each, for Dr. Acland to wriggle about the definition and meaning of plain, straightforward terms. Eight hours to extract from him the information which, with a ready and spontaneous answer to each pertinent question as it was propounded, might have easily been expressed in a sixth part of the time.

There is little in Dr. Acland's evidence to call for the congratulations of the body over which he presides; and we venture to believe that the General Medical Council will scarcely support him, *en masse*, in his ascription to it of that degree of perfection which brings it only just within the pale of human works.

Though Mr. Simon has been a little less rapturous in his appreciation of the immaculate constitution of the Council, he nevertheless exhibits a most unbending conservatism on the subject of direct representation. The laboured reasoning of both witnesses against a perfectly obvious measure of right and good would have been amusing to see, had the conviction not been forced on the observer that the chief officers of two such important and influential bodies as the General Medical Council, and the Royal College of Surgeons, were thus blind to the signs, and the exigencies of the times. Moreover, it is exasperating to note how grievously wasted the precious time is; a fifth meeting of the Committee will, in all probability, have determined only the conclusion of the examination of two witnesses. At this rate of progress, when can it be hoped that the labours of the Committee will have ceased? Far too late, even now, to admit of any final legislation during the present session, and hence another year must be born ere a move can be made in the direction of purging the profession of the stigma that endangers its prestige.

We are justified in decrying such unsatisfactory evidence as is much of that already tendered. It is reprehensible in a witness to attempt to evade a direct reply to a question set with the object of eliciting information necessary to guide the Committee in arriving at a decision on an essential point; and we cannot speak too severely in reproof of any attempt to shroud round the simple truth with an atmosphere of vague generality. Time is lost thereby; confidence in the witness is rudely shaken; progress is impeded; and no benefit can possibly accrue from such a course, save the paltry satisfaction an individual may experience in having successfully withheld his real opinions, or concealed the real facts that exist.

The evidence of the President of the General Medical Councill was an elaborate, but ill-concealed, *suppressio veri*, an effort to cover the information which was demanded from him in that cloud of diplomatic words which are "made to conceal our thoughts." That of Mr. Simon was the dogmatic assertion of his opinions, marked by an admitted unacquaintance with the facts bearing upon those opinions, and by an almost diametric variance from the views held by the great majority of the profession. Taken together, the testimony of these leaders of the Medical Council has been invaluable to the cause of medical reform, for it must have gone far to satisfy the Select Committee

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that a Medical Council formed of such material would probably be as impractical as its assailants represent it to be, and, furthermore, that the Crown nomination of members of the Council, being exercised in favour of stilted respectability rather than administrative ability or exhaustive knowledge of medico-educational subjects is misapplied, and needs to be directed into a different groove.

THE MEDICAL PROFESSION.

When the Metropolitan Counties Branch of the British Medical Association met last Wednesday to discuss the subject of the professional education of the general practitioner, they took, we consider, the initiative in an important and much needed reform. Many members were present at the meeting referred to, and Dr. Andrew Clark, the able President of the Branch, explained the object which they had in view. He said that the present system of education was defective, inasmuch as it did not sufficiently provide for the instruction of the student in ordinary practical matters, and that the latter was under the necessity of devoting too much attention to subjects, a knowledge of which was of comparatively little importance to the general practitioner. Among the members who spoke on this occasion we may mention Dr. A. P. Stewart, Dr. Joseph Rogers, Mr. Christopher Heath, Dr. Silver, Dr. Edis, Mr. Sibley, and Dr. Semple; and the result of the meeting was that a Committee was appointed to collect information on the subject from teachers and practitioners, and to report to an adjourned meeting to be held on Wednesday, July 16th.

That the curriculum of study which the student has hitherto had to observe is defective, that the actual work done by him at the hospitals is far short of what it ought to be, and that much valuable time, which ought to be devoted to practical medicine and surgery, is sacrificed to the learning of the collateral sciences, we have long been convinced. No doubt the Committee above-mentioned will, in the course of their investigation into the present state of hospital teaching, find that there is plenty of room for improvement. But if they wish to go to the root of the question, and to find out all the hidden springs of the incompetence so often shown either by the student at his pass examinations, or by the practitioner engaged in practice, we strongly advise them not to collect their information from the teachers and practitioners only, but to interrogate students themselves on the subject. They might also gain many hints from some of the examiners belonging to our several examining bodies, considering that the latter have so many opportunities of knowing in what respect candidates most frequently fail. Probably, for instance, the examiners at the Royal College of Surgeons could give some important information respecting those points of practical surgery in which candidates are apt to display the most ignorance, while similar and valuable evidence might be given by some of those gentlemen who are attached to the examining staff of the Royal College of Physicians, or the Apothecaries' Hall.

The subject for the consideration of the Committee seems to us to divide itself into two parts. First, there is the question as to what amount of time should be devoted to theoretical and practical studies respectively? And, secondly, there is the question whether some of the subjects which now take up a good deal of the students' time at the hospital might not more satisfactorily form a part of his general education? With regard to the ancillary and more theoretical branches of knowledge, the propriety of leaving to private study and periodical examinations, much that is now taught by elaborate lectures is well deserving the careful consideration of those who would make our medical schools more perfect than they are at present. It is, however, in practical instruction, that medical teaching falls so short of the requirements of the present age, and the British Medical Association will have accomplished more than they ever accomplished before, if they can suggest some plan by which no student is allowed to leave the schools until he has given some proof of being tolerably well acquainted with the more *practical* duties of his profession. That school will approach nearest to perfection whose teachers take care that no student shall leave its portals until he is at least *au fait* at the performance of all the minor operations of surgery, at the more common operations of midwifery, and in the use of the various instruments of diagnosis with which both the physician and surgeon are now furnished. The reasons why so many are, on entering the profession, ignorant of the most common matters of routine practice will deserve careful consideration, as well as the best means by which this evil may be remedied. It cannot be denied that too much attention has been of late paid to examining bodies, and to the efficiency of their examinations, while too little attention has been given to that fountain head of medical education, the medical schools.

The question, too, of transferring the study of some of the preliminary subjects, such as chemistry and botany, from the medical to the general schools, is a very important one. We have no doubt that the time will come when this plan will be adopted. For considering that the elements of the natural sciences are already taught in most of our public schools, surely it might be arranged that the subjects above-mentioned form a part of the preliminary general education of the student, so that the time now spent in listening to lectures on these subjects might be devoted to more purely professional studies.

For these and other reasons which we cannot now specify, we gladly support the movement to which Dr. Andrew Clark has given the weight of his authority. We notice, however, that the adjourned meeting of the Metropolitan Branch of the Association is to be held in the course of a fortnight, and wonder how the Committee can expect to collect much information in so short a time.

Notes on Current Topics.

The Harveian Oration.

Dr. Wilks' Harveian Oration at the Royal College of Physicians on Thursday last was an eloquent vindication of the claims of science, and of men of science, on the general interest and appreciation of the public. Wisely abstaining from any tedious demonstration of a technicality, Dr. Wilks treated his auditors to an able and

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spirited discourse in defence of medicine and "medicine men." Calling attention to the watchword of the College, the command left by Harvey to investigate Nature through experiment, he explained the real meaning of the dictum, and demonstrated the direction of legitimate scientific inquiry. At some length he dwelt on the relation of physiology and medicine, and enforced the conclusion that all present knowledge of the functions of the human organism is at best only tentative, while we can never hope for a full and perfect recognition of the great truths of physiology until such time as these have been unfolded by, and through, the unceasing study of vital activities, normal and morbid. He strongly deprecated the action of the sentimental army, who strive to stay the progress of knowledge on the ground that this should not extend to things that are in their nature sacred. No limit, he urged, can be legitimately placed to the inquiries of man seeking an explanation of the mysteries within himself. In order to attain to absolute information, he is justified in adopting the means that seem to him the most fitting aid to the accomplishment of his purpose; and Dr. Wilks expressed a just indignation towards those writers who exert popular power in diverting the minds of the great unreflecting masses of society to antagonism with the prosecutors of scientific research.

Referring to the admission of women into the profession, Dr. Wilks drew attention to the common fallacy which described a medical practitioner as one who "administered" physic. If this definition of a physician held, there could arise no doubt that a woman is the one most fitted to undertake professional work, but his hearers would recognise the gross error involved in the conclusion, and he could willingly trust the profession at large to exercise the power they held to influence the progress of the movement in favour of the qualification of females, with a conscientious regard for the integrity and nobility of the profession.

The address was characterised throughout by a liberalism in thought, freedom of expression, and a scholarly finish, that serve to make it one of the most interesting and impressive of the orations in commemoration of the great discoverer of the circulation.

On the conclusion of Dr. Wilks' discourse, the Baly Medal, a biennial award for extraordinary research, was awarded to Dr. Charles Darwin, the author of the "Origin of Species," who received an enthusiastic welcome from the assembly.

Dr. Acland upon Irish Conjoint Examination.

By way of illustration of the want of knowledge of the subject, evidenced by the testimony of the President of the General Medical Council given before the Select Committee, we note his reported statement, that "As to conjoint examination, Ireland was equally divided in opinion, rather, perhaps, against than for."

It might have been reasonably expected that the head of the institution which is supposed to regulate medical education would have known—

a. That every licensing body in Ireland was prepared and pledged to co-operate in conjoint examination, save the Queen's University;

b. That the scheme for a conjoint diploma fell through only because the Queen's University refused to co-operate, and because, if the Conjoint Scheme had been completed, that institution would have been at liberty to give Doctorates of Medicine at £5 a-piece, and on a half-price curriculum, while the conjoint examinee would have had to pay £30, and a full-cost education;

c. That, in view of this contingency, the whole of the other licensing bodies were obliged to refrain from examinational reform;

d. That the General Medical Council was at the bottom of this failure, because it neglected to require uniformity of system, which it might have done if it had so pleased.

The Convalescent Home for Dublin.

We greatly regret to observe that the effort made by a few philanthropists to establish a convalescent home for infected patients from Dublin hospitals has failed. At a meeting of the supporters of that proposal, held last week, it was resolved—"That, inasmuch as the efforts of the executive committee to establish a convalescent home for persons recovering from infectious diseases have hitherto proved abortive, owing to the comparatively small sum which has been contributed by the public in aid of the movement, this meeting is of opinion that it is desirable to call upon the Public Health Committee of the Corporation, acting as the Urban Sanitary Authority of Dublin, and in co-operation with the urban sanitary authorities of the suburban townships, to establish a convalescent home such as is contemplated, in accordance with the powers given those sanitary authorities under section 155 of the Public Health (Ireland) Act, 1878. Further, that a sum of £1,000 be contributed out of the funds collected up to the present in aid of the establishment of a convalescent home under the said provisions of the Public Health Act, and that the sanitary authorities in question proceed to found such an institution, subject to the consent of the subscribers."

A medical contemporary says, "What will the Corporation do?" Echo answers, "Nothing." The Public Health Committee of the Corporation have neither initiated nor encouraged this movement (nor, indeed, any other for improving the health of the city). They will be well pleased if sanitarians will only let them alone, and not keep bothering them with nasty vital statistics, or pestering them to do something to save life. "Dublin," say they, "is pretty well, and will get on comfortably enough if you keep never minding the deaths of a few hundred beggar children." It is all the "fault of the weather clerk and the sub-soil of the city, and it is ridiculous to expect us to trouble ourselves about it. Besides, if we acknowledged that Dublin was a pest-hole the public would keep aloof, and then what would become of the lodging-housekeepers and shopkeepers? and, moreover, the owners of tenement-houses would serve us out at the next elections."

We rather think that the promoters of a convalescent home will be more surprised than pleased if the Public Health Committee should accept their offer.

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Joseph Lister, Esq., F.R.S., LL.D. (Univ. Dub.)

Mr. Lister visited Dublin on Wednesday last for the purpose of receiving the degree of LL.D., *honoris causâ*, from the University of Dublin, in consideration of his distinguished services to surgery. On the following day he gave a demonstration of his method of antiseptic dressing in the theatre of the Richmond Hospital, in the presence of a large number of surgeons and students. Amongst those present were Dr. Kidd, Professor Bennett, Dr. Robert McDonnell, F.R.S., Dr. Banks, Dr. Ormsby, Mr. Alcock Nixon, Dr. Darby, Messrs. W. Stokes, W. Thomson, W. Thornley Stoker, and A. H. Corley, Surgeons to the Hospital. Mr. Stokes introduced Mr. Lister, who then gave an interesting and lucid description of the method of antiseptic dressing. He urged thoroughness and the closest attention to every detail, observing that it would be much better not to attempt it at all unless it was carried out properly. At the close of the address a vote of thanks was passed to Mr. Lister, on the motion of Mr. Stokes, seconded by Mr. Corley.

Property Disqualification of Poor-Law Guardians.

A rather interesting question, which was recently submitted to the Local Government Board by the Guardians of Omagh Union, has been replied to. The Guardians desired to know if a person deriving any pecuniary benefit from the rates of the union was disqualified for being a member of a dispensary committee within the union. The reply of the Local Government Board to this question states in effect that persons deriving emolument by salary or by superannuation allowance from the rates, or contractors for supplies to the workhouse, are not disqualified for acting as members of dispensary committee, but a member of a dispensary committee who supplies medicines or other goods for the use of a dispensary in his district is liable to a penalty of £50.

Condition of the Thames Water.

One would have thought that the enormous amount of rain we have had this year would have made the water of our rivers purer than it has been for some time, at least so far as the presence of organic matter is concerned. But, according to a recent report of Colonel Bolton, the metropolitan water examiner, this does not appear to be the case. He says that the state of the water in the Thames at Hampton, Moulsey, and Sunbury was indifferent from the 1st May to the 5th; it then became good, and remained in that condition until the 28th, when it became very turbid, and was bad for the rest of the month. The water in the Lea was indifferent during the early part of the month.

St. Andrews Graduates' Association.

The anniversary session of the Association was held at the rooms of the Medical Society of London, on Wednesday last, and the dinner at the Langham Hotel the same evening. Dr. Macintyre, of Odiham, presided. The re-union was of an agreeable character, and the following gentlemen were elected as the Executive for 1879-80:—President of the Council: Dr. Richardson. Honorary Treasurer: Dr. Paul. Honorary Secretary: Dr. Sedgwick. Council: Drs. Cleveland, Day, Dudfield, Holman, Macintyre, Royston, Seaton, Wiltshire, Cooper Rose, G. Bird, Falls, Granville, Kesteven, Mott, Roberts, Stocker Weir, Archibald, Dale, Graves, Henry, Hetley, Iles, Kershaw, Madge, Smith, Prof. Pettigrew, and Mr. Menzies.

Vivisection.

We lately drew attention to the able manner in which Dr. Walker, of Peterborough, exposed the fallacies of the anti-vivisectionists. We are pleased to see that at a recent meeting of the Anti-vivisection Society at Warwick, Dr. John Tibbits was equally successful in contradicting the sensational and calumnious attacks which the agent of that society made upon the medical profession. The result of the meeting at Warwick was the same as that of the "lecture" at Peterborough. The lecturer did not succeed in getting his resolution passed, he met with an amount of opposition he little expected, and the meeting broke up in confusion.

Apropos of this subject, we may remark that in a capital leading article on Dr. Wilks' Harveian Oration, the *Times* did not flinch from noticing the mischief which ensued from the intemperate agitation which has now for some time been going on against this method of experiment. "If we ever," says our contemporary "see an economy of nerve force which would throw all other conceivable economies into the shade, it will be attained by perseverance in the investigations which Marshall Hall and other medical physiologists have commenced, *and which have been so far hindered among ourselves that we must either submit to expatriate our best workers or to receive our knowledge at second hand from the countries of Continental Europe.*"

The Temperance Movement.

In many respects the "Temperance Movement" is moving in a right direction. A few days ago the Earl of Shaftesbury opened at 161 Westminster Bridge Road, the first of a series of cocoa rooms to be opened by Mr. Dockhart in various parts of the metropolis, the object being to provide the working classes with light refreshments in general at a moderate cost. His lordship said it was an admirable movement, and he wished it every success. So do we; and hope that these and similar establishments will prove successful sets-off against the temptations of the public house. Plenty of such places of innocent refreshment and recreation, improved dwellings for the working classes, all possible encouragement to thrift and cleanliness, and a plentiful supply of pure water—these are the most rational means of improving the habits and welfare of the working classes.

Consumption of Opium and Ether by the Public.

Some correspondents, in a recent issue of the *Alliance News*, have been drawing attention to a fact not generally known in this country, namely that in some parts of Ireland the habit of ether drinking exists to a very great extent. Mr. T. W. Russell admits that there is a district in the County Derry—Draperstown—especially where the

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consumption of ether has been going on for years. It is also stated that "in Tyrone, Antrim, and the parts of Fermanagh adjacent to these counties, ether is largely consumed. Small grocers sell four Winchester quarts weekly to his (the writer's) knowledge." It has also been asserted, but without any foundation whatever, that the habit has increased since the passing of the "Sunday Closing Act."

In the same paper there is a long letter from a correspondent, H. P. G., who, after referring to some remarks we recently made on the subject of laudanum drinking, regrets that the profession does not advocate the same restriction being put upon the sale of alcohol as they would have put upon the sale of opium. "Has not," says H. P. G., "the alcoholic 'demon' been long enough let loose amongst the people? Yet even now the majority of the medical profession do not advocate, but rather oppose, any legislation which will close the several avenues through which this drug is made an article of commerce, rather than a remedy to be prescribed by the physician." The time will never come when either the medical profession or the public will sanction alcoholic liquors being placed on the same footing as opium and other drugs, properly so called. Such a consensus of opinion as would lead to the adoption of that suggestion is not at all likely to happen, as the taste for alcoholic beverages, in some form or other, is too deeply rooted in human nature to admit of their becoming universally restricted to medicinal purposes. But on the other hand the medical profession would gladly see much greater restriction put upon the sale of alcoholic drinks than that which now obtains, for no class of people see more of the physical and moral evils of intemperance than they do. Consequently we hail with pleasure the movement that is now going on in favour of establishing "coffee taverns" for the people, and think that too many inducements cannot be held out to wean the working classes from the public house.

Academie de Medecine.

It is seldom that an election is disputed so warmly as that for the place in the section of hygiene and legal medicine left vacant by the death of Prof. Tardieu. There were seven candidates, but the contest lay between MM. Gallard and Proust, who were placed *ex æquo* on the first line of the list sent up by the committee. At the first ballot they polled equal numbers; at the second, M. Proust obtained thirty-seven to M. Gallard's thirty-six votes; and at the third, when the other candidates were eliminated, M. Proust received forty-six votes and M. Gallard thirty-three.

Arsenical Paper Poisoning.

On more than one occasion we have mentioned the various domestic sources of chronic poisoning by arsenic, but lately the *Sanitary Record* has discovered a fresh one where few would have expected to find one:—"The use of paper collars and cuffs becoming so general, and the great competition in trade, has induced some manufacturers to introduce arsenic into the dressing used to produce that beautiful gloss which seems peculiar to one make of collars, I was induced to analyse some, because a patient of mine had every symptom of arsenical poisoning, and the result was that I obtained 10·4 grains of arsenic in one collar."

Excision of Chancres.

Dr. Auspitz, of the Polyklinik, has tersely and clearly given the results of his experiments on the excision of hard chancres. Of thirty-four cases operated upon, thirty-two remained under observation, and of these thirty-two, eighteen healed without any hardness, and the remaining fourteen healed with hard bases. In three of the thirty-two cases roseola and other general symptoms were present before the operation; two other cases did not remain long enough under observation, and four others exhibited a dubious result. Of the remaining twenty-three, there were fourteen which healed without any hardness and no constitutional symptoms were exhibited up to the time of the last observation; the period of observation varied from four months to twenty. Of the nine cases in which hard bases were left, two showed very slight constitutional symptoms, while the rest showed well-marked constitutional symptoms. Less fully carried out experiments have also been made by Dr. Unna and Dr. Kölliker, and these have shown similar results.

At the meeting of the Select Committee on the Medical Acts Amendment Bill yesterday, the evidence of Dr. Waters, Chairman of the Reform Committee of the British Medical Association, was taken.

We are informed that an examination of candidates for commissions in the British Medical Service, will be held at the University of London, Burlington Gardens, in August next, the date of which will be announced hereafter.

Dr. von Nussbaum, the eminent Professor of Clinical Surgery in Munich, some days ago met with an accident, by which he fractured the external condyle of his left tibia. He has been obliged to transfer his duties as teacher to a deputy.

At the annual meeting of the Society of Arts, held on Wednesday last, the Council announced in their report that they had awarded a silver medal to Mr. Alfred Haviland for his paper on the "Distribution of Diseases Geographically Considered."

The Duchess of Edinburgh has consented to open a bazaar, which will be held on the 1st and 2nd of July, at the Cannon Street Hotel, in aid of the funds for furnishing the new wards for in-patients at the North Eastern Hospital for Children, Hackney.

The rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 34, Madras 33; Paris 25; Geneva 19; Brussels 31; Amsterdam 20, Rotterdam 29; The Hague 26; Copenhagen 26; Christiania 22; St. Petersburgh 39; Berlin 27, Hamburg 28, Dresden 27, Breslau 29, Vienna 30, Buda-Pesth 46, Rome 26, Naples 31, Turin 28, Alexandria 40; New York 24 per 1,000 of the populations. Small-pox caused 26 deaths in St. Petersburgh.

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The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were—Plymouth 11, Oldham 11, Portsmouth 11, Nottingham 12, Leicester 14, Leeds 15, Bristol 16, Brighton 16, Birmingham 17, Wolverhampton 17, Sheffield 18, Sunderland 18, London 19, Salford 19, Liverpool 19, Bradford 20, Glasgow 20, Bradford 20, Hull 22, Newcastle-upon-Tyne 22, Norwich 22, Edinburgh 23, Manchester 25, Dublin 39, including 91 deaths that occurred during the first five months of the year.

The death-rates from the seven principal zymotic diseases last week, averaged 2·7 per 1,000 in the large towns, and ranged from 0·0 in Wolverhampton, and 0·4 in Portsmouth and Leicester, to 3·8 in Salford and 3·9 in Hull. Scarlet fever showed the largest proportional fatality in Salford, Bradford, Hull, and Sunderland; all the 5 fatal cases in Hull occurred in one house, and were of children aged between six months and seven years. Measles caused 104 deaths in London, and only 25 in the nineteen large provincial towns. Three deaths were referred to diphtheria in Manchester, and 3 to enteric fever in Hull. Small-pox caused 12 more deaths in London, 6 in Dublin, but not one in any of the other large towns.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—The mortality of Edinburgh for the week ending June 21st, shows a decided increase over the preceding week. The deaths amounted to 98, which gives a rate of mortality of 23 per 1,000. There were two solitary deaths from fever and small-pox—that from fever in the Old Town; the other from small-pox in the New. The infection of the latter was traced to an imported case.

Anderson's College, Glasgow.—The annual meeting of the Trustees of Anderson's College, was held in the library of the College on the 23rd June, Mr. J. L. K. Jamieson, president, in the chair. After reading the minutes of last meeting of trustees, and the monthly meetings of the managers, Mr. J. B. Kidston, secretary, gave in the Report of the classes. Mr. Kidston stated that the total number of students attending the College during the year was 2,018, as against 1,784 in the printed list. The vacancies in the list of trustees and managers were filled up, and the present professors' appointments were confirmed.

Death-Rate of Glasgow.—The deaths in Glasgow for the past week were at the rate of 20 per 1,000 per annum, against 19 in the preceding week, and 26, 21, and 22 in the corresponding periods of 1876, 1877, and 1878. The city is therefore in a remarkably healthy state.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages in the eight principal towns in Scotland for the week ending Saturday, June 21st, says, the death-rate in the eight principal towns during the week ending with Saturday, the 21st June, 1879, was 20·6 per 1,000 of estimated population. This rate is 2·9 under that for the corresponding week of last year, and 0·2 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 12·3, and the highest in Leith, viz., 31·9. The death-rate from the seven most familiar zymotic diseases was 3·0 per 1,000. Measles and whooping-cough were the leading epidemics. A male child (imperfectly vaccinated), æt. 8 years and 11 months, died in Edinburgh from small-pox. 104 deaths resulted from acute diseases of the chest, being 7 more than during the previous week.

The Morison Lectures on Insanity.—Dr. Gairdner concluded, last week, his "Morison Lectures" on Insanity. The lectures bore evidence of thought, and were in the main interesting, though certainly rambling and verbose. The lectures were well attended by laymen. Lord Deas, one of the auditors, is understood to have been the judge, who complained, when the lectures were half way through, that the audience had not yet got the promised definition of insanity. The defect was supplied in the last lecture, but with the warning that there could be no exact definition of what was, after all, only a matter of degree. The newspapers seem to have an unfortunate propensity to misquote Dr. Gairdner, and consequently he was obliged to correct the first definition of insanity given by them as his. It now stands thus:—An habitual aberration of the intellect or of the judgment, or an habitual and confirmed want of control over the conduct, such as to diminish or destroy moral responsibility, or to affect the capacity of the individual for the management and disposition of affairs; or, finally, such as to render some degree of control over the person necessary, in the interests either of the individual affected or of society."

Conviction of Medical Students.—It is again our painful duty to record the conviction of three students at the Edinburgh Police Court last week, on a charge of riotous and disorderly conduct. The defendants were William Nicolson, James Milne, and Alfred Honeywell, who pleaded "not guilty." In defence, their solicitor argued that they were victims of the disturbance rather than the creators of it, and several students were called in support of this plea. The evidence, however, of the police was definite, and they were backed by the magistrate, who remarked that he had on more than one occasion observed them, during an epidemic outburst of zeal, which was neither good for themselves nor the public, parading the streets in large bodies, forcing everybody to make room for them, and behaving in a very disorderly manner, even to acts of ungallantry to ladies. He therefore imposed a fine of £5 each, with £5 bail for future good behaviour, or the alternative of twenty days' imprisonment.

Correspondence.

FEES TO MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—As the circuits have been announced, I beg to call attention to a flagrant injustice imposed on the medical profession by an arbitrary order of the judges and attorney-general. I allude to a rule by which medical men subpœnaed as witnesses for the Crown are allowed only a maximum fee of two guineas a day, irrespective of distance, with bare railway or other travelling fare, and fifteen shillings for hotel expenses.

Last winter, during severe frost and snow, I was brought to Waterford as witness in an assault case which I had first seen as an act of pure charity. I was labouring under a cold and unfit to leave home. After losing two days, I was shown the printed order, by which the Crown solicitor was restricted to allowing two guineas a day, with the bare travelling and hotel expenses above mentioned.

Dr. Palmer, of Armagh, wrote me word that he was brought from Armagh to Belfast on the same terms, at the same winter assizes. The case occupied several days. Urgent duties obliged him to return home each evening, and re-

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appear at the opening of the court each morning. For a journey of one hundred miles each day *in such weather*, he could only obtain two guineas a day and the fare of *one journey*.

Had I been brought to Belfast or Londonderry I should have received the same compensation as for going to Waterford. In fact, only the same as a medical man brought in some ten or twelve miles from the country. It is not thus barristers are treated when employed on public duty. *Why should not we meet even-handed justice?*

The consequences of an enforced absence from his field of duty are much more serious to a practising doctor than to any other man. His possible losses cannot be estimated. It is not the fees of the day or of the hour alone which are to be calculated. He may lose for ever professional connections of inestimable value. His status in his sphere of practice may be injured, and irretrievable losses may extend into an indefinite future.

I trust the Irish Medical Association will apply their energies to this great and palpable injustice, an injustice the more flagrant because the injury inflicted is unusually severe.

I am, &c.,

ZACH. JOHNSON, A.M., T.C.D., F.R.C.S., &c.

Kilkenny, June 18th, 1879.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have sometimes noticed in your much-esteemed medical journal communications commenting upon the unsettled state of the superannuation of poor-law medical officers. The old adage, "The nearer my purse, the nearer my heart," applies forcibly to this question.

Now, I think no one would have the hardihood to deny that the present mode of administering superannuation is decidedly objectionable and unsatisfactory; and that being so, I might justly ask, how is it that such an influential body as the dispensary medical officers of Ireland have not this important question settled and sure? At present it is a very great shame to see numbers of medical men, old and hoary in the poor-law harness, working like slaves (for it is nothing short of slavery in most dispensary districts), without a guarantee of one farthing retiring allowance. As to how the work is performed by these gentlemen belongs entirely to another topic. One might say they should resign. Of course they should, and go—where? to the workhouse, if you like. There are numerous districts in Ireland where the dispensary officer does not make over fifty pounds annually from private practice, and this, added to the salary from his appointments, make about the sum of one hundred and sixty pounds. Deduct from this the cost of his man and trap and house rent, and we have the large sum of about eighty pounds for himself and family to live upon. Besides, he is expected to be very charitable. Now, sir, this is the very man who is called upon to retire into private life after his days of usefulness are over, and to live upon his amassed wealth, for wealthy he must be.

Let us ask the question, what arguments could be raised against a non-contingent superannuation? Is it because we are not educated? Is it because our work is light and our appointment a sinecure? Is it because we have no responsibility? Is it because we are worthless members of society and not at all useful? The answer is, certainly not. Well then, I think no body of men ever had a better case, and why stand we all the day idle? We have seen how certain grievances of other professional gentlemen have of late occupied public attention, but I assert that our claims in this matter are paramount to all others.

As to the remedy for this grievance, I shall not say a word, but leave it to the hands of more competent gentlemen.

Should these few suggestions be the means of causing the subject to be taken up and successfully dealt with, the effect would be to make glad the hearts of many. For I can well imagine with what comfort we all would discharge our dispensary duties, if, after a certain servitude, or disabled through declining health, we were satisfied that a living was before us in the evening of our days. *Longius non progrediar.*

I am, &c,

HUGH MCHARRY, Medical Officer.

Belfast Dispensary, June 19th, 1879.

LATRINE ACCOMMODATION FOR WOMEN AND CHILDREN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am pleased to see, from your last issue, that Dr. James Stevenson, Medical Officer of Health for Paddington, has given his attention to a letter from the Ladies Sanitary Association regarding the "wants" of females in particular, in London and our large provincial towns. The subject is one of most important consideration, and requires to be handled with great delicacy and tact, of which I am sure Dr. Stevenson is capable. The Ladies Sanitary Association, some months back, addressed themselves to the Marylebone Vestry Board, for assistance on the subject of latrines. The letter was referred to the Sanitary Committee, myself in particular as the medical member, and I made several suggestions "how to begin" to solve the difficulty, which appeared feasible, also recommending an answer to be sent to the Ladies Committee, requesting further communication from them on certain points. I regret to say we have not again heard from them, though months have passed since they were written to. The Vestry Sanitary Committees of this parish are most willing and anxious to give every support in the matter, that I beg to assure the ladies of.

It is nearly fifteen years since I mooted the question myself in several journals, but no one seemed inclined to act with me regarding urinals and street private latrines. It must come to an action before long, and I shall be pleased to consult with any medical health officer on that business.

I am, Sir, &c.,

J. MCGRIGOR CROFT, M.D., M.R.C.P.,
Late Staff Surgeon to H.M.'s Royal Army and Hospitals, Guardian and Vestryman of the Parish of Marylebone.

Mandarin Villa, St. John's Wood,
June 25th, 1879.

THE INJECTION OF HOT WATER IN POST-PARTUM HÆMORRHAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The above subject being still in its infancy—and to Dr. Atthill, of Dublin, is due the credit of having first given it the initiative in the treatment of post-partum hæmorrhage—I consider it a duty to him, as well as to the profession generally, to record the facts of a case which came under my observation in the month of April last, where every means hitherto used in the arresting of post-partum hæmorrhage failed, and as a last resource, the injection of hot water was resorted to, with, as the result proved, the most signal success.

The facts are these:—I was summoned, on the morning of the 26th April, to attend a lady taken ill in her third confinement. She gave birth to her first child (a son) abroad about ten years ago, and, as far as I can learn, the labour was natural. I attended her on the 15th January, 1877, when she gave birth to a second son, the labour being tedious, but normal in every respect. She again became pregnant in March, 1878, but aborted in two months, which was followed by considerable hæmorrhage, yielding, however, readily to styptics and rest. She again conceived in June, from which period to the above time she enjoyed excellent health. On my arrival at 11 a.m. I found, on examination, the presentation natural, and labour progressing most favourably, and which terminated in an hour by her giving birth to a large, well-developed, male child. The placenta came away in ten minutes, after which there was then firm contraction. In the meantime I gave a drachm of Long's ext. of ergot, with 30 m. of Batley, and applied the binder. Thus far there was no symptom present to indicate the approach of hæmorrhage; the pulse fell to 76 after delivery, and remained so; the countenance was placid, and she exhibited none of that restlessness and nervous excitement, which symptoms usually precede the invasion of an attack of post-partum hæmorrhage.

Having sat by the patient's bed-side for three-quarters of an hour, examining the napkins consecutively every ten minutes, I was about to take my departure, feeling satisfied that all was right, when she informed me there was "something coming," whereupon I again examined, and found her in a pool of blood. I forthwith opened the binder, and upon placing my hand over the uterus found it greatly distended,

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irregular in shape, flabby, and tilted upwards and forwards. Having emptied it of its contents I endeavoured to excite contraction by cold applications, &c., and, further, gave two drachms of ergot, with half-a-drachm of Batley. These failing, I again pressed away all clots, and injected 4 oz. liq. fer. per. fort. diluted in 6 oz. cold water, with Higginson's syringe, passing the pipe well up to the fundus. I was now hopeful that the hæmorrhage was effectually checked, having ceased for some minutes, but to my chagrin it once more set in, coming away in a continuous bright-red stream. On examining the uterus I found it exactly in the same condition as before—immensely distended, doughy, irregular in contraction, and exceedingly tender to the slightest pressure.

It now became manifest that matters were assuming their worst proportions, and I resolved to give Dr. Atthill's hot water treatment a trial, with the following result.

Having administered what stimulants, &c., I considered necessary, and my patient having plucked up a bit, I for the last time emptied the uterus of its contents, and injected slowly and gently about a gallon and a-half of hot water, temp. 96°, with my right hand, supporting the uterus with the left. The water returned greatly discoloured for some time, which disheartened me not a little; however, it gradually became clearer and clearer, until one-half of the quantity finally returned as injected.

The uterus now contracted firmly and evenly; the patient expressed herself greatly relieved and comfortable from the soothing effects of the warmth to the uterus. It was with some slight difficulty I removed the pipe, which was firmly grasped by the cervix and the vaginal walls.

Hoping, Mr. Editor, that you will consider the above humble statement worthy of insertion in your highly-influential journal,

I am, Sir,

Your obedient servant,

CHAS. G. LYSTER.

Kilkenny, June 12, 1879.

CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is no disputing the fact that by logic one can prove almost anything, however preposterous or absurd, should the principles of right and wrong not have been taken into serious account. *Apropos* of this, who has not heard of the famous syllogism:—A mouse is a mono-syllable; but a mouse knaws, therefore a mono-syllable knaws. That Dr. Semple is an adept in dialectics, there cannot be a doubt; but he will pardon me when I say that he revolves in a kind of vicious circle, and mainly endeavours to entrap his opponent in the same vertex. Dr. Semple freely admits that croup and diphtheria are different, but that laryngo-tracheal diphtheria and the "so-called" membranous croup are identical. This, I affirm, is a distinction without a difference. Dr. Semple imagines that by changing the form of an idea, and clothing it in a new garb, he can strengthen his own position, and baffle, if not disarm, his opponent at the same time. But I would ask seriously, does diphtheria lose its nature and character by the mere fact of its extending to the larynx and trachea? Or, in other words, does it cease to be diphtheria? I maintain that it can no more divest itself of its true name and nature by locality, than can the leopard change his spots. I admit with Dr. Semple that laryngo-tracheal diphtheria is always a membranous croup; but the converse, that a membranous croup is always laryngo-tracheal diphtheria, I do not admit. The terms, in fact, are not convertible. Dr. Semple thinks they are. Herein lies the fallacy to which I alluded, and trust, fully exposed in my previous letter. Then again, if membranous croup be always diphtheritic, why not also comprise other diseases attended by the exudation of false membrane, peritonitis, pleurisy, and pericarditis; for example, in the same category? But more, if membranous croup and diphtheria be one and the same disease, or, to put it more pointedly, if membranous croup be always diphtheritic, why not invariably adopt the same general method of therapeutic treatment as we do when diphtheria attacks other portions of the body? This, I fancy, the most sanguine unicist would not venture to attempt; and by the mere fact of changing his tactics, as regards treatment, he concedes a tacit, yet cogent, acknowledgment of the non-identity of both affections.

Towards the close of his communication, Dr. Semple is emphatic in stating that "there is no difference between the false membrane of laryngeal diphtheria, and that of the so-called croup, the matter being now conclusively settled." This opinion, however, is far from being universally, or even generally, adopted (and, I think, for very substantial reasons) as many, including myself, consider them physically and histologically dissimilar. The false membrane of diphtheria, if examined closely (it does not require a magnifying glass for this purpose) will be found to present numerous red spots and lines, which are not mere blood-stains, being imbedded in its substance, and which are the rudiments, or starting points, of minute blood-vessels, showing, at once, an abortive attempt at organisation, and the intimate connection by which the membrane had been united to the subjacent mucous tissue. This I have never observed in the exudation of true croup. Another fact of considerable importance in relation with this subject is, that tube-casts or cylinders are never thrown off by the expulsive efforts of coughing or vomiting in diphtheria, whereas they are occasionally so in true croup.

Before concluding, I am sorry to have to allude to a matter of a personal nature. Dr. Semple expresses a "doubt whether I have followed the inquiries and discussions that have lately taken place on the subject." Now, why should he think so, I am really at a loss to divine. The only probable reason I can conjecture is, that I differ with him, *toto cælo*, on the topic under consideration, but this should be no valid pretext for condemning me so hastily as he does. Surely, Dr. Semple would not feel flattered, much less complimented, were I to say that he only followed the inquiries and debate in so far as professional opinion happened to chime in with his own peculiar views, and yet the assertion, had I given utterance to it, would not be a whit more gratuitous and uncalled for than the one in question. I regret very much that I cannot agree with him; but he will believe me when I say that this arises from no factious spirit of opposition, but rather from a firm, deep-rooted conviction that my views of the subject are right, and that his are wrong. I must thank him, however, for kindly referring me to his own writings and papers, as also to the published Report of the Committee on Membranous Croup and Diphtheria, which I have not as yet seen.

I am, &c.,

BERNARD KELLY, M.D.

Rotherhithe, S.E., June 26th, 1879.

THE FLORENTINE ACADEMY OF MEDICINE, AND THE CROUP AND DIPHTHERIA QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the resolutions passed by the Florentine physicians after a careful study of a most terrible visitation of diphtheria in and about Florence from 1860 to 1870 are of great importance, I think it only right to quote the exact words in which the chief resolution is framed.—"La massima parte de'fatti che si riferiscono alle passate epidemie non che quelli raccolti nel corso della epidemia attuale dimostrano che la forma crouposa e la forma difterica si consociano e si succedono in maniera da apparire come fasi e modalità in ragione di tempo e di sede d'uno stesso processo morboso."

Now Dr. Prosser James understands Italian as well as I do, and I would ask him or any other Italian scholar whether the above passage represents croup and diphtheria as two different diseases? It clearly states that the *croupous form* and the *diphtheric form* of disease are so mixed up together that they appear to be only *phases and modifications of one and the same morbid process.* Dr. James candidly admits that he quotes from memory, and I have the actual passage before me, and he must admit, I think, that his memory has been treacherous.

The other point referred to by Dr. James in reference to what is called "primitive croup," is discussed and decided with equal clearness, and I can assure him that the question as laid down in the Italian Report is, "whether there exists a true, primitive, laryngo-tracheal and localised croup?" and the Academy decided that "the occurrence of this primitive, pseudo-membranous croup is very rare, but that it does exist." Its existence, as Dr. James well knows, was fully recognised by Bretonneau, and it is described in all modern French books on diphtheria as the "croup d'emblée."

I am, &c.,

R. H. SEMPLE, M.D., F.R.C.P.I.

8 Torrington Square, June 28th, 1879.

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Literature.

Short Notices.

(1). "Ring-worm in Public Institutions. Rosacea." By John Shoemaker, M.D. Philadelphia: Collins. 1878.

(2). "The Dangers of our Sewers and House-drains." By Copley Woodhead, M.R.C.S. Leeds: Goodall. 1878.

(3). "Essentials of Chemistry, Inorganic and Organic, for the use of Students in Medicine." By R. A. Wilthaus, A.M., M.D., Professor of Chemistry in the Medical Department, University of Vermont; formerly Associate Professor of Chemistry and Physiology in the Medical Department, University of New York; Member of the Chemical Societies of Paris and Berlin, &c. New York: Williams, Wood, and Co. 1879.

(4). "Holmes' Botanical Note Book; or, Practical Guide to a knowledge of Botany." By E. M. Holmes, F.L.S., Curator of the Museum of the Pharmaceutical Society of Great Britain, Late Lecturer on Botany at Westminster Hospital. London: Christy and Co. 1878.

(5). "A Manual of Organic Chemistry, Practical and Theoretical. For Colleges and Schools, Medical and Civil Examinations, and especially for elementary, advanced, and honours students at the classes of the Science and Art Department, South Kensington." By Hugh Clements, of H.M. Civil Service, President of the Amateur Mechanic's Workshops Association, London, and Lecturer on various Sciences at St. Thomas's, Charterhouse, and several other Science Institutions in London. London: Blackie and Son, 49 and 50 Old Bailey, E.C. 1879.

1. Dr. Shoemaker's papers are of a useful and practical nature, and the one on Rosacea we can especially recommend to all interested in dermatology.

2. We all know the dangers of our sewers, and if we do not know them, in the face of the work recently published by T. Pridgen Teale, F.R.C.S., the blame must rest on our own indifference to health.

It is easier, perhaps, to point out an evil than to suggest a remedy. But we have remedies without end. Innumerable patents have been taken out, professing to solve the problem of keeping our houses healthy, by preventing the entrance of sewer gas. A large number of these patents have been lamentable failures, householders have been deceived, for they have proved "delusions and snares."

To Leeds we are indebted for a Pictorial Guide to Sanitary Defects; to Leeds we are again indebted for a pictorial guide to remedy these defects. Upon the first work we were able to pronounce an unequivocal opinion, as a success. Upon the second work by Mr. Copley Woodhead, we are not in a position to give a similar verdict, though we may allow the author to set forth his own claims.

In the preface he tells us that he was induced to study the subject, as some years ago the whole of his numerous family (eleven) were severely attacked with a disease of a zymotic class, and that, after many experiments, he devised a simple scheme by which sewer gas may be prevented from entering a house. He next passes in review the formation of sewer gas, and raises some very grave objections, against water-valves or ordinary syphon traps placed outside a house, against gully-traps, and traps placed inside a house, against bell-traps, against the junction of house-drains with one's neighbours', and against the use of tubes and pipes carried to the eaves of houses and buildings, into the flues of chimneys or otherwise, intended to ventilate house-drains and main sewers. In reference to Stott's system, he says:—"It has also been proposed to ventilate our sewers into factory chimneys or furnaces, but this mode can never, at any time, be efficient. Because of the numerous openings into sewers and drains, the air would, in this instance, be drawn in at the first opening nearest the chimney or furnace, and the rest of the sewers and drains would still remain full of sewer air."

After some further objections, we have at p. 27 an elaborate explanation of the author's system, which is too long to introduce here, and which could not be understood without the excellent explanatory diagrams accompanying it. We must consequently refer our readers to Mr. Woodhead's pamphlet, the price of which is only two shillings. His plan comes well-recommended, and he is able to bring forward a number of practical testimonials to its efficacy, from householders who have tried it—amongst whom we may mention Marshall and Snelgrove, and Claudius J. Wheelhouse, Esq., F.R.C.S., Leeds—and from architects who have approved of his theoretical explanations.

3. This unpretending little volume is particularly designed for the use of the American medical student. More attention has been directed to the chemistry of therapeutics than to that of pharmacy, and physiological chemistry has been specially dealt with. The whole work is arranged in a series of questions and answers which are, in general, clear and succinct. In a small work of some two hundred pages, it would be unreasonable to expect any thorough exposition of the subject with which Dr. Wilthaus deals, but it is possible that the student may find it of some assistance in refreshing his memory after studying larger manuals.

4. This book is designed to aid the student in acquiring a practical knowledge of botany. Two charts of the natural orders are given, in which the distinguishing characters of the plants are reduced to a minimum, and as the pronunciation of botanical terms is acknowledged to be by no means uniform, the accentuation of both the English terms and the Latin words from which they are derived, is given. A list of the plants most easily obtained during each month in the year, and which will best illustrate the various types and peculiarities of each natural order is added, so that the student may study those plants which flower in the winter, autumn and spring, but cannot be obtained during the usual botanical course, viz., from May to July. The work commences with two diagrams, showing the parts of flowering plants. These diagrams are next explained, then directions are given for the examination of plants microscopically and otherwise. We can heartily recommend Mr. Holme's Note Book, and feel confident that it will prove invaluable to the industrious student in botany.

5. In the present volume, the general principles of organic chemistry are discussed; thus we have the distinctions between organic and inorganic substances; organic analysis and empirical formulæ; the methods for determining the rational formulæ of organic substances; the estimation of nitrogen, the halogens, sulphur, arsenic and phosphorus in organic matter; organic substitution; the theory of compound organic radicals; the hydrides of organic radicals; the distillation of coal; the alcohols; the ethers; the aldehydes; organic acids; the anhydrides; the alkaloids or organic bases; organo-metallic compounds; identification of organic substances; oils, fixed and essential, &c. The book terminates with a description of the apparatus needed in determining the subjects discussed in its earlier pages, and a number of exercises are appended, together with numerous papers set at the examinations of the Science and Art Department, with answers, from 1868 to 1878.

The author has evidently bestowed considerable pains upon his undertaking, and it is probable that the student aspiring for honours may derive valuable assistance from a perusal of Mr. Clement's Manual, but to the ordinary run of students, we are afraid the work will prove of little or no advantage.

Medical News.

Royal College of Surgeons of England. — The following having passed the required examination received the diploma in Dental Surgery at the last meetings of the Board of Examiners:—H. J. Alexander, C. N. Brameld, V. G. Carranza, W. H. Chalcraft, S. Cook, W. G. Daish, E. L. Dudley, C. King, J. H. M'Call, F. H. Newton, S. W. Nunn, J. L. F. J. Pike, D. M. Small, F. J. Thorman, W. G. Weiss. Two candidates failed to satisfy the Board, and were referred for six months.

Queen's University in Ireland.—At a meeting of the University held on the 23rd June the following degrees were conferred by the Vice-Chancellor, Sir Dominic J. Corrigan, Bart., M.D.:—

Doctor in Medicine.—Wm. James Cowden, Joseph Crowley, Thomas Dorman, Thomas P. Madden, Chas. Magill, Robert Mitchell, Alexander Sharpe, Jacob Thos. Shipsey, John Simpson, William Smyth, Horace R. Townsend, James Wilson, Wm. Mussen Young.

Master in Surgery.—Joseph Crowley, Thomas Dorman, A. Oswald Geoghegan, Gilbert Kirker, Thos. P. Madden, Charles Magill, John M'Kinlay, Robert Mitchell, Alexander Sharpe, Jacob Thos. Shipsey, John F. Tuohy.

Diploma in Midwifery.—Joseph Crowley, Gilbert Kirker, Daniel Riordan, John Simpson, William Smyth, Horace R. Townsend, John Wilson.

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Prejudicial Action of Chlorate of Potash.

In a paper read before the Medical Society of the State of New York, Dr. Jacobi calls attention to what he considers the dangers of large doses of this medicine. The dose for a child two or three years old, should not be larger than half-a-drachm in twenty-four hours. He is convinced that large and repeated doses of this drug have proved "dangerous and even fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis." We have not had much experience of very large doses of chlorate of potash, but there may be some truth in Dr. Jacobi's statement, and, at all events, it will be as well to bear it in mind.

On the Prevention of Fatal Accidents from Using Anæsthetics.

Dr. Simonin gives, in the *Revue Méd. de l'Est*, 5 année t. x, No. 9, p. 263, the following three observations, which may be considered as very important if attended to.

1. Progressive peripheric insensibility, especially in the temporal region and the cornea.

2. The condition of the muscles and the jaws; the former must be in a complete state of relaxation, and the jaws closed. The adductor muscles of the lower jaw, therefore, form an exception to the rule, by being in a state of trismus.

3. The state of the pupil, which must be contracted, while the respiration becomes more normal, having been much quickened during the stage of excitement. All these phenomena are very important; they are synchronous, and must be carefully observed, as well as respiration and circulation.

If the three symptoms cited should not appear coincidently, they must be carefully watched for in various stages of the anæsthesia, because they are sure to appear at a given moment.

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.

Mr. W. T. Walters.—The next examination for commissions in the Army Medical Service will be held at the University of London in August next. We understand the exact dates are not yet fixed, but if you watch our advertising columns during July you will be able to obtain the necessary information.

Mr. J. Stone.—We can only give you the same answer.

Pater.—Gant's, Bryant's, or Erichsen's "Surgerys" are the best; the first-named is probably the most complete, more particularly in special subjects.

Dr. C. S. Davis, New York.—We cannot further increase our Exchange List, it is already too extensive for adequate service, and the "Index Medicus" answers every purpose in the direction of which you speak.

HYDROPHOBIA IN LANCASHIRE.

To the Editor of the Medical Press and Circular.

Sir,—John Milner was not under my care, I merely saw him upon the invitation of one of the practitioners who attended. I believe no line of treatment was, or could have been, adopted in his case, as his parents having first summoned several medical men independently to see him, then removed him into the country to be beyond medical interference. My assistant who saw him is not qualified (from pecuniary reasons), but has been fifteen years in the profession, ten of the fifteen with me, and was acting under my specific instructions."

Yours, &c.,

John Holden, M.R.C.S.

[This letter affords an excellent instance of the prevalent feeling about the uselessness of attempting to cope with hydrophobia, and as we see, it extended both to doctor and patient's friends. It also shows how difficult it is to deal with the question of unqualified assistants. We have always advocated the importance and necessity of employing qualified men as assistants, and we need not now reopen the subject. We would recommend to Mr. Holden a small pamphlet by Dr. Offenberg—"Gcherite Hundswuth beim Menschen."—Ed.]

Dr. C. B.—We object to make our columns the record of Dr. George Beaney's "munificent gifts," his dinners, or his doings. Our correspondent not being "behind the scenes" is of course unaware of the nature of the communications we are constantly receiving from Melbourne, both in public journals and private letters.

Dr. David McEniry.—Your letter will appear in our next.

Anxious.—The preparation is not a patented one, you can get it made up at any first-class chemists.

Mr. D. L. E.—A review of your book is in type awaiting space for insertion.

Dr. J. A. H.—With pleasure.

M. Betagh.—No dates were given by our correspondent as to the length of time the poison remained latent in the bitten children before its effect showed itself. The point is important, and we will endeavour to ascertain.

G. A. O.—To receive fees, under any circumstances, from, or on behalf of, a dispensary patient, is directly contrary to the regulations, and renders the recipient liable to dismissal. A present given after treatment had terminated might, perhaps, be accepted, if not demanded or suggested by the doctor.

VACANCIES.

Ballycastle Union, Croagh Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, July 11.

Birmingham, Children's Hospital.—Non-Resident Surgeon. Daily attendance required. Salary, £60, with partial board. Applications to the Medical Board.

Brecon Infirmary.—Resident House Surgeon. Salary commencing at £120. Applications to the Secretary on or before July 10.

Dudley, the Guest Hospital.—Resident Medical Officer. Salary, £120, with board. Applications to the Secretary on or before July 7.

Dundalk Union, Carlingford Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Sanitary Officer. Election, July 10.

Dunfanagha Union, Falcaragh Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, July 16.

Hospital for Women, Soho Square, London.—Assistant Physician and a House Physician. Full particulars of the Secretary.

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Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to Dr. Cooke, at the Asylum, Devizes.

APPOINTMENTS.

Alford, C. E., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 7 District of the Yeovil Union.

Bastable, D. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Rosliston District of the Burton-on-Trent Union.

Blake, R. M., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Ravensdale Dispensary District of the Dundalk Union, co. Louth.

Bleakley, A. S., M.B., M.Ch. Univ. Dub., Medical Officer to the Blessington Dispensary, Naas Union.

Dalies, J., M.R.C.S.E., Medical Officer for the No. 2 District of the Bath Union.

Dudgeon, J. M., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Comrie, Perthshire.

Graham, A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Parish of Currie, Edinburghshire.

Juler, H. E., F.R.C.S.E., Demonstrator of Anatomy at St. Mary's Hospital Medical School.

Ryan, Dr., Medical Officer to the Oulert Dispensary, Enniscorthy Union.

Stafford, T. E., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the West Deeping District of the Stamford Union.

Deaths.

Atkinson.—On June 18, at the Queenstown General Hospital, Henry Seymour Atkinson, L.S.A.L., the Resident Medical Officer, aged 27.

Baxter.—On June 16, at Dundee, Peter M. Baxter, L.R.C.S.Ed.

Chorley.—On June 21, at Maghull, Liverpool, Marmaduke Wilmer Watkins Chorley, M.R.C.S.E., aged 83.

Goodall.—On June 15, at Bournemouth, Alexander Goodall, M.D., Staff-Surgeon R.N., aged 39.

Gray.—On June 18, at Kirkcaldy, Fifeshire, Andrew Gray, L.R.C.S.Ed., aged 60.

Hemsted.—On June 12, at Bath, Henry Hemsted, F.R.C.S.E., late of Speenhamland, Berks, aged 72.

Hooper.—On June 14, at Staunton, Worcestershire, Thomas Hooper, Surgeon, aged 84.

Lochrane.—On June 21, at Middletown, co. Armagh, Jane, the wife of Edward Lochrane, L.R.C.S.Ed., aged 79.

Moffatt.—On June 22, at Kelvingrove Street, Glasgow, Robt. Moffatt, M.D., aged 24.

Snowden.—On June 16, at Gateshead, John P. Snowden, M.R.C.S.E., aged 38.

Treharne.—On June 20, at Bournemouth, John Treharne, M.B., C.M., B.Sc.Ed., aged 32.

Whitla.—On June 26, at Monaghan, James Whitla, L.A.H., aged 35.

Wood.—On June 10, at Shrewsbury, Samuel Wood, F.R.C.S.E., F.S.A., Consulting Surgeon to the Salop Infirmary, aged 67.

Wylie.—On June 16, at Errol, Perthshire, James Wylie, L.R.C.P.Ed., aged 69.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 9 1879.

CONTENTS.

Original Communications.

THE DIPHTHERIA OUTBREAK OF LAST SPRING IN N.W. LONDON. (a)

By T. MORTON, M.D. Lond., &c.

The outbreak of diphtheria to which I wish to call your attention presented some features of unusual interest, and through the official inquiry of which it was the subject, it has been the means of securing at least one important addition to our knowledge of the disease, and putting us upon a new track, which may not improbably lead to further and still more important discoveries.

Mr. W. H. Power's Report of his inquiry made for the Local Government Board, to which I have just referred, is of so recent a date, and attracted so much attention at the time of its publication in December last, that much of what I have to say, being necessarily a reproduction of the Report, will be already familiar to many of my hearers. I have reason to believe, however, that, widely as Mr. Power's conclusions have been noticed, comparatively few have actually read his Report, or are in a position to appreciate the facts upon which his conclusions are based, or the steps by which they were reached.

My principal object will be to place you in this position, by narrating unofficially the history of the epidemic (of which I happened to see a good deal), and enabling you to follow and criticise the lines of thought along which Mr. Power was led by the facts which he so industriously collected.

This will necessarily raise the whole question of the etiology of diphtheria, upon which, together with the allied subjects of its prevention, and its relation to other diseases, I hope a really useful discussion may arise.

The map compiled by Mr. Power, which by the courtesy of Her Majesty's Stationery Office I have been able to place in the hands of members, shows, at a glance, one leading feature of the outbreak, its curious limitation in area. 230 out of the whole 264 cases are crowded within a circle of half-a-mile radius, and all, with scarcely an exception, within one of a mile. Those who know the neighbourhood will also recognise how comparatively good a class of dwellings they occurred in, and how remarkable an immunity adjoining districts of really poor houses in Kilburn Park and Portland Town enjoyed.

The outbreak was almost as curiously limited in point of time. The whole 264 cases are comprised within the four months, March, April, May, and June, 1878, but within these four months the four weeks ending June 25th, form, as it were, an inner circle, in which no less than 78 out of the 118 invaded households were first attacked, and no less than 46 of these households, including 111 persons, in one week. It was this sudden outburst which first attracted attention to the epidemic, and, but for it, the much larger aggregate of cases spread over the other weeks would probably never have been dragged to light and brought into focus. Finding towards the end of May that I had under treatment at one and the same time 25 cases of a disease of which for years I never saw an example, and of which even of late years it was rare to see above two or three in a year, I wrote to the Local Government Board suggesting an inquiry. Others did the same, and at last, and only, I believe, then through the personal intervention of Professor Huxley, whose household was attacked, and who happened to be a friend of Mr. Sclater-Booth's, Mr. Power was set to work, and his inquiries resulted in bringing to light 264 cases in 118 households, grouped in point of place as shown on the map, and in point of time as follows:—

In the first week, ending March 9th, two persons in two households.

(a) Read before the Harveian Society of London, April 3, 1879.

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Prejudicial Action of Chlorate of Potash.

In a paper read before the Medical Society of the State of New York, Dr. Jacobi calls attention to what he considers the dangers of large doses of this medicine. The dose for a child two or three years old, should not be larger than half-a-drachm in twenty-four hours. He is convinced that large and repeated doses of this drug have proved "dangerous and even fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis." We have not had much experience of very large doses of chlorate of potash, but there may be some truth in Dr. Jacobi's statement, and, at all events, it will be as well to bear it in mind.

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Dr. David McEniry.—Your letter will appear in our next.

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Dalies, J., M.R.C.S.E., Medical Officer for the No. 2 District Bath Union.

Dudgeon, J. M., M.B., C.M., Medical Officer and Public Vac for the Parish of Comrie, Perthshire.

Graham, A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the of Currie, Edinburghshire.

Juler, H. E., F.R.C.S.E., Demonstrator of Anatomy at St. Hospital Medical School.

Ryan, Dr., Medical Officer to the Oulert Dispensary, Enni Union.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 9 1879.

CONTENTS.

Original Communications.

THE DIPHTHERIA OUTBREAK OF LAST SPRING IN N.W. LONDON. (a)

By T. MORTON, M.D. Lond., &c.

The outbreak of diphtheria to which I wish to call your attention presented some features of unusual interest, and though the official inquiry of which it was the subject has been the means of securing at least one important addition to our knowledge of the disease, and putting us upon a new track, which may not improbably lead to later and still more important discoveries.

Mr. W. H. Power's Report of his inquiry made for the Local Government Board, to which I have just referred, [illegible] time, and attracted so much attention at the time of its publication in December last, that much of what I have to say, being necessarily a reproduction of his Report, will be already familiar to many of my hearers. I am [illegible] to believe, however, that, widely as Mr. Power's conclusions have been noticed, comparatively few have actually read his Report, or are in a position to [illegible] the facts upon which his conclusions are based, or the steps by which they were reached.

My principal object will be to place you in this position, by [illegible] the history of the epidemic (of which I happened to see a good deal), and enabling you to follow and estimate the lines of thought along which Mr. Power was led by the facts which he so industriously collected.

We shall incidentally [illegible] the whole question of the [illegible] of diphtheria, upon which, together with the allied subjects of its prevention, and its relation to other diseases, I hope a really useful discussion may arise.

The map compiled by Mr. Power, which by the courtesy of Her Majesty's Stationery Office I have been able to place in the hands of members, shows, at a glance, one leading feature of the outbreak, its curious limitation in area. 230 out of the whole 264 cases are crowded within a circle of half-a-mile radius, and all, with scarcely an exception, within one of a mile. Those who know the neighbourhood will also recognise how comparatively good a class of dwellings they occurred in, and how remarkable an immunity adjoining districts of really poor houses in Kilburn Park and Portland Town enjoyed.

The outbreak was almost as curiously limited in point of time. The whole 264 cases are comprised within the four months, March, April, May, and June, 1878, but within these four months the four weeks ending June 25th, form, as it were, an inner circle, in which no less than 78 out of the 118 invaded households were first attacked, and no less than 46 of these households, including 111 persons, in one week. It was this sudden outburst which first attracted attention to the epidemic, and, but for it, the much larger aggregate of cases spread over the other weeks would probably never have been dragged to light and brought into focus. Finding towards the end of May that I had under treatment at one and the same time 25 cases of a disease of which for years I never saw an example, and of which even of late years it was rare to see above two or three in a year, I wrote to the Local Government Board suggesting an inquiry. Others did the same, and at last, and only, I believe, then through the personal intervention of Professor Huxley, whose household was attacked, and who happened to be a friend of Mr. Sclater-Booth's, Mr. Power was set to work, and his inquiries resulted in bringing to light 264 cases in 118 households, grouped in point of time as shown on the map, and in point of [illegible]

In the first week [illegible] two house[illegible]

(a) Read before the [illegible] Society of London, April 3, 1879.

irregular in shape, flabby, and tilted upwards and forwards. Having emptied it of its contents I endeavoured to excite contraction by cold applications, &c., and, further, gave two drachms of ergot, with half-a-drachm of Batley. These failing, I again pressed away all clots, and injected 4 oz. liq. fer. per. fort. diluted in 6 oz. cold water, with Higginson's syringe, passing the pipe well up to the fundus. I was now hopeful that the hæmorrhage was effectually checked, having ceased for some minutes, but to my chagrin it once more set in, coming away in a continuous bright-red stream. On examining the uterus I found it exactly in the same condition as before—immensely distended, doughy, irregular in contraction, and exceedingly tender to the slightest pressure.

It now became manifest that matters were assuming their worst proportions, and I resolved to give Dr. Atthill's hot water treatment a trial, with the following result.

Having administered what stimulants, &c., I considered necessary, and my patient having plucked up a bit, I for the last time emptied the uterus of its contents, and injected slowly and gently about a gallon and a-half of hot water, temp. 96°, with my right hand, supporting the uterus with the left. The water returned greatly discoloured for some time, which disheartened me not a little; however, it gradually became clearer and clearer, until one-half of the quantity finally returned as injected.

The uterus now contracted firmly and evenly; the patient expressed herself greatly relieved and comfortable from the soothing effects of the warmth to the uterus. It was with some slight difficulty I removed the pipe, which was firmly grasped by the cervix and the vaginal walls.

Hoping, Mr. Editor, that you will consider the above humble statement worthy of insertion in your highly-influential journal,

I am, Sir,

Your obedient servant,

CHAS. G. LYSTER.

Kilkenny, June 12, 1879.

CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There is no disputing the fact that by logic one can prove almost anything, however preposterous or absurd, should the principles of right and wrong not have been taken into serious account. *Apropos* of this, who has not heard of the famous syllogism:—A mouse is a mono-syllable; but a mouse knaws, therefore a mono-syllable knaws. That Dr. Semple is an adept in dialectics, there cannot be a doubt; but he will pardon me when I say that he revolves in a kind of vicious circle, and mainly endeavours to entrap his opponent in the same vertex. Dr. Semple freely admits that croup and diphtheria are different, but that laryngo-tracheal diphtheria and the "so-called" membranous croup are identical. This, I affirm, is a distinction without a difference. Dr. Semple imagines that by changing the form of an idea, and clothing it in a new garb, he can strengthen his own position, and baffle, if not disarm, his opponent at the same time. But I would ask seriously, does diphtheria lose its nature and character by the mere fact of its extending to the larynx and trachea? Or, in other words, does it cease to be diphtheria? I maintain that it can no more divest itself of its true name and nature by locality, than can the leopard change his spots. I admit with Dr. Semple that laryngo-tracheal diphtheria is always a membranous croup; but the converse, that a membranous croup is always laryngo-tracheal diphtheria, I do not admit. The terms, in fact, are not convertible. Dr. Semple thinks they are. Herein lies the fallacy to which I alluded, and trust, fully exposed in my previous letter. Then again, if membranous croup be always diphtheritic, why not also comprise other diseases attended by the exudation of false membrane, peritonitis, pleurisy, and pericarditis; for example, in the same category? But more, if membranous croup and diphtheria be one and the same disease, or, to put it more pointedly, if membranous croup be always diphtheritic, why not invariably adopt the same general method of therapeutic treatment as we do when diphtheria attacks other portions of the body? This, I fancy, the most sanguine unicist would not venture to attempt; and by the mere fact of changing his tactics, as regards treatment, he concedes a tacit, yet cogent, acknowledgment of the non-identity of both affections.

Towards the close of his communication, Dr. Semple is emphatic in stating that "there is no difference between the false membrane of laryngeal diphtheria, and that of the so-called croup, the matter being now conclusively settled." This opinion, however, is far from being universally, or even generally, adopted (and, I think, for very substantial reasons) as many, including myself, consider them physically and histologically dissimilar. The false membrane of diphtheria, if examined closely (it does not require a magnifying glass for this purpose) will be found to present numerous red spots and lines, which are not mere blood-stains, being imbedded in its substance, and which are the rudiments, or starting points, of minute blood-vessels, showing, at once, an abortive attempt at organisation, and the intimate connection by which the membrane had been united to the subjacent mucous tissue. This I have never observed in the exudation of true croup. Another fact of considerable importance in relation with this subject is, that tube-casts or cylinders are never thrown off by the expulsive efforts of coughing or vomiting in diphtheria, whereas they are occasionally so in true croup.

Before concluding, I am sorry to have to allude to a matter of a personal nature. Dr. Semple expresses a "doubt whether I have followed the inquiries and discussions that have lately taken place on the subject." Now, why should he think so, I am really at a loss to divine. The only probable reason I can conjecture is, that I differ with him, *toto cœlo*, on the topic under consideration, but this should be no valid pretext for condemning me so hastily as he does. Surely, Dr. Semple would not feel flattered, much less complimented, were I to say that he only followed the inquiries and debate in so far as professional opinion happened to chime in with his own peculiar views, and yet the assertion, had I given utterance to it, would not be a whit more gratuitous and uncalled for than the one in question. I regret very much that I cannot agree with him; but he will believe me when I say that this arises from no factious spirit of opposition, but rather from a firm, deep-rooted conviction that my views of the subject are right, and that his are wrong. I must thank him, however, for kindly referring me to his own writings and papers, as also to the published Report of the Committee on Membranous Croup and Diphtheria, which I have not as yet seen.

I am, &c.,

BERNARD KELLY, M.D.

Rotherhithe, S.E., June 26th, 1879.

THE FLORENTINE ACADEMY OF MEDICINE, AND THE CROUP AND DIPHTHERIA QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the resolutions passed by the Florentine physicians after a careful study of a most terrible visitation of diphtheria in and about Florence from 1860 to 1870 are of great importance, I think it only right to quote the exact words in which the chief resolution is framed.—"La massima parte de'fatti che si riferiscono alle passate epidemie non che quelli raccolti nel corso della epidemia attuale dimostrano che la forma crouposa e la forma difterica si consociano e si succedono in maniera da apparire come fasi e modalità in ragione di tempo e di sede d'uno stesso processo morboso."

Now Dr. Prosser James understands Italian as well as I do, and I would ask him or any other Italian scholar whether the above passage represents croup and diphtheria as two different diseases? It clearly states that the *croupous form* and the *diphtheric form* of disease are so mixed up together that they appear to be only *phases and modifications of one and the same morbid process.* Dr. James candidly admits that he quotes from memory, and I have the actual passage before me, and he must admit, I think, that his memory has been treacherous.

The other point referred to by Dr. James in reference to what is called "primitive croup," is discussed and decided with equal clearness, and I can assure him that the question as laid down in the Italian Report is, "whether there exists a true, primitive, laryngo-tracheal and localised croup?" and the Academy decided that "the occurrence of this primitive, pseudo-membranous croup is very rare, but that it does exist." Its existence, as Dr. James well knows, was fully recognised by Bretonneau, and it is described in all modern French books on diphtheria as the "croup d'emblée."

I am, &c.,

R. H. SEMPLE, M.D., F.R.C.P.I.

8 Torrington Square, June 28th, 1879.

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Literature.

SHORT NOTICES.

(1). "Ring-worm in Public Institutions. Rosacea." By John Shoemaker, M.D. Philadelphia: Collins. 1878.

(2). "The Dangers of our Sewers and House-drains." By Copley Woodhead, M.R.C.S. Leeds: Goodall. 1878.

(3). "Essentials of Chemistry, Inorganic and Organic, for the use of Students in Medicine." By R. A. Wilthaus, A.M., M.D., Professor of Chemistry in the Medical Department, University of Vermont; formerly Associate Professor of Chemistry and Physiology in the Medical Department, University of New York; Member of the Chemical Societies of Paris and Berlin, &c. New York: Williams, Wood, and Co. 1879.

(4). "Holmes' Botanical Note Book; or, Practical Guide to a knowledge of Botany." By E. M. Holmes, F.L.S., Curator of the Museum of the Pharmaceutical Society of Great Britain, Late Lecturer on Botany at Westminster Hospital. London: Christy and Co. 1878.

(5). "A Manual of Organic Chemistry, Practical and Theoretical. For Colleges and Schools, Medical and Civil Examinations, and especially for elementary, advanced, and honours students at the classes of the Science and Art Department, South Kensington." By Hugh Clements, of H.M. Civil Service, President of the Amateur Mechanic's Workshops Association, London, and Lecturer on various Sciences at St. Thomas's, Charterhouse, and several other Science Institutions in London. London: Blackie and Son, 49 and 50 Old Bailey, E.C. 1879.

1. Dr. Shoemaker's papers are of a useful and practical nature, and the one on Rosacea we can especially recommend to all interested in dermatology.

2. We all know the dangers of our sewers, and if we do not know them, in the face of the work recently published by T. Pridgen Teale, F.R.C.S., the blame must rest on our own indifference to health.

It is easier, perhaps, to point out an evil than to suggest a remedy. But we have remedies without end. Innumerable patents have been taken out, professing to solve the problem of keeping our houses healthy, by preventing the entrance of sewer gas. A large number of these patents have been lamentable failures, householders have been deceived, for they have proved "delusions and snares."

To Leeds we are indebted for a Pictorial Guide to Sanitary Defects; to Leeds we are again indebted for a pictorial guide to remedy these defects. Upon the first work we were able to pronounce an unequivocal opinion, as a success. Upon the second work by Mr. Copley Woodhead, we are not in a position to give a similar verdict, though we may allow the author to set forth his own claims.

In the preface he tells us that he was induced to study the subject, as some years ago the whole of his numerous family (eleven) were severely attacked with a disease of a zymotic class, and that, after many experiments, he devised a simple scheme by which sewer gas may be prevented from entering a house. He next passes in review the formation of sewer gas, and raises some very grave objections, against water-valves or ordinary syphon traps placed outside a house, against gully-traps, and traps placed inside a house, against bell-traps, against the junction of house-drains with one's neighbours', and against the use of tubes and pipes carried to the eaves of houses and buildings, into the flues of chimneys or otherwise, intended to ventilate house-drains and main sewers. In reference to Stott's system, he says:—"It has also been proposed to ventilate our sewers into factory chimneys or furnaces, but this mode can never, at any time, be efficient. Because of the numerous openings into sewers and drains, the air would, in this instance, be drawn in at the first opening nearest the chimney or furnace, and the rest of the sewers and drains would still remain full of sewer air."

After some further objections, we have at p. 27 an elaborate explanation of the author's system, which is too long to introduce here, and which could not be understood without the excellent explanatory diagrams accompanying it. We must consequently refer our readers to Mr. Woodhead's pamphlet, the price of which is only two shillings. His plan comes well-recommended, and he is able to bring forward a number of practical testimonials to its efficacy, from householders who have tried it—amongst whom we may mention Marshall and Snelgrove, and Claudius J. Wheelhouse, Esq., F.R.C.S., Leeds—and from architects who have approved of his theoretical explanations.

3. This unpretending little volume is particularly designed for the use of the American medical student. More attention has been directed to the chemistry of therapeutics than to that of pharmacy, and physiological chemistry has been specially dealt with. The whole work is arranged in a series of questions and answers which are, in general, clear and succinct. In a small work of some two hundred pages, it would be unreasonable to expect any thorough exposition of the subject with which Dr. Wilthaus deals, but it is possible that the student may find it of some assistance in refreshing his memory after studying larger manuals.

4. This book is designed to aid the student in acquiring a practical knowledge of botany. Two charts of the natural orders are given, in which the distinguishing characters of the plants are reduced to a minimum, and as the pronunciation of botanical terms is acknowledged to be by no means uniform, the accentuation of both the English terms and the Latin words from which they are derived, is given. A list of the plants most easily obtained during each month in the year, and which will best illustrate the various types and peculiarities of each natural order is added, so that the student may study those plants which flower in the winter, autumn and spring, but cannot be obtained during the usual botanical course, viz., from May to July. The work commences with two diagrams, showing the parts of flowering plants. These diagrams are next explained, then directions are given for the examination of plants microscopically and otherwise. We can heartily recommend Mr. Holme's Note Book, and feel confident that it will prove invaluable to the industrious student in botany.

5. In the present volume, the general principles of organic chemistry are discussed; thus we have the distinctions between organic and inorganic substances; organic analysis and empirical formulæ; the methods for determining the rational formulæ of organic substances; the estimation of nitrogen, the halogens, sulphur, arsenic and phosphorus in organic matter; organic substitution; the theory of compound organic radicals; the hydrides of organic radicals; the distillation of coal; the alcohols; the ethers; the aldehydes; organic acids; the anhydrides; the alkaloids or organic bases; organo-metallic compounds; identification of organic substances; oils, fixed and essential, &c. The book terminates with a description of the apparatus needed in determining the subjects discussed in its earlier pages, and a number of exercises are appended, together with numerous papers set at the examinations of the Science and Art Department, with answers, from 1868 to 1878.

The author has evidently bestowed considerable pains upon his undertaking, and it is probable that the student aspiring for honours may derive valuable assistance from a perusal of Mr. Clement's Manual, but to the ordinary run of students, we are afraid the work will prove of little or no advantage.

Medical News.

Royal College of Surgeons of England. — The following having passed the required examination received the diploma in Dental Surgery at the last meetings of the Board of Examiners:—H. J. Alexander, C. N. Brameld, V. G. Carranza, W. H. Chalcraft, S. Cook, W. G. Daish, E. L. Dudley, C. King, J. H. M'Call, F. H. Newton, S. W. Nunn, J. L. F. J. Pike, D. M. Small, F. J. Thorman, W. G. Weiss. Two candidates failed to satisfy the Board, and were referred for six months.

Queen's University in Ireland.—At a meeting of the University held on the 23rd June the following degrees were conferred by the Vice-Chancellor, Sir Dominic J. Corrigan, Bart., M.D.:—

DOCTOR IN MEDICINE.—Wm. James Cowden, Joseph Crowley, Thomas Dorman, Thomas P. Madden, Chas. Magill, Robert Mitchell, Alexander Sharpe, Jacob Thos. Shipsey, John Simpson, William Smyth, Horace R. Townsend, James Wilson, Wm. Mussen Young.

MASTER IN SURGERY.—Joseph Crowley, Thomas Dorman, A. Oswald Geoghegan, Gilbert Kirker, Thos. P. Madden, Charles Magill, John M'Kinlay, Robert Mitchell, Alexander Sharpe, Jacob Thos. Shipsey, John F. Tuohy.

DIPLOMA IN MIDWIFERY.—Joseph Crowley, Gilbert Kirker, Daniel Riordan, John Simpson, William Smyth, Horace R. Townsend, John Wilson.

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Prejudicial Action of Chlorate of Potash.

In a paper read before the Medical Society of the State of New York, Dr. Jacobi calls attention to what he considers the dangers of large doses of this medicine. The dose for a child two or three years old, should not be larger than half-a-drachm in twenty-four hours. He is convinced that large and repeated doses of this drug have proved "dangerous and even fatal in a number of instances, producing one of the most dangerous diseases—acute nephritis." We have not had much experience of very large doses of chlorate of potash, but there may be some truth in Dr. Jacobi's statement, and, at all events, it will be as well to bear it in mind.

On the Prevention of Fatal Accidents from Using Anæsthetics.

Dr. Simonin gives, in the *Revue Méd. de l'Est*, 5 année t. x, No. 9, p. 263, the following three observations, which may be considered as very important if attended to.

1. Progressive peripheric insensibility, especially in the temporal region and the cornea.

2. The condition of the muscles and the jaws; the former must be in a complete state of relaxation, and the jaws closed. The adductor muscles of the lower jaw, therefore, form an exception to the rule, by being in a state of trismus.

3. The state of the pupil, which must be contracted, while the respiration becomes more normal, having been much quickened during the stage of excitement. All these phenomena are very important; they are synchronous, and must be carefully observed, as well as respiration and circulation.

If the three symptoms cited should not appear coincidently, they must be carefully watched for in various stages of the anæsthesia, because they are sure to appear at a given moment.

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.

Mr. W. T. Walters.—The next examination for commissions in the Army Medical Service will be held at the University of London in August next. We understand the exact dates are not yet fixed, but if you watch our advertising columns during July you will be able to obtain the necessary information.

Mr. J. Stone.—We can only give you the same answer.

Pater.—Gant's, Bryant's, or Erichsen's "Surgerys" are the best; the first-named is probably the most complete, more particularly in special subjects.

Dr. C. S. Davis, New York.—We cannot further increase our Exchange List, it is already too extensive for adequate service, and the "Index Medicus" answers every purpose in the direction of which you speak.

HYDROPHOBIA IN LANCASHIRE.

To the Editor of the Medical Press and Circular.

Sir,—John Milner was not under my care, I merely saw him upon the invitation of one of the practitioners who attended. I believe no line of treatment was, or could have been, adopted in his case, as his parents having first summoned several medical men independently to see him, then removed him into the country to be beyond medical interference. My assistant who saw him is not qualified (from pecuniary reasons), but has been fifteen years in the profession, ten of the fifteen with me, and was acting under my specific instructions."

Yours, &c.,

John Holden, M.R.C.S.

[This letter affords an excellent instance of the prevalent feeling about the uselessness of attempting to cope with hydrophobia, and as we see, it extended both to doctor and patient's friends. It also shows how difficult it is to deal with the question of unqualified assistants. We have always advocated the importance and necessity of employing qualified men as assistants, and we need not now reopen the subject. We would recommend to Mr. Holden a small pamphlet by Dr. Offenberg—"Goberite Hundswuth beim Menschen."—Ed.]

[illegible].—We object to make our columns the record of Dr. George Beaney's "munificent gifts," his dinners, or his doings. Our correspondent not being "behind the scenes" is of course unaware of the nature of the communications we are constantly receiving from Melbourne, both in public journals and private letters.

Dr. David McEniry.—Your letter will appear in our next.

Anxious.—The preparation is not a patented one, you can get it made up at any first-class chemists.

Mr. D. L. E.—A review of your book is in type awaiting space for insertion.

Dr. J. A. H.—With pleasure.

M. Betagh.—No dates were given by our correspondent as to the length of time the poison remained latent in the bitten children before its effect showed itself. The point is important, and we will endeavour to ascertain.

G. A. O.—To receive fees, under any circumstances, from, or on behalf of, a dispensary patient, is directly contrary to the regulations, and renders the recipient liable to dismissal. A present given after treatment had terminated might, perhaps, be accepted, if not demanded or suggested by the doctor.

VACANCIES.

Ballycastle Union, Croagh Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, July 11.

Birmingham, Children's Hospital.—Non-Resident Surgeon. Daily attendance required. Salary, £60, with partial board. Applications to the Medical Board.

Brecon Infirmary.—Resident House Surgeon. Salary commencing at £120. Applications to the Secretary on or before July 10.

Dudley, the Guest Hospital.—Resident Medical Officer. Salary, £120, with board. Applications to the Secretary on or before July 7.

Dundalk Union, Carlingford Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Sanitary Officer. Election, July 10.

Dunfanagha Union, Falcaragh Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, July 16.

Hospital for Women, Soho Square, London.—Assistant Physician and a House Physician. Full particulars of the Secretary.

Narberth Union.—Medical Officer for No. 2 District. Salary, £35, with £10 as Medical Officer, and the usual fees. Applications to the Clerk before July 19.

Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, July 11.

Shillelagh Union, Coolattin and Clonegal Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, July 11.

Shillelagh Union Workhouse.—Medical Officer. Salary, £90, and £10 as Consulting Sanitary Officer. Election, July 11.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to Dr. Cooke, at the Asylum, Devizes.

APPOINTMENTS.

Alford, C. E., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 7 District of the Yeovil Union.

Bastable, D. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Rosliston District of the Burton-on-Trent Union.

Blake, R. M., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the Ravensdale Dispensary District of the Dundalk Union, co. Louth.

Bleakley, A. S., M.B., M.Ch. Univ. Dub., Medical Officer to the Blessington Dispensary, Naas Union.

Dalies, J., M.R.C.S.E., Medical Officer for the No. 2 District of the Bath Union.

Dudgeon, J. M., M.B., C.M., Medical Officer and Public Vaccinator for the Parish of Comrie, Perthshire.

Graham, A., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Parish of Currie, Edinburghshire.

Jules, H. E., F.R.C.S.E., Demonstrator of Anatomy at St. Mary's Hospital Medical School.

Ryan, Dr., Medical Officer to the Oulert Dispensary, Enniscorthy Union.

Stafford, T. E., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the West Deeping District of the Stamford Union.

Deaths.

Atkinson.—On June 18, at the Queenstown General Hospital, Henry Seymour Atkinson, L.S.A.L., the Resident Medical Officer, aged 27.

Baxter.—On June 16, at Dundee, Peter M. Baxter, L.R.C.S.Ed.

Chorley.—On June 21, at Maghull, Liverpool, Marmaduke Wilmer Watkins Chorley, M.R.C.S.E., aged 33.

Goodall.—On June 15, at Bournemouth, Alexander Goodall, M.D., Staff-Surgeon R.N., aged 39.

Gray.—On June 13, at Kirkcaldy, Fifeshire, Andrew Gray, L.R.C.S.Ed., aged 60.

Hemsted.—On June 12, at Bath, Henry Hemsted, F.R.C.S.E., late of Speenhamland, Berks, aged 72.

Hooper.—On June 14, at Staunton, Worcestershire, Thomas Hooper, Surgeon, aged 84.

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THE DIPHTHERIA OUTBREAK OF LAST SPRING IN N.W. LONDON. (a)

By T. MORTON, M.D. Lond., &c.

The outbreak of diphtheria to which I wish to call your attention presented some features of unusual interest, and through the official inquiry of which it was the subject, it has been the means of securing at least one important addition to our knowledge of the disease, and putting us upon a new track, which may not improbably lead to further and still more important discoveries.

Mr. W. H. Power's Report of his inquiry made for the Local Government Board, to which I have just referred, is of so recent a date, and attracted so much attention at the time of its publication in December last, that much of what I have to say, being necessarily a reproduction of the Report, will be already familiar to many of my hearers. I have reason to believe, however, that, widely as Mr. Power's conclusions have been noticed, comparatively few have actually read his Report, or are in a position to appreciate the facts upon which his conclusions are based, or the steps by which they were reached.

My principal object will be to place you in this position, by narrating unofficially the history of the epidemic (of which I happened to see a good deal), and enabling you to follow and criticise the lines of thought along which Mr. Power was led by the facts which he so industriously collected.

This will necessarily raise the whole question of the etiology of diphtheria, upon which, together with the allied subjects of its prevention, and its relation to other diseases, I hope a really useful discussion may arise.

The map compiled by Mr. Power, which by the courtesy of Her Majesty's Stationery Office I have been able to place in the hands of members, shows, at a glance, one leading feature of the outbreak, its curious limitation in area. 230 out of the whole 264 cases are crowded within a circle of half-a-mile radius, and all, with scarcely an exception, within one of a mile. Those who know the neighbourhood will also recognise how comparatively good a class of dwellings they occurred in, and how remarkable an immunity adjoining districts of really poor houses in Kilburn Park and Portland Town enjoyed.

The outbreak was almost as curiously limited in point of time. The whole 264 cases are comprised within the four months, March, April, May, and June, 1878, but within these four months the four weeks ending June 25th, form, as it were, an inner circle, in which no less than 78 out of the 118 invaded households were first attacked, and no less than 46 of these households, including 111 persons, in one week. It was this sudden outburst which first attracted attention to the epidemic, and, but for it, the much larger aggregate of cases spread over the other weeks would probably never have been dragged to light and brought into focus. Finding towards the end of May that I had under treatment at one and the same time 25 cases of a disease of which for years I never saw an example, and of which even of late years it was rare to see above two or three in a year, I wrote to the Local Government Board suggesting an inquiry. Others did the same, and at last, and only, I believe, then through the personal intervention of Professor Huxley, whose household was attacked, and who happened to be a friend of Mr. Sclater-Booth's, Mr. Power was set to work, and his inquiries resulted in bringing to light 264 cases in 118 households, grouped in point of place as shown on the map, and in point of time as follows:—

In the first week, ending March 9th, two persons in two households.

(a) Read before the Harveian Society of London, April 3, 1879.

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In the second 12 in 5 households,
„ third 4 in 2
„ fourth 6 in 5
„ fifth 2 in 2 fresh households,
and one in a household previously attacked.
In the sixth 3 in 2 fresh households,
and one in a household previously attacked.
In the seventh 6 in 2 fresh households,
and one in a household previously attacked.
In the eighth 10 in 6
„ ninth 18 in 10
„ tenth 20 in 7
„ eleventh 111 in 46
„ twelth 37 in 15
„ thirteenth 15 in 8
„ fourteenth 9 in 3
„ fifteenth 6 in 3 fresh households.

It was thus evident that some morbific influence had been operating over a limited area, and during a limited time, with an intensity which began rapidly to increase about the beginning of May, and culminated about the middle of the month, afterwards subsiding even more rapidly. The problem was of course to distinguish and identify this influence.

Direct infection from case to case, and conveyance of the poison by sewer gas, have hitherto been the only recognised modes of propagation of diphtheria, and the latter is rather recognised than established. Water is also an object of suspicion, more from the analogy of other zymotic diseases than from any observed facts. As for water, the affected area formed part of a very large district served by one water company, the West Middlesex, in the rest of which there was little or no diphtheria; while the idea of direct infection, as for instance through school attendance, was out of the question when 111 persons, not all of them children, and scarcely any of them of the class frequenting National schools, were stricken in one week. Besides, Mr. Power ascertained that only in 21 per cent. of the cases had the first sufferer in a household attended school within a week before being attacked.

With regard to sewer gas, however, strong reason for suspicion undoubtedly existed. Let me here again refer to the map. No one can look at it without seeing that the bulk of the cases are comprised within the space coloured yellow, and called "special sewage area," corresponding, as you see, to the greater part of the inner circle, and extending into the outer only to the north, where there are as yet few inhabitants. The two large branches of sewer draining this area, having diameters respectively of 6 ft. × 5½ and 6 ft. × 5, coalesce to form a trunk having, for reasons best known to the Metropolitan Board of Works, a diameter of only 4½ feet for some distance (450 feet). This defect, which is only now being remedied, must necessarily have caused increased pressure of gas upon the house-drains—never in the best neighbourhoods very efficiently trapped—of the dwellings connected with the sewers, whenever they were fuller than usual. An excessive rainfall on April 10th and 11th had, in fact, resulted in the choking of the channel at the constricted part, and the flooding of basements on the line of one of the branches.

It was, therefore, most natural that the public opinion of the district, and especially the parochial mind—which is the constituted guardian of the public health, and is conscious of its ignorance of anything connected with public health, except sewers—should have unhesitatingly referred the epidemic to this state of sewers. And I believe Mr. Power was for some time rather inclined to the same opinion, especially as he found that the cases seemed to have a tendency (shown in the map in several places) to group themselves on short lines of sewers having dead ends.

The most obvious explanations of natural phenomen are not, however, always, or even usually, the true ones and there remained the not inconsiderable number of case in the rest of the inner, as well as those in the outer, circle, to be accounted for. Besides, it was not easy to see how a sewer obstruction in the first half of April could account for an outbreak of diphtheria in the middle of May, unless the disease when conveyed in this way, required a very much longer incubation period than it is known to have when taken by direct infection.

On the occasions when typhoid fever has been disseminated by means of milk, it has been found to occur in outbursts such as this, but I doubt if this analogy would have been sufficient to prompt a thorough investigation of the question of the agency of milk in this instance had it not been for a fortunate accident. Mr. Power is good enough in his Report to give me credit for having first suspected the milk, but if there is any priority, it should rather belong to another member of this Society, Dr. Platt, who had reported to him, and at once appreciated the importance of, a remark made by a milk carrier to a patient of his. The man was discussing the prevalence of diphtheria in the neighbourhood, which he said must be very great, "for they had got it at half the houses he served, and he only served one house in Hamilton Terrace, and they had got it there." Following up this clue among our own cases, we soon found that, although perhaps half of them were supplied by this man's master, a large number dealt with another shop in St. John's Wood. The thread seemed, however, to be recovered again on my ascertaining that the first-named dealer, whom we may call Mr. A., obtained the whole, and second, whom we may call Mr. B., a large part of his supply from one and the same cow-keeper. This man, who was a patient of mine, behaved very well, and, at a word from me, at once discontinued—at considerable inconvenience and expense to himself—the use of an underground tank, whose existence in his yard, though only supposed to be used for watering the cows, I considered a source of danger. It had occurred to Dr. Platt and myself that although the inside of the tank was cemented, some injurious matter might have found its way into it on the occasion of the flood in April, when a mews, opening into his yard, but on a lower level, was flooded with sewage.

It is curious that the closing of this tank coincided very closely in point of time with the subsidence of the outbreak, but I do not believe, in view of the further facts which I shall cite, that it had anything to do with it.

We now come to the more serious and systematic investigation into the milk question, which Mr. Power was induced to make by the case of suspicion which thus existed in regard to it.

He found that the sheds of the cow-keeper to whom I have referred, and whom he calls Mr. X., yielded daily about eighty barn gallons of milk, of which forty-seven were retailed by Mr. A., who sold no other, and twenty-four by Mr. B., who had also another shop, not in St. John's Wood, but in Kilburn, where he retailed milk from a different source. The remainder of Mr. X.'s yield, a varying quantity, went to eight other small dealers in rather low neighbourhoods.

Mr. A. and Mr. B. both would, from the situation and extent of their businesses, have a large number of their customers resident within the inner circle, and it was therefore to be expected that, whatever was the cause of the outbreak, a large number of their customers would be attacked.

Mr. Power found that Mr. A. supplied 236, and Mr. B. 237 of the 2,700 households in the inner circle, that is about a fifth of all the households between them, so that if milk had no effect they should have had 19 out of 98 affected households between them, the other 79 being divided among the various milkmen who supplied the other 2,227 households. In fact, however, Mr. A. had 37, Mr. B. 31, and all the other milkmen only 30 between them, a difference of 143 per thousand against 13 per thousand, or 11 to 1.

In the outer ring, containing about the same number of households, of which they supplied between them about

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100, things were much the same; these hundred households were hit twelve times as hard as anybody else.

We must not forget, however, the existence of the sewage area, as the whole matter might conceivably be explained by their customers being found to reside in very large proportion on that area, and being hit so hard in consequence of so residing. What do we find, however? The sewage area contained 2,300 households, out of which they supplied 430, less than a quarter; out of the 430, 64 were invaded, or 148 per thousand; out of the remaining 1870, only 22, or 11 per thousand—a difference of 13 to 1 among persons under exactly similar conditions as regards sewerage.

It seems to me impossible after this for any candid mind to avoid the conclusion that the real cause of mischief resided in the milk and not in the drains.

Individual instances are far less to be trusted than broad figures such as I have just quoted, but they are often more striking and serve well to illustrate them. I may, therefore, quote a few instances, such as the following:—

In Upper Hamilton Terrace, Mr. A. had, as we already know, one customer, Mr. B. nine. Mr. A.'s customer, and four of Mr. B.'s were attacked, making 5 out of the 6 households attacked in this street of 35 houses. In Marlborough Place, containing 18 houses, Mr. B. supplied 4. Of these 3 were attacked and no others in the street. In Abercorn Place, of 35 houses, Mr. B. had two customers; one of them was attacked and nobody else. In Holtham Road, of 17 houses, Mr. A. supplied one, which was the only house attacked in the road. In Alexandra Road, of 195 houses, Mr. A. supplied 15, of which 5 were attacked, out of 8 which suffered in all.

It is time now that we turned to the other affected households, such as these three in the Alexandra Road, which did not deal with Mr. A. or Mr. B. They number 44 in all, but 17 of them had their milk from retailers not wholly innocent of relations with Mr. X. the cow-keeper. I shall return to them presently. The other 27 houses certainly did not receive any of his milk, but it does not follow that some of the inmates may not. Some of them were supplied from Mr. B.'s second shop, from which none of Mr. X.'s milk was supposed to go out; but it is very likely that when the supply ran short, some would be transferred from the shop in St. John's Wood. Again, one house where I lost a case was almost next door to Mr. A., and no other milk shop near. The family did not deal with him, but I suspect they often ran in for some extra milk. Another young fellow, whose attack I was rather puzzled to account for, proved to be in the habit of going out on his bicycle before breakfast, and refreshing himself with half-a-pint of milk when he met Mr. A.'s man on his rounds. Another was very fond of milk, and ran into Mr. A.'s shop to drink some when he had been having his hair cut just opposite. Then, little children often go out to tea, which consists of milk and water, in one another's nurseries; and finally there is the ordinary propagation of diphtheria by direct infection, which is constantly going on amongst us, and would be likely to be much more active than usual at this time from the multiplication of opportunities of infection.

I said the other seventeen households were not wholly innocent of relations with Mr. X. Four of them dealt with the small retailers above referred to, into whose stock the balance of his yield went. The other thirteen were supplied by a man whom we have not yet heard of, called M. by Mr. Power, who is in a large way of business as a milk-seller near the Adelaide Road. Week after week, through March and April, one, two, one, four, one, and again one of his customers were struck, until seven had suffered in the inner and six in the outer ring, and this at a time when there was so little diphtheria in the district, that only 18 houses had been attacked in the inner and 8 in the outer ring at all. So that the ratio of attacks among his customers—who by reason of the situation of his business were not very numerous in the district—must have been far too large as compared with others to be accidental or insignificant.

There was thus some ground for suspecting that diphtheria had followed the track of Mr. M.'s milk-pails before it attached itself to those of Messrs. A. and B.; and that is all we should have been justified in affirming but for the relations already hinted at, which were found to exist between Mr. M. and Mr. X.

It seems that Mr. X., besides his cowsheds at Kilburn, with which we are already familiar, carries on a distinct and separate business as a dairy farmer at Muswell Hill. The two businesses are miles apart, and though they have a common owner, each has a separate staff, and there is nothing else in common between them, except that cows are generally purchased for both from the same source, and that hay from the farm goes to both sets of cows, and grains from the same brewery.

The yield of the farm is about 54 barn gallons daily, and of these Mr. M. contracts to take 9. As, however, he distributes, in addition to this, milk from other sources to three or four times the amount, we have no right, without further evidence, to accuse the Muswell Hill portion of his supply any more than that from the the other sources, merely because mischief had been traced to cowsheds at Kilburn, belonging, it is true, to the same man, but quite distinct in all other respects.

Accordingly Mr. Power, nothing daunted by the ever-widening range of his inquiry, set to work to follow up the rest of the 54 daily gallons. Nineteen were found to go to a dealer at Fortis Green, ten to another at West Islington, two and-a-half to another at Colney Hatch, and thirteen to New End, Hampstead.

Is it not very striking to find that at Fortis Green and neighbourhood a serious prevalence of diphtheria and throat illness excited in April last considerable attention and no little alarm? Locally, the outbreak was attributed, I need hardly say, to sewer emanations; but the result of an inquiry by the medical officer of health of the district did not support this theory. This gentleman found that the diphtheria had been pretty equally distributed over a district served by "three perfectly distinct and unconnected lines of public sewers." Subsequently, by personal inquiry in the district, conducted broadly on lines similar to those adopted in the Kilburn inquiry, Mr. Power was able to satisfy himself that for the above and for other reasons, sewers might here be excluded; and that other ordinarily ascribed causes of diphtheria, such as water supply, personal communication of the healthy with the sick, and the like, might in the majority of instances also be set aside. But the circumstances in regard of milk service were at least suspicious. Milk he found had been distributed to the several hundred houses of the district mainly by two retailers residing near together; one, Mr. N., who obtained a considerable proportion of his total supply from Mr. X.'s Muswell Hill business, the other a tradesman whose supply was altogether different.

From the middle of March to the end of June, 27 households in all were invaded. Of these 19 obtained their milk supply from Mr. N.; and further, of 17 households invaded during the first three weeks of the outbreak, all but three were so supplied, and these three exceptions are in their way noteworthy. The first was a youth employed by Mr. N. in his milk business, but living in St. James's Lane. The second was a brother to this youth, living in a separate household near at hand; and the third was a young woman—I believe I should be justified in saying *his* young woman—living in a house next door to that in which the youth himself resided.

Taken by itself, the evidence tending to implicate the Muswell Hill milk that is afforded by examination of the circumstances of throat illness in and about Fortis Green is pretty strong. But taken in conjunction with that adduced respecting similar association at the same time of throat illness with the milk supply of Mr. M. in

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St. John's Wood, it acquires much additional force. The facts that need to be insisted on are as follows:—In two localities so widely separated, and so utterly differently circumstanced, except in this one matter of milk service, as St. John's Wood and Fortis Green, diphtheria attacked almost simultaneously customers of retailers supplying the particular milk, continued to attack such persons with similar but moderate force for several weeks, and then again simultaneously in both places ceased to attack them.

At West Islington Mr. Power was not able to make personal inquiry, as he did at Fortis Green, but he ascertained that the only three fatal cases of diphtheria recorded in the district in March and April corresponded in point of time with the Fortis Green cases, and occurred in households supplied by the milkman who took the ten gallons from Muswell Hill.

At Colney Hatch, again, of six households invaded in April and May, four were served by the milkman who had relations with Mr. X, and only two by other milkmen.

At New End, Hampstead, where the neighbourhood is populous and continuous with the metropolis, Mr. Power was not able to do more than satisfy himself that the only households, two in number—fatally invaded in March—both obtained milk from the retailer who took some of the Muswell Hill milk.

The evidence from each of these last three localities is not in itself of course very strong, but it has considerable force as a whole from the improbability of diphtheria occurring simultaneously in three centres so far apart, except from some common cause, and it serves strongly to corroborate Mr. Power's conclusion that "the milk supplied to retailers by Mr. X from his Muswell Hill business was in March and April, an essential factor in the causation of diphtheria, just as milk supplied to retailers from his Kilburn business was in May and June similarly though much more seriously effective."

Few, I think, of my hearers will decline to follow Mr. Power as far as this, though some may not consider the evidence about the Muswell Hill farm quite as complete and decisive as that about the Kilburn cow-sheds.

When, however, we try with him to follow the scent a stage further, and hunt down the mysterious agent whose activity was was developed, first at Muswell Hill in March and April, and then transferred to Kilburn in May and June, we traverse a more difficult line of country, and I can hardly expect to take the whole field with me over such leaps as it is necessary to take. And yet the scent certainly seems to lead in one direction, and one only. To drop metaphor, Mr. Power was led by his inquiries at Kilburn and Muswell Hill to exclude one by one all the various conceivable modes in which the diphtheritic poison could with any probability have been introduced into the milk after it had been drawn from the cow.

A good many of them are excluded by the requirement —which can alone satisfy the conditions of the problem —that they should be in continuous operation for several weeks, first at Muswell Hill and then at Kilburn. Not a person at either place had had anything like sore throat, or been transferred from one business to the other. The water at neither place was absolutely secure from foul soakage; but at Muswell Hill it was drunk with impunity by the household, while at Kilburn the question of its purity is almost put out of court by the circumstance that the milk furnished to Messrs. A. and B. was fetched by them in their own churns, which were cleansed at their respective places of business. No cow-sheds are free from the chance of careless fouling of utensils by refuse litter, &c., but this would only be an occasional thing, and would not explain the course of events which we have followed.

The question of absorption of poisonous matters through the air hardly arises in the absence of any pre-existing cases of diphtheria in the premises or their immediate neighbourhood. Besides, milk is never standing long enough at either place to absorb much, as quick despatch is of the essence of a milk business pure and simple, into which the production of cream or butter does not enter.

(To be continued.)

Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

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Among the pathological changes that take place in the ear, there is none in which study leaves so much unrevealed as in the case of exostosis of the external auditory meatus. The writings relative to this affection which the medical literature of the last thirty years contain, far from throwing light on the subject, seem in the end to render it more obscure.

In order to show that this is no exaggeration, it is only necessary to state how many contradictory opinions exist in regard to the nature, form, and frequency of osseous tumours of the external auditory meatus, and their treatment.

The existence even of this affection has been questioned by Bonnafont (in the first edition of his treatise on "The Diseases of the Ear," 1860.) Notwithstanding that publication, however, so soon as our distinguished *confrère* was convinced of his error, he was one of those who contributed the most to make these morbid productions known, and to perfect their treatment. The facts which brought Bonnafont to contradict his former statements, and which he made the subject of a very remarkable communication to the Academy of Medicine of Paris, appeared to convert many incredulous persons. Thus our surprise was very great when, on glancing over a recent work by Erhard (of Berlin) our eyes fell upon two paragraphs, of which the following almost literal translation preserves the sense most rigorously:—

"It is not yet peremptorily demonstrated that exostosis and hyperostosis can, once the period of ossification of the membranous meatus is finished, be developed in the bone itself, as the consequence of certain primary pathological causes. The two external auditory meatuses, varying more or less in every individual, it follows also that unilateral contraction can easily occasion illusions.

"It is not yet proved that syphilis, in this relation, exercises a specific influence. We meet, it is true, hyperostosis, in cases of inveterate otorrhœa, whose commencement dates from infancy, but I have never seen it developed at a more advanced age."

We confess that, after having read and re-read these lines attentively, the only ones that Erhard has dedicated to the subject that we are engaged on, we still hesitate to regard them as the real thoughts of the author after having sought for another interpretation more in conformity with the generally received ideas—the ambiguity of the text justifying our reserve — although we are unwilling to admit that one of the most celebrated specialists of Germany has not had occasion in his long experience of the

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affections of the ear to assure himself of a fact about which very little is known, although the examples of it are very common according to the best authors, among whom we may name Von Trœltsch.

But if Erhard allowed it to be seen clearly that his scepticism in regard to exostosis of the internal auditory meatus did not extend to these tumours which have a congenital origin, the thing could, perhaps, be explained, but the care which he takes to warn us against illusions which the difference of the diameter of the two meatuses could give rise to, then his silence on the subject of exostosis, while he mentions in another part the existence of hyperostosis in certain cases of chronic otorrhœa, as observed by himself, scarcely agrees with such a supposition. However, it is only curiosity that prompts an explanation, because the fact of the existence of congenital exostosis of the external ear has already been too well established to gain advantage from the further discussion of it. What is of more importance for us to note in the lines of Erhard is that he not only contests the etiological connection which should exist, according to some authors, between certain morbid constitutional states—notably the syphilitic diathesis—and the tumours in question, but he questions the development of these tumours themselves, if not absolutely, at least after the period of ossification. We will examine the value of those opinions in the course of this *mémoire*.

In the present state of the science of otology, it would be premature to try to find out if the various peoples of Europe were all equally susceptible to exostoses of the external auditory meatus; or rather, if the proportion of the latter, in a given number of individuals, were subject to notable differences according to race and geographical situation. In fact, however, the study of the affections of the ear is neither so advanced nor sufficiently generalised to furnish the degree of certitude which is indispensable to such a statistic. Also, the elements of comparison which we could produce at this present time would only lead to erroneous deductions. It has been, however, ascertained that the greatest number of cases of this affection has been found in those countries where otology has mostly, and for the longest time, attracted the attention of scientific men, as in England, Germany, Austria, and France; whilst we know nothing of what concerns the southern nations of our continent.

Be that as it may, the investigations of Professor Seligmann (of Vienna) show that Europeans are far from being so subject to exostosis of the canal of the ear, as are certain races of American Indians, among whom the custom of lengthening the skull artificially, still prevails.

Out of six cases of "Siticacas" thus deformed, Seligmann has five times met with the anomaly in question; but he adds that he has not found an instance of it in the skulls of another American tribe, the "Avares;" although their skulls are identically deformed. The enormous proportion of exostosis of the ear observed in the "Siticacas," cannot then be attributed to the manipulations to which their heads are subjected, but rather to a predisposition of race. Besides, Welcker, from whom the preceding details are borrowed, has also met with osseous excrescences in North American Indians, whose skull is not deformed, as well as in the natives of the Marquesas Islands—a fact, which would tend to prove that the transatlantic peoples are more inclined to exostosis of the ear, than the races that inhabit our continent; for of all the skulls of the Caucasian race that have been examined by Welcker, none presented a trace of this affection, although their number was greater than that of the skulls of foreign origin.

Of all the tumours that were formerly confounded under the name of exostosis, the only ones, according to Nélaton, that have a right to the name, are those that are the result of an abnormal and partial expansion of the tissue of a bone, or the deposition of new matter upon some circumscribed part of its surface. They are all uniformly composed of osseous tissue of normal character. Thus *cellular* exostoses are constituted by an osseous areolar tissue, which envelops a thin plate of compact osseous tissue; the others, ivory exostoses, are entirely formed of a compact bony tissue of considerable density.

Schwartze is of opinion that the spongy or compact state of the exostoses expresses different phases in the development of the new growth; that, for example, an exostoses, which at first is spongy, can pass into the ivory state. He believes, also, in the possibility of inverse transformation. This opinion is equally shared in by Virchow and Nélaton.

The intimate structures of the exostosis of the auditory meatus, which Toynbee has been able to study, were all formed of compact osseous tissue; and we do not believe that we are mistaken in attributing to this circumstance, the dread which Toynbee had of removing these tumours by operation. The numerous facts, till now, not only attest that such an aversion was uncalled for, but they show, besides, that the osseous tumours of the auditory meatus—those at least, which, by their volume, call for the active intervention of skill—belong almost always to the cellular form, and offer, in consequence, greater facility to surgical treatment, than if it were a question of operating upon compact osseous tissue.

But if these conditions, which are propitious to the success of the operation, be met with in most cases, it is necessary to guard against concluding that the cellular exostoses of the ear exceeds in number those that are compact, because, as has already been remarked by Nélaton, "the generally slow growth of these tumours seem to be in proportion to their density." It follows that cellular exostoses develop with more rapidity than the others, and reach more easily to a size, which renders their removal from the meatus necessary.

Exostoses of the external auditory meatus are generally seen under the form of peaked or elliptical projections, with a smooth or slightly undulated surface, whose extreme hardness suffices to distinguish them from other tumours that could be developed in the same place.

They have usually a wide base, which instead of being clearly defined, is imperceptibly lost in the neighbouring osseous tissue. They are rarely pedunculated, as in the case Kramer speaks of, where a "polypus was suspended, in the form of a stalactite, from the superior wall of the auditory meatus, and which was so hard that the sharpest knife could not cut it." It is a strange thing, that the only pedunculated exostoses observed by v. Trœltsch also, sprang from the superior wall of the osseous canal of the ear, in the immediate neighbourhood of the tympanum. As to sessile exostoses, they may arise from any part of that canal, but according to the facts observed, till now, they seem often to originate on the posterior wall, less frequently on the superior and exceptionally on the anterior, unless, there be at the same time, in that last case, one or more analogous productions on the other walls.

They have a marked tendency to develop themselves simultaneously in the two ears, although cases, where they are only on the one side, are much more frequently met with, according to our experience. We do not agree in that point with v. Trœltsch, who has seen them almost always in both meatuses, but Wilde says expressly, that he has rarely observed bilateral exostoses; and the cases ascertained by Bonnafont, corroborate, in their turn, the opinion that we have formed in regard to that point.

In cases of bilateral exostoses, the parts of insertion of the tumours exactly correspond in the two meatuses, and they have, further, a certain analogy in form, and sometimes even in dimension. As is well known, this law of symmetry does not hold constantly, even with exostoses of the external ear.

Although these osseous excrescences rarely attain to a large size in the auditory meatus, yet they are sometimes developed so as to efface the lumen of that canal, and it is to be noticed that this complete occlusion is much oftener caused by one tumour than by the meeting of several. Indeed, when two exostoses spring up opposite each other and their tops meet, they almost always reciprocally impede their ulterior development, and the space comprised

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on each side, between them and the periphery of the canal, remains permeable. It also happens that there may be three tumours, situated side by side, each occupying an equal segment, or nearly so, of the circumference of the canal, and only leaving in the centre of the latter a triangular orifice. This disposition of these tumours may be likened in appearance to the aortic valves, or to those of the pulmonary artery.

Multiple exostoses are usually developed in the neighbourhood of the membrana tympani, while single exostoses spring up nearer the entrance of the meatus, and then it is often necessary to draw the auricle aside in order to see them.

The intimacy of the relations existing in the canal of the ear, between its periosteum and the integument, which constitute here a single membrane, gives, as a necessary consequence, a cutaneous lining to the osseous tumours of that canal without interposition of other elements; contrary to what is usually observed for analogous growths, in other parts of the body. The skin, also, which covers the surface of the exostoses of the meatus adheres strongly. It is almost always smooth, stretched, thin, and entirely hairless, even on the parts where, in the normal state, the hairs are found. It borrows, also, from the underlying bone, a characteristic aspect, which has been compared to that of polished ivory.

Such is the appearance which these tumours present in examination when the tissues of the meatus are neither irritated nor inflamed. When, however, the parts are inflamed from any cause whatever, the surface of the tumours presents a more or les dark red colour, according to the degree of hyperæmia.

When the affection is complicated with otorrhœa, the integumental envelope of the exostosis may become thick and spongy and granular.

Whilst v. Trœltsch insists upon the extreme sensibility of these tumours when touched, most observers, on the contrary, mention as one of their most remarkable peculiarities, their insensitiveness, as they can be touched, and even struck with some force, without causing pain. According to us, both of those contradictory affirmations contain truth; because if it be true that the exostoses, situated less deeply in the canal of the ear, are open to manipulation, it is exactly the opposite for those seated in the neighbourhood of the membrana tympani, or which are found in immediate contact with that membrane. These latter seem to be very sensitive to the slightest touch, but whether they participate in the extreme sensibility of the neighbouring membrana tympani, or that the latter feels the *contre-coup* of the shock, which one makes upon the tumour in examination, is difficult to say. Moreover, the walls of the external auditory meatus become more sensitive as one approaches the membrana tympani. Why, then, does the sensibility of the exostoses not vary equally according to the part of the canal where it has sprung up?

Nothing is positively known about the circumstances which occasion or favour the appearance of the osseous tumours in the external auditory meatus; but for want of certain ideas on this subject, the field of hypothesis has been greatly worked by authors. According to the opinion of Toynbee, also shared in by v. Trœltsch, the abuse of alcoholic liquors and exciting food is not without some influence on the growth of these tumours. Hence the almost absolute exemption from this affection of females who are by nature less given to excesses, and particularly to those of the table. Is it necessary to acknowledge the truth of the cause here stated? We doubt it for our part. First, because our personal observations, having been almost exclusively confined to persons of the male sex, do not permit us to share in the opinion of our *confrères*. Then, because the latter has not been justified, as far as we know, by any of the cases of exostoses of the external ear, observed till now in the female.

The influence of heredity appears less disputable. It is, according to Schwartze, the only predisposing cause which deserves to be accepted, without reserve, in regard to exostosis of the ear (*loc. cit.*, p. 41). One of the most remarkable cases which evinces, says Nélaton, the influence of this cause, is reported by Boyer. It is the case of Madame Pélerin, who was herself affected with several exostoses, and whose father, brothers, sisters, nephews, and children bore similar tumours. It is true that it is not a question here of exostoses of the external ear; but for all that the example is none the less convincing, because no one will dispute the identity of the nature of these morbid growths, at whatever part of the skeleton they are seen. For this reason, we believe, to be able also to include among the causes of the exostoses of the auditory meatus, this general predisposition to the formation of these growths. To this state, spoken of by Nélaton, whose nature is unknown, it is necessary to attribute, at least, the appearance of these osseous tumours in the meatus of any one who is the subject of such growths, in some of the other bones of the skeleton, and that we have reason to expect these growths in the meatus in such cases, is well shown by statistics. (C. O. Weber.)

Dr. L. B. (author of an Observation on the Exostoses of the Auditory Canal, the *résumé* of which will be found further on) seems disposed to admit that a mechanical irritation continued for a long time on any part whatever of the osseous auditory meatus, can give rise, at that place, to an osseous tumour. Such a supposition seems to us probable, as Virchow has shown that local injuries to a bone can give rise to an osteoma.

According to some authors (including Wilde and Rau), the exostoses of the external auditory meatus originate in an ostitis or a periostitis according to others; they are only observed in syphilitic subjects, and constitute a tertiary manifestation of that disease, such is Triquet's idea. Others, with Toynbee, regard their origin as the effect of the gouty or rheumatic diathesis.

J. Gruber, although not sharing exclusively the ideas of Triquet and Toynbee, in regard to the origin of those growths, considers that such states may have an influence on their production. In respect to the syphilitic diathesis, he has been frequently able, with certitude, to ascribe the development of osseous tumours in the external ear, to this cause; for example, when they are present in persons still a prey to syphilitic affections of the bones, or who have previously suffered from it.

Such observations have not influenced v. Trœltsch, since he still persists, in the last edition of his "Treatise," to doubt it, yet without expressing an opinion himself on the cause of the growths in question. According to him, the *rôle* played by the gouty diathesis is still problematic; besides, he has never observed, in the subjects of exostoses of the external meatus, the presence of arthritic deposits on any part of the body whatever, and not even on the auricle which, according to Garrod, would be one of the most likely parts of the body in which to find the manifestations of a gouty diathesis (*loc. cit.*, p. 125).

Our own experience does not give us sufficient authority yet to take part in the debate. Nevertheless, the numerous observations which we have made enable us to exclude rather than to admit any ætiological connection whatever between the rheumatismal or the gouty diathesis and exostoses of the external ear, and to attach in most cases their origin to a chronic inflammation of the walls of the auditory meatus, sometimes primary, sometimes consecutive, to an analogous lesion of the middle ear.

(To be continued.)

Clinical Records.

A CASE OF IMPASSABLE STRICTURE OF THE URETHRA—BOUTONNIERE OPERATION—CURE.

By W. F. TEEVAN, B.A., F.R.C.S.,
Surgeon to the West London Hospital, and Surgeon to St. Peter's Hospital.

JOHN Y——, æt. 53, superintending boatswain of the Bombay Dockyard, was admitted into St. Peter's

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Hospital, on September 25, 1874, having been recommended to me by Mr. Kesteven.

History.—Thirty-three years ago, gonorrhœa, followed by a long gleet, both treated by injections. Twenty-five years ago retention, after a plunge in the sea, relieved by metal catheter. Twenty-four years ago African fever. Eighteen years ago ordered, with 60 men, to take possession of an opium storehouse at Patna, from which the opium had just been removed. Patient and fifteen men slept in the storehouse, and the very first night six of the men, including the patient, were seized with retention. There was only a dispenser with the detachment, who gave them some chloroform internally, which did no good. The patient suffered from retention for ninety-six hours, at the end of which time urine began to dribble away. Ever since that period the patient's stream of urine has been small and twisted. Two years ago attacked with ague, then fever, then dysentery. One year ago dribbling of urine came on. At first, it only occurred in the day, but afterwards, he was affected both night and day. For a long period has suffered from spasm whenever he wanted to make water. In December, 1873, was invalided to England. January 17, 1874, arrived in this country, and at once went to Brighton, where his dysentery got well; but after the first fortnight, he was attacked with swelling and pain in the perinæum. Sent for a surgeon, who opened the perinæal abscess, from which a large quantity of pus escaped; urine also dribbled away from the wound, which completely healed up before he left Brighton in April. His surgeon then made several attempts to pass various instruments, but did not succeed. The day the patient came to town he was seized with retention, and went to a hospital, where the surgeon, failing to pass a catheter, had him put under chloroform, introduced a fine metal catheter into his bladder, drew off the urine and left in the instrument. The patient states that although the catheter was passed into the bladder it did not go there by the natural route, and so great was the agony caused by the presence of the instrument, that it had to be removed after six hours. He was in the hospital for four months, during which period various attempts were made to pass different instruments without success, and as he was again attacked with dysentery, and was in very feeble health, he went again to Brighton. He got rid of his dysentery down there, but suffered so much from spasm and straining, that he came up to town last September, and placed himself under my care.

State on admission.—Patient is a strongly built man, but has lost flesh, and is now in very feeble health. The expression of his face is careworn, and indicative of much suffering. His penis is enveloped in a number of small towels to protect his thighs from the urine which dribbles away. The dribbling, however, is not continuous, and about every hour he is seized with spasm and urgent desire to micturate. After straining for some minutes very violently, during which period he becomes purple in the face, he manages to squeeze out a few drops of urine. His water is a collection of urine and much pus, together with some disintegrated blood. The perinæum shows the cicatrix that resulted from the abscess, and his urethra is much thickened all the way down. The stricture is situated 4¾ inches from the meatus externus.

I kept the patient at rest on his back, and applied leeches to the perinæum to allay the great irritation that existed. Every other day I passed different kinds of instruments—soft and metal—down to the stricture, but I never succeeded in even finding the entrance to the stricture.

On October 12, Mr. Knott put the patient thoroughly under the influence of ether, and I then tried to pass various instruments, but without success. I also gave a fair trial to the following plans, all of which failed.

Firstly. Mercier's plan of passing a tube, as large as the urethra will take, down to the stricture, and having filled it with fine olivary whalebone bougies, to endeavour to pass each one separately. I look upon this as the most valuable of all plans.

Secondly. Cazenave's plan of ice in the rectum.

Thirdly. Sœmmering's method of injecting the urethra with oil to distend the walls and open up the mouth of the stricture.

Fourthly. Mr. Thomas Smith's plan of getting the patient to make water at the moment you are trying to pass the instrument. Although it failed in this particular instance, I must say I have found it succeed in other cases where everything else had failed, and I look upon it as a most valuable measure.

Fifthly. The potassa fusa. I applied this four times, and although it did not enable me to pass an instrument, it completely cured the patient of his dribbling and spasms.

He is profuse in his praises of the caustic, for it cured him of his spasm, and bestowed on him a dry bed at night, and a dry pair of breeches in the day—luxuries to which he had long been a stranger.

It will thus be seen that I had delayed operating, as I considered the man in such bad health, that it would be well, if possible, to avoid any such measure, except as a last resource. As, however, the man's leave of absence was expiring, I determined to operate, and accordingly did so on December 7, in the presence of Dr. Wachtel, of Berlin, Dr. Lane, of San Francisco, Dr. Vanderver, of Albany, Dr. Lovejoy, of Boston, and others.

When the patient was fully under the influence of ether, I tried for the last time, without success, to pass various instruments. I then introduced a straight grooved steel director down to the stricture, and opened the urethra for one inch and a half above the stricture. The edges of the wound being kept well apart with hooks, I set to work with fine olivary whalebone bougies to find the entrance to the stricture, and after a few minutes, I managed to pass one of them into the bladder, as I thought. Now come the modifications introduced, I believe, by me. Where had the bougie gone to? To settle this question I took a fine silver catheter, open at both ends, with a slit in its convexity, and having passed it over the bougie, I slid it along the bougie and withdrew the latter, when urine issued from the catheter. I then introduced a tenotome into the groove, and having placed my left forefinger in the rectum, I completely divided the stricture without enlarging the original external wound. A full sized olivary elastic catheter was then passed all the way from the meatus externus into the bladder, and left there till late that night. Three days after the operation the patient got up for a few hours. Seven days later the wound was quite healed. Seven days afterwards the patient left the hospital quite well, and able to pass 25 catheter with ease for himself.

Special.

HYDROPHOBIA IN LANCASHIRE.

On account of the interest aroused by the publication of our article, June 18th, on this outbreak, and the numerous inquiries received for fuller details, Mr. John Rigby, M.R.C.S., of Preston, who was called in to see one of the deceased victims, has kindly supplied us with the following report:—

Beatrice Watson, aged 5 years and 9 months, a fine little girl, in appearance and growth looking considerably older, was bitten by the Rev. G. R. G. Pughe's mastiff bitch about 5 p.m., on Wednesday, April 16th, 1879. I saw her about an hour after the infliction of the bite, and found that it had caused an extensive and deep lacerated wound of the right side of the face, of somewhat crescentic form, making a flap of a very large portion of the cheek, and extending through the right labial angle into the mouth. I was told there had been a considerable amount of bleeding from the wound, but when I arrived this had almost ceased.

The wound was washed thoroughly with warm water strongly charged with Condy's Fluid, and brought together by five sutures and strips of adhesive plaster, and covered with lint saturated with the same fluid. During the first

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week there was a considerable amount of swelling of the side of the face, and the wound suppurated freely. There was also, for two or three days, a moderate degree of febrile disturbance. The wound was syringed daily with Condy and water, and covered with lint as at first. After the first week the healing process went on rapidly, and by the sixteenth day the wound was entirely cicatrised with the exception of two small points where two of the sutures had been inserted, the girl's general health being at this time quite satisfactory, and she was going about and amusing herself outdoors. This favourable condition continued until the evening of Saturday, the 10th of May. When I called to see her in the afternoon of that day, she was out of doors playing with her young companions, and seemed perfectly well. The two unhealed points before mentioned were still there, but they had become very minute.

Late on Sunday night, May 11th, the father of the child came to my house stating that she had not seemed so well since the previous evening, when she manifested considerable reluctance to have her usual weekly bath, of which she had always previously been very fond. Since that, he said, she had been restless and fretful. I questioned him very closely as to any symptoms of difficulty of swallowing, but he said there was no difficulty in this respect. Thinking, therefore, and hoping, that she might be suffering only from the effects of a feverish cold, I prescribed a diaphoretic and sedative mixture, and said I would see her next morning. When I called in the morning I was informed that she had had a very restless night, and that very little medicine had been taken in consequence of great difficulty of swallowing having come on. I was also told that she had complained a good deal of pain in the right side of the face in the situation of the wound, and on examination I found appearance of recrudescence, at the two points previously mentioned. They looked livid and more open, and there was an ichorous-looking discharge from them. From this time the usual symptoms of hydrophobia rapidly developed. A striking feature of the case was the remarkable hyperæsthesia of the facial cutaneous surface; a slight puff of the breath on her face at once produced a severe paroxysm of laryngeal and pharyngeal spasm, and a manifestation of horror and deprecation that was painful to witness, although when I blew upon her bare arm only no such result followed, at least this was the case on Monday the 12th. On account of the great difficulty of swallowing, the attempts to give food and medicine by the mouth were discontinued, and the treatment afterwards was the administration every three or four hours of nutritive enemata, to each enema chloral hydrat., gr. x.; potass bromid, gr. x.; and morph. hyd. gr. ½, were added. Under this treatment she obtained many hours' remission of dreadful suffering, but forebodings as to the result were only too surely realised. The treatment, though alleviative, was not curative, and the poor child succumbed from exhaustion at 11 p.m. of Wednesday, May 14th, four weeks and a few hours after being bitten. There was no post-mortem.

Monday, May 12th, 1879.—Temp., 10.30 a.m., 100 2-5ths; pulse 140; 4.30 p.m., temp. 100 2-5ths, pulse 140; 10 p.m., temp. 99 2-5ths, pulse 114. Tuesday, May 13th.—Temp. 10 a.m., temp. 100 2-5ths, pulse 140; 7.30 p.m., temp. 100 3-5ths. After this no accurate observation was recorded.

Department of Lunacy.

PROFESSIONAL RESPONSIBILITY.

A CASE involving an important medical issue came under the consideration of the Marylebone County Court on the 24th ult. Dr. Edwards, of Hyde Park, was consulted in reference to a lady who had been of unsound mind for a year, and in whom the symptoms were rapidly increasing, and, in addition to the mental excitement, she practised self-abuse to such an extent that an ulcerated mass had formed around the labia and clitoris from the introduction of certain foreign bodies into the vagina. This diseased tissue, acting as an irritant, excited a desire to masturbate, and Dr. Edwards, after consultation with Dr. Alfred Meadows, decided to remove it. He informed the family of the nature of the proposed operation (which was not, however, clitoridectomy). As a result of the operation the masturbation ceased, and the patient improved in every respect, both mentally and bodily. Some time after it was decided to place her under certificate in a private family, Dr. Edwards visiting her once a fortnight, and acting as her medical attendant, under the Lunacy Act. He continued his visits until it was found desirable to transfer the patient to an asylum. Fees had been paid from time to time, and the patient, now passing out of the care of Dr. Edwards, the amount of his claim up to this time, which had been previously agreed to by the family, was naturally sent to the relatives. To his astonishment, it was disputed, and a counter claim set up by the solicitor of malpractice in performing the operation, and so causing the patient to become chronically insane. No mention of this was made until after a lapse of one year from the operation, when notice of it was given to Dr. Edwardes through a solicitor. At the hearing of the case the chief questions which arose were what the effect of such an operation upon the mental state of a person would be, and whether it would be justified by the circumstances of the case. Many medical witnesses were in court prepared to testify as to the propriety of the operation. The judge evidently from the first entertained a strong opinion. Dr. Meadows was called and sworn, but the solicitor threw up the case, which, in our opinion, ought never to have been brought into court. Dr. Edwards had done everything in his power for the patient committed to his charge. He had not performed any operation without first consulting with Dr. Meadows, and after communication with the family. He had acted quite professionally, and the Judge endorsed this view in the highly complimentary manner in which he addressed him at the termination of the case.

RESTRAINT IN INSANITY.

WE have received a very comprehensive and interesting pamphlet by Dr. Bodington on the above subject. He is an advocate for restraint, and endorses the opinion so often expressed by some authorities that it is far better to adopt restraint in cases of acute mania than to allow the patient to struggle violently. There is much truth in what Dr. Bodington says, that where the "non-restraint system" is adopted much cruelty and brutality is liable to be practised by the attendants as soon as the superintendent's back is turned. We are reminded that scarcely a week passes without reading of the "ill-treatment of a lunatic." This is generally the case when the "non-restraint system" is carried out and the patient struggles. Dr. Bodington's views are, that mechanical restraint is humane and safe, because its instruments are free from caprice, temper, "impatience, irritability, vindictiveness, passion, or tyranny, because they can neither threaten, strike, nor throttle, nor kneel on the chest, nor crush the ribs, nor shatter the breast-bone. Thus, mechanical restraint is, as now contended, not only a humane and safe means of protecting the patient, but it is calculated to obviate and abolish the cruelties and brutalities that spring out of the practice of manual restraint."

It is not generally known that mechanical restraint is

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still adopted to a considerable extent in the asylums of Jersey and in some of the institutions in France, especially in a large asylum situated at Dinan, on the coast of Normandy. Restraint, if used with moderation, is useful in some instances to protect patients from the violence of attendants, and which frequently cannot be avoided in states of excitement. Nevertheless, it is open to great abuse when left to attendants who, as in France, are at liberty to use it at their discretion.

CHLORAL HYDRATE IN THE TREATMENT OF INSANITY.—Two cases of considerable interest connected with the administration of chloral have recently come under our observation. In one instance the chloral was taken in one dose of 200 grains, and in the second case in four doses of 60 grains each at intervals during the day. In the first instance symptoms of coma instantly supervened, whilst in the latter those of acute mania gradually followed after the last dose had been taken, both ultimately ending in complete recovery. We have also had under our observation patients who suffered from "chloral mania," where the craving was as excessive as it is in obstinate dipsomania. We regard such cases as incurable.

THE SIZE OF THE BRAIN.—M. Broca has been investigating the size of the brain in the two sexes. According to him, the brain of women, and consequently their intellectual faculties, are not only inferior to those of men, but the difference tends to increase with the progress of civilisation. M. Gustave Lebon, writing on the same subject, remarks that if the relative inferiority of the brain of women of the present day is more marked than it was in the prehistoric period, the brain of men has also become inferior to that of their prehistoric ancestors. He states that the skulls found in the "Caverne de l'Homme Mort" measured, according to M. Broca himself, 1,606 cubic centimetres in men, and 1,507 in women, the difference being 100. In contemporary Parisians the male skull measures, on average, 1,558 cubic centimetres, and the female skull 1,337, the difference being 221. This difference of the human brain is not only confined to the sexes, but it increases between the inferior and superior races. In men and women of the same height M. Lebon says the difference is 172 in favour of the male brain.

CIRRHOTIC INDURATION OF LUNG—SUPERVENTION OF CAPILLARY BRONCHITIS IN OPPOSITE LUNG—REMARKABLE VASCULAR ENGORGEMENT OF CEREBRAL HEMISPHERE.

By BEVAN LEWIS, L.R.C.P. Lond.,
West Riding Asylum, Wakefield.

A. H., æt. 39, admitted suffering from an attack of excitement, with delusions. The mental symptoms presented nothing very unusual. Upon physical examination the left lung was found to be consolidated, and she was in a greatly reduced condition. It was ascertained that she had been intemperate, and had lived a dissolute life.

Shortly after admission she developed symptoms of acute bronchitis of the capillary form. The dyspnœa became most urgent and distressing, and the expectoration copious and muco-purulent. Evidence of most serious circulatory obstruction was afforded by the unusually deep cyanotic aspect of the face, the rapid development of anasarca, the puffy eyelids, and local œdematous infiltration over decumbent parts. There were no profuse sweats, and the temperature rarely rose above 100° Fahr. This condition was maintained unrelieved for a month, during the whole of which period her mental condition was one of constant and profound torpor. She could only momentarily be roused to reply to questions, and then immediately sank into a semi-comatose condition. On one occasion she was bled to the extent of eight ounces with only temporary relief to the urgency of her symptoms. Occasionally the distress of breathing was alleviated for a few hours, and then it was found that she was perfectly clear and rational as to her mental state. She died two months after admission.

It was found upon post-mortem examination that the left lung was firmly adherent posteriorly by old fibrous bands, was shrunken, collapsed, and had undergone fibroid induration. It sank in water, and weighed but 358 grammes. The right lung gave evidence of acute bronchitis. As regards the brain, it was found that throughout the whole of the left hemisphere the vessels of the white matter were enormously distended, and so closely aggregated as to assume the appearance of thousands of miliary hæmorrhages. All parts of the white matter and the ganglia at the base were similarly involved. Here and there distinct hæmorrhages had occurred, and the coalescence of two or three miliary hæmorrhages had apparently ensued. The same condition was observed in the right hemisphere, with the addition of distinct white softening of the medullary portion of the occipital lobe. The cortex was free from lesions, but was greatly injected. The cerebellum showed similar conditions to the cerebral hemispheres.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 9, 1879.

THE FUTURE OF HYGIENE.

THE Parkes Museum of Hygiene, which has just been thrown open to the public, has a much greater significance than most people are aware of. It is one of the signs of the times we live in. It points to a goal which we are all endeavouring to reach, although we may not succeed in the attempt; and it is one phase of a movement which is highly creditable to the wisdom and foresight of those distinguished sanitarians who have done so much towards establishing hygiene as a science, and gaining for it the respect and support of the State. We purpose, therefore, to leave for a while medical reform and select committees, and college elections, and all that, to speculate on a subject in which people of all shades of opinion should feel no little interest. It is not well

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to keep the mind too much bent upon theevents of the passing hour, as the use we make of the present will be the more profitable the more we think of the possibilities of the future.

If we take a comprehensive view of what has been called preventive medicine, we shall be disposed to regard it as one of those minor evolutionary forces which, physically speaking, may have, or are even now having, no little influence over the destinies of mankind. The doctrine of evolution, which has been so laboriously worked out by one of the most gifted scientists of the present day, and which has met with the approval of the bulk of the medical profession, has not even, in a humanitarian point of view, deserved all the abuse which has been heaped upon it. This doctrine, as the reader well knows, teaches us that all the higher species of animals, including man himself, have not been distinct and separate acts of the Creator, but are the results of a gradual and more perfect development of the lowest forms of animal life; that the structure of living beings became in the course of time more complicated and more perfect in form and in function; and that this evolution, which has been the work of countless ages, is still going on. Now, admitting for the moment that evolution is something more than a mere theory, that it is beyond dispute a law of Nature, the question that will probably occur to most thoughtful minds is, Whether this evolution has, in man, in his present state, reached its acme of perfection? whether, in fact, it has now gone as far as it can go, or whether there is not, in virtue of a still higher development, a brighter future before mankind, a future in which man's physical, moral, and intellectual well-being is far above what it has been, or what it is now? To this question the theologian may answer "Yes," and then he will perhaps add, "but it must be in another world." The naturalist, however, who equally with the divine may think that with God all things are possible, does not despair of this world becoming the abode of a superior and more happy race of beings than that by which its most civilised portions are now inhabited. If we contrast the past with the present, we shall be warranted in saying that this evolution towards a higher standard in the physical and moral condition of mankind has already made a beginning. The gradual removal of the more active causes of disease; the average increase in the length of human life; the diminution of pauperism and crime, even under conditions most favourable to pauperism and crime; the education and social improvement of the poor; the remarkably humane feelings which now obtain not only between man and man, but between man and beast; the greater reluctance which nations now show to submit their quarrels to the arbitrament of the sword; these maybe a sign that man is still in some measure subject to that law of progressive development which has hitherto characterised the animal creation.

Among the agencies now at work in effecting an improvement in the physique, and even in the intellectual and moral status of our race, hygiene may occupy a high position. Hygiene has been very aptly defined as the "art of preserving health, of prolonging life, and of showing how the human species may be perpetuated and developed in the greatest perfection." The prospect, therefore, which lies before it is magnificent and immense. The advancement of this science is undoubtedly the most admirable outcome of modern medicine. From a utilitarian point of view, and with regard to the possible effects upon the future of mankind, all other departments of medicine are, comparatively speaking, insignificant. Indeed, it must be admitted that, with the exception of operative surgery, curative medicine is, comparatively speaking, a failure, and the general consciousness and tacit admission of this fact is one reason why hygiene has made so much progress within the lastfew years, and is now attracting so much attention both from the profession and from the public.

Hygiene was not altogether neglected by the ancients, as the works of Hippocrates will show. But it is only within a recent period that it has been studied as a distinct science or has had any marked effect upon the health and mortality of the people. For a long time the profession did not attach much importance to the old adage that "prevention is better than cure." Preventive medicine was almost wholly ignored by them, while their treatment of disease was of so heroic and perturbating a nature as to expose the science of medicine to ridicule and contempt, and to lead to a reaction which is, perhaps, as culpable as the practice it displaced. We may, however, say that in England the first rudiments of the science of hygiene begun with the rude measures of prevention which were adopted during the plagues and epidemics of the 16th and 17th centuries. At a later period we have Howard purifying the jails, Jenner discovering vaccination, and Sir George Baker the cause of Devonshire colic; while it first took its position as a branch of study by the State, when the first great and comprehensive measure, the groundwork of sanitary legislation, was passed, namely, the Public Health Act of 1848.

Since then, Hygiene has done great things among all classes of society, in various spheres of human industry, and in all departments of the public service. As Dr. Guy well observes:—"It follows the child to school; the labourer and artisan into the field, the mine, the factory, the workshop; the sick man into the hospital; the pauper into the workhouse; the lunatic to the asylum; the thief to the prison. It is with the sailor in his ship, the soldier in his barrack, and the emigrant in his new home beyond the seas." Yet, if from a theoretical point of view we contemplate the possible results of the progressive advancement of this science, we can only regard t as being at present in its infancy. Plenty of pure water and pure air for the poorest in the land, a clean and healthy home for every one, and temperance in every home; no larger populations than the means of subsistence are able to support; the physical pains and miseries of mankind reduced to a minimum; disease of rare occurrence; premature deaths chiefly the result of accident; longevity increased; physical and mental health—the *mens sana in corpore sano*—the birthright of all; and the gradual development of a race of men as physically, mentally and morally superior to us as we are to the lowest savages of whom we have any knowledge—this is a dream of the sanitarian, the realisation of which is far from being impossible. It must, however, be admitted that the obstacles to be overcome before this Utopian

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age can be reached are as difficult as the prospect is enchanting. The deadly legacies left to us by our forefathers—hereditary disease, must be cancelled or effaced, the lust of power, and the lust of wealth must be kept within due bounds, the bonds of sympathy between the rich and the poor must be of a closer nature than they are now, many bad and inveterate habits must be reformed, and many long-standing prejudices overcome. Education, in the widest sense of that term, must be universally extended; the laws of health must be the future catechism of the child; and every individual must be to himself or to his offspring what a conscientious officer of health should be to society at large. We are, unfortunately, too often reminded that it is one thing to teach the public, and another to get them to practise what is right. It is now many years since Jenner showed mankind how small-pox might be entirely stamped out. That if the practice of vaccination and re-vaccination were thoroughly and generally carried out this disease would come to have only an historical interest, is a truth almost as certain as a mathematical axiom. And yet it is only lately that this country was visited by a great and very fatal epidemic of small-pox; and even now a well-organised society is doing all in its power to prejudice the public against vaccination. The prevalence, moreover, of temperance among all classes of society, the regulation of the passions, and the rooting up of all those dirty habits which have in all ages and in all countries characterised the persons and dwellings of the poor, and which are such a prolific source of disease—all this must be necessarily a work of time.

Then, again, while there are many diseases which the sanitarian has proved to be preventible, and the occurrence of which is to be entirely imputed to the improvidence of man; there are also many and fatal diseases, the causes of which are still obscure, but which future investigations may show to be equally preventible.

Independently, moreover, of these and other obstacles to "man's estate" being cultivated to the extent to which it is capable, and which are more or less under his control, he may have to contend with influences over which he has no control whatever. We allude to those conditions of his environment which he can neither foresee nor prevent, and can only partially resist. Hitherto, man's environment has only slightly and partially interfered with the development of his species, while, according to the views of Darwin and his followers, external physical causes have, in conjunction with the so-called laws of heredity and adaptation, greatly contributed to the development of the rest of the animal creation. Are we sure, therefore, that the physical changes through which this globe is destined to pass, and is, indeed, now passing, will be as favourable to the future development of the human species, as they have been in ages gone by? May they not, on the contrary, be such as to prove a barrier to any great advancement in the physical and moral condition of mankind? We hope not; but still these are contingencies which should not be lost sight of by those who would speculate on the future of humanity. As for thousands of years the various cosmic agencies which have been at work, have rather fostered than interfered with the gradual evolution of the human species, so we hope that for thousands of years yet to come man is destined to receive at the hands of his Creator a still higher development. Nor can we, in conclusion, expect that the laws of "natural selection" and of "heredity" can in our case operate to the extent they have operated in the evolution of the animal world. Natural selection has doubtless been a great factor in the origin of species, but its free operation in respect of man is beset with a thousand counteracting influences. How these influences, these disturbing causes, can be best removed, and how the principles of natural selection, adaptation, and heredity can be brought to bear upon the more perfect perpetuation and developement of the human species, is one of the most difficult problems the hygienist will have to solve. That, however, the problem may at last be solved, we may entertain some hopes, and at all events it is a problem to the solution of which we may all legitimately aspire.

Notes on Current Topics.

The Habitual Drunkard's Bill

has passed both Houses, and needs only the Queen's assent to make it law. It is an admirably conceived measure, and most creditable to Dr. Cameron, its author.

Appropriately to the occasion we may quote a statement made by Dr. Crothers, the Secretary of the American Association for the Cure of Inebriates. Dr. Crothers says:—

The narrow prejudice and ignorant opposition have only served to bring out more prominently the principles upon which Inebriate Asylums are founded, and behind all the clamour and sneer there is an under current of facts (increasing every year) pointing distinctly to these asylums for a solution of the many problems of inebriety.

Of over thirty inebriate asylums established in this country during the past quarter of a century, only four have suspended and gone out of existence.

Considering that they were all experimental, and working without experience or precedent, and without the sympathy and co-operation of the public, their success may safely challenge comparison with any other charity of the age.

It is a well recognised fact that the asylum treatment of inebriety is more difficult than that of insanity, and had these asylums not met a necessity as imperative as quarantine stations for infectious diseases, or hospitals for the insane, they would have all failed long ago.

Within two years a very significant movement has begun, which is the commencement of a great revolution of public opinion in regard to asylums.

There has been opened in this country within this time over a thousand temporary lodging houses and eating rooms for inebriates—places where the poor, homeless victim, after he has signed the pledge, can be taken and cared for until he is able to go out sober, and help himself.

Some of these places have five or six beds, others less. Most of them are free. Some charge a few cents and trust the inebriate to pay. Many of them are connected with temperance coffee rooms, and are scarcely known. Some of the temperance eating rooms have the names of benevolent persons who will give a room and bed to any poor worthy inebriate who is making an effort to get well.

The value of one day's restraint in these homes will bring the most positive proof of the greater good coming from a longer time, with more perfect care and attention.

If good food and quiet rest will help to overcome the

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diseased impulse, it is only a step to realise the value of months of such surroundings, and the possibility of permanent recovery.

These homes are rapidly increasing, and following the track of the great revivals, and they are literally the first efforts of the masses to treat inebriety by rational means. From every one will go out an influence that will far transcend the individual good they can accomplish.

This is undoubtedly the beginning of a great inebriate asylum movement, which shall provide hospitals and homes for this class.

The public are ripe for some practical methods of reaching this disorder. A small number of asylums are at work, like the videttes of an advancing army. Practical men, both in and out of these asylums, recognise the possibility of making all this vast tide of inebriety support itself in hospitals sustained by law and public sympathy. All the indications are unmistakable, that behind this noise and confusion will be seen the reign of law and growth of homes and hospitals that shall meet the demand of the inebriate. The medical profession are also agitating this subject, and from all sides come the most cheering proofs that the work of our Association is scarcely begun.

The New Infirmary at Holloway.

The opening, last Saturday, of this institution by the President of the Local Government Board, was an important event, considering how much general hospitals are wanted in some quarters of the meiropolis, and that the hospital in question has cost upwards of eighty thousand pounds, and has room for six hundred and twenty beds. It is to be hoped that before long more general hospital accommodation will also be provided for the crowded districts of the Eastern and other portions of the metropolis. It is well known that in the large populous districts stretching on all sides towards the suburbs of London, there are but four general hospitals, only one of which—the London Hospital—can be called a large one. We need scarcely remark how much hospital reform is just now attracting the attention of the profession, and of those outside the profession who are interested in the administration of our great public charities. Hospital and dispensary relief is at present in a transition state. The gravitation of hospitals and dispensaries towards the west and more wealthy portion of the metropolis, the unnecessary increase of special hospitals, the overcrowding of the out-patient room, the want of selection in affording relief, and the dearth of providing dispensaries, these are some of the evils to which attention is now being very properly directed. One great question connected with this subject is, Should we look for any assistance from the State? Or are the governors and managing committees of the various hospitals backed up by the help of the press and the parties or associations which have specially interested themselves in the matter, alone sufficient to cope with the difficulties in the way of effecting a thorough and efficient reform in the administration of our medical charities? The subject is being taken up not only by the medical, but also by the lay, press, and no doubt decided steps will soon be taken to remedy the evils complained of.

The ceremony of laying the first stone of the new wing of the Royal Hospital for Incurables, West Hill, Putney Heath, by the Prince and Princess of Wales took place yesterday.

Three Deaths from Sewage Poisoning.

The alleged death of three boys from sewage poisoning is rather a startling revelation in these days of sanitary inspectors and medical officers of health. The evidence showed that the deceased boys were suddenly taken ill with pains in the head and vomiting, and died after a few hours' illness. The local medical men were unable to determine the cause of death, and the coroner accordingly communicated with the Home Secretary, who made an order for two experienced pathologists to make a post-mortem examination and analyse the stomachs. Dr. Thomas Stevenson, of Guy's Hospital, examiner in forensic medicine and chemistry, said he had submitted the contents of the stomachs to a chemical and microscopic examination. He found no vegetable or other irritant poison, and there was nothing to account for the cause of death. Mr. Thomas Bond, lecturer on forensic medicine at the Westminster Hospital, said that a post-mortem showed an entirely negative result as to poison having been swallowed by the boys. He was of opinion that the cause of death was blood poisoning from the sewage. He had examined the earth closets, and found them in a very bad condition. We should think they must have been in a very bad condition, and it is certainly a remarkable coincidence that three boys should have been simultaneously taken ill, and all three died from the effects of sewage poison. We suspect that the sanitary surroundings of the poorer inhabitants of North Hyde, Heston, cannot be very good, and it is to be hoped that the medical officer of that district will remove the suspicion, which will be naturally attached to its sanitary condition, by issuing a satisfactory report of the other parts of the district.

An Athlete's Maxim on the Preservation of Health.

It appears that the great Canadian sculler, Hanlan, has been giving a correspondent of a daily newspaper his opinion of the most profitable way (in a health point of view) of passing one's existence. In the first place he very wisely eschews both alcohol and tobacco, which for the last three years he has entirely foresworn. "I eat," he also says, "wholesome food, take regular and moderate exercise, avoid violent exertion, and generally strive to cultivate a cheerful state of mind, in order that sweet sleep may follow my daily work." His advice with regard to drinking and smoking is unexceptionable, and well would it be were it followed by every one of his class. It should, however, be borne in mind that he is a Canadian, and if there is any country in the world where alcoholic stimulants are unnecessary, and even injurious, to health, that country is Canada. Were Hanlan to live long in this trying climate, of which we are now having such a dismal illustration, we suspect that he would rather alter his opinion on the alcoholic question, and make some allowance to the working classes of this country on account of the climatic temptations to which they are exposed. The best point of the great sculler's utterances is the importance he attaches to "a cheerful state of mind." There can be no doubt that this is frequently the secret of people enjoying good health; but then, on the other hand, it is as often a *symptom* as a cause of good health. If we were asked what frame of mind is most conducive to health

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and longevity, we should say that equanimity, which Horace so well decribes when he says,

"Sperat infestis, metuit secundis,
Alteram sortem bene præparatum
Pectus."

This is a frame of mind which we may all endeavour to preserve whether we are ill or well.

The Abuses of the Patent Medicine Trade.

At the last meeting of the Council of the Pharmaceutical Society of England, one of the members of the Council moved to refer to a committee the wide-spread abuses of the patent medicine trade. He said it was evident to all that the sale of poisons under the cover of the patent medicine stamp was a growing evil. He heard the other day that a grocer's assistant was asked what was the dose of chlorodyne, and replied a tea-spoonful. When the Pharmacy Act of 1868 was obtained, it was to all intents and purposes an Act for regulating the sale of poisons, but if anyone were able to sell poison upon affixing a patent medicine stamp to it, evidently the Act was of little or no use. He was told that in the country wholesale houses sent out two-ounce bottles of laudanum by the gross with a stamp on, and that opium itself was also sold in this way. Tincture of aconite was sold by grocers under a stamp, and in fact if any adventurous quack chose to put up the dilute hydrocyanic acid of the Pharmacopœia, under a stamp, and say that two or three drops were to be taken in water in case of sickness, it might be done with impunity. The time had come when this matter should be considered, for it was never intended that grocers, tailors, and others should become the vendors of poisons. If the spirit of the Act were to be carried out, those who knew something about medicines should alone sell these things. The very fact that a person had to go into a special shop in order to purchase a poison was to a certain extent a safeguard; but if people were able to get it at any ordinary shop, the use of poisons would become so indiscriminate that a Parliamentary commission or inquiry would be the probable result.

The Spermatorrhœa Trade in Australia.

In the *Australian Medical Journal* for December 1878, just received, appears an amusing and instructive correspondence in reference to the removal of Dr. Blair's name from the lists of the Medical Society of Victoria, Australia. Dr. Blair, it appears, was placed in charge of the practice of Mr. J. G. Beaney, during that gentleman's absence in Europe, that fact being notified to the public by advertisements and circulars. Thereupon, a person who signs himself Henry Herbert Saunders, and hails from Dunedin, in New Zealand, writes to Dr. Blair, detailing his suffering from all the symptoms of spermatorrhœa, and asking for secret advice. To his note he receives reply from Dr. Blair, requiring, as is usual in this line of business, a sample of urine and a preliminary analysis fee of £3 3s., to which Saunders responded by sending—not his own urine, *but a mixture of thirty drops of the urine of a perfectly healthy old lady aged sixty-four*, with a small bottle of water. His answer from Dr. Blair states that he had made "a careful examination, with the result of satisfying himself that the case will require careful and prolonged treatment," and that his fee would be *sixty-five pounds*.

This correspondence, together with a packet of medicine directed in Dr. Blair's handwriting, having been forwarded by Saunders to the Medical Society, Dr. Blair was asked for an explanation, and at once resigned his membership of the Society after a debate deciding to let him go. The affair goes a long way to illustrate the method by which money is made by a certain class of practitioners in Australia and elsewhere.

A Psychological Plea.

The defence made by the clergyman who has just been found guilty of assaulting his servant, a girl of sixteen, is enough to draw a smile from the psychologist, who is perhaps not aware of the ingenious manner in which one of the facts of his science may be turned to account. The defendant had no witnesses—the assault being declared to have taken place on a night when his wife was away from home—and he was thus driven into a speculative defence, with the object of accounting for the delusion under which the prosecutrix laboured. In the first place, he alleged that the girl was a somnambulist, and next that, being thus subject to "unconscious cerebration" of a powerful kind, she dreamed the events to which she had deposed. Instances are not unknown of dream incidents leaving a vivid impression of reality upon the waking brain, and it is just possible that a charge of this kind might be brought against a perfectly innocent person. The defendant took advantage of what little he knew of cerebral physiology, but the jury did not give any credit to the plausible theory he set up, and the consequence was, he has been sentenced to twelve months' hard labour.

Conversazione at the Royal College of Physicians.

The *conversazione* at the Royal College of Physicians is one of those entertainments in which many of the Fellows and their friends find an agreeable relaxation from the work which their professional engagements impose upon them. As it is, the bow of the medical practitioner is not so often unstrung as it ought to be, and were it not for this and other ways of diverting his thoughts from the current in which they have been running all day, his health would inevitably suffer from that mental strain which incessant occupation would necessarily entail. We therefore generally find that there is always a very good assembly on these occasions, and that if some of the gentlemen who are invited stop away, it is because some other engagement of business or of pleasure has a prior claim upon their attention. Although the *conversazione* was well attended, there was, perhaps in consequence of the inclemency of the weather, an absence of that heat and oppression which are usually felt on those occasions. Among the guests who were introduced to the President, Dr. Risdon Bennett, we noticed Sir Thomas Watson, Sir W. Gull, Sir Henry Thompson, Sir James Paget, Mr. Erichsen, Dr. Sieveking, Dr. A. S. Stewart, Dr. Harrington Tuke, Dr. Crichton Browne, Drs. Wilks, Dickenson, Russell Reynolds, Bristowe, Wilson Fox, &c. Among the articles exhibited, a series of micro-photographs

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attracted much attention. These were arranged as transparencies on a screen, and illustrated various stages in the development of blood corpuscles. Dr. Richardson exhibited his improved sphygmograph and Professor Hughes's audiometer. There were also several other novelties of a scientific or medical nature, numerous microscopic preparations, and several interesting oil paintings and water-colour drawings.

Poisoning by Calomel.

Dr. A. Brochin lately communicated to one of the French medical societies the case of a patient who was nearly poisoned through taking by mistake a large quantity of calomel. The patient was a young woman who, in consequence of a slight sore throat, went to a chemist for some *pastilles* of chlorate of potash. Instead of chlorate of potash, these pastilles contained calomel, of which she took so large a quantity that for months she was in imminent danger of losing her life, while her constitution has been so damaged that it is doubtful whether she will ever be able to resume her ordinary avocations. We cannot here give the details of this interesting case; suffice it to say that it shows how careful chemists should be in dispensing medicines, with regard to which any mistake may arise. Pastilles, lozenges, and similar preparations are certainly very convenient and palatable forms of exhibiting medicines, but they are preparations in the dispensing of which much caution should be exercised.

Medical Students before the Select Committee.

The *Students' Journal* puts in a claim that a representative medical student should be heard in evidence before the Select Committee, and suggests a public meeting of students for the purpose of organisation. The proposition will no doubt be received with obloquy by the Medical Council party, and by the highly respectable gentlemen who consider themselves "the leaders of the profession," but to us it seems to be a practicable and useful suggestion. The views and interests of medical teachers, qualifying bodies, or medical reformers—all of whom will be heard before the Committee—are by no means identical with those of the students, and we are conscious that an intelligent and observant student would be able to tell the Committee much which it is not likely to hear from these classes of witnesses. For instance, no one could speak as to the reduplication of lectures, or as to the want of classification of students for teaching purposes, with so much force as a student; and no one could give more useful hints regarding the amendment of methods of examination than he whose whole mind was devoted to that subject. The difficulty would be to find a student who was competent to speak to anything beyond the limit of his own little world, and the necessity which would arise for examining a witness from the schools of each division of the kingdom. Nevertheless, the proposition strikes us as being worthy of consideration.

The annual distribution of prizes to the students attached to St. Thomas's Hospital will take place to-morrow, at 3 o'clock; Mr. Alderman McArthur, M.P., has kindly undertaken the duties.

The Palatable Administration of Castor Oil.

Castor oil is such a valuable aperient that we are surprised that pharmaceutists have not discovered some effectual means of disguising its disagreeable flavour. Taking it in the form of an emulsion, in capsules, and on the surface of coffee, spirits, hot milk, &c., have all been tried, but none of these methods is quite satisfactory. Owing to the bulk of the medicine it is inconvenient and indeed difficult to form it into ordinary sized pills, and consequently the so-called castor-oil pills contain very little of that medicine, and are often adulterated with croton oil. Dr. Starke, of Berlin, recommends (*Berlin Klin. Wochenschrift*) the oil to be mixed with coarse brown sugar until a thick paste is formed, a little cinnamon powder being added to give the mass a pleasant taste. He finds this plan uniformly successful with children. To adults he gives the oil in the form of a bolus, made with one part of compound liquorice powder to two of oil.

Effects of Inhaling the Oil of Turpentine.

In order to determine the physiological and pathological effect of inhaling this drug, M. Poincarre (in a paper read at the French Academy) examined and interrogated 282 workmen who were constantly in contact with it in the course of their work, besides which he kept for seven, eight, twelve, and sometimes sixteen months, animals in a place strongly charged with vapour of turpentine. The symptoms complained of by the workmen were, headache, unsteadiness of gait, irritability of temper, a feeling of pricking in the eyes, shedding of tears, feebleness of vision, especially in artificial light, frequent attacks of coryza and of cough, granular irritation of the pharynx and larynx, vomiting, and various complaints in the stomach. After a time, however, these symptoms were only noticed when the hours of work were prolonged, or the workshop badly ventilated. Some men were obliged to take to another occupation. The physiological effects of inhaling the drug are of a transient nature, and appear to be incapable of causing any serious disease. With regard to the experiments which were made on animals, nothing very remarkable occurred unless they inhaled sufficient turpentine to cause death.

The results obtained by this investigation scarcely compensated for the trouble taken by M. Poincarre in making it. As a rule, experiments made with drugs on healthy animals do not afford much information as to their therapeutical action in states of disease. There are reasons for believing that the inhalation of turpentine is beneficial in certain forms of phthisis, chronic bronchitis, &c., although in a healthy subject its inhalation may only give negative results. That small doses of turpentine will arrest hæmoptysis and some other forms of hæmorrhage, will not be disputed by any one who has had experience of this drug in these cases, but we doubt whether physiological experiment will throw much light upon the *modus operandi* of turpentine as a hæmostatic agent.

The School Board and Moral Education.

It will be generally admitted that, if the health and social condition of the working classes are to be improved by the compulsory education now in

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force, moral teaching must go hand-in-hand with instruction in the subjects ordinarily taught in schools. It was, therefore, well that, at a recent meeting of the School Board at Birmingham, the Education Committee submitted a draft circular to teachers respecting moral instruction. It was recommended that, after midsummer, two lessons a week of half an hour each be given to the children, the subjects including obedience to parents, honesty, truthfulness, modesty, temperance, courage, kindness, perseverance, frugality, thrift, government of temper, courtesy, unselfishness, and kindred moral duties. The lessons were to be of a conversational character, and should be enforced by illustrations drawn from daily life. After a long discussion, it was decided by nine votes to four to send the circular to the head masters and mistresses of the Board schools.—We should not only advise that this plan be adopted at all the Board Schools, but that a similar system be carried out with regard to the instruction of the children in the first elements of sanitation, such as might be taught by a short catechism on the subject of cleanliness, exercise, pure air, early rising, food and clothing, temperance, &c.

Action of Cholagogues.

Among the conclusions arrived at by Prof. Rutherford, from his experiments on the cholagogue action of remedies, are the following :—That castor oil, croton oil, sulphate of magnesia, chloride of ammonium, sodium bicarbonate, potassium bicarbonate, &c., have no effect on the biliary secretion ; that taxracum, colchicum, aloes, rhubarb, senna, jalap, sulphates of potash and soda, &c., are feeble cholalogues ; and that podophyllin, enonymin, sanguinarin, ipecacuan, colocynth, sodium phosphate, nitro-hydrochloric acid, the benzoates of sodium and ammonium, sodium salicylate, and corrosive sublimate, are decided cholagogues. Enonymin (a resin from *Enonymus atropurpurens*) in doses of two grains, sanguinarin (¼ to 1 gr.), iridin (1 to 5 gr.) sodium benzoate and salicylate (10 to 20 gr.), and ammonium phosphates seem to be the drugs best capable of increasing the secretion of bile. It may, however, be questioned whether we can place much reliance upon the conclusions that are drawn from experiments upon the lower animals with respect to the action of certain drugs upon the human liver. With the exception that little or nothing is said about the cholagogue action of calomel or blue pill, there is scarcely any fact above-mentioned that has not already been established by clinical evidence. Secretion of bile, however, is only one of the functions of the liver, and no doubt there is still much to learn about the action of remedies upon this important gland—much too, that may be learnt from such excellent researches as those which Dr. Rutherford has so ably conducted.

Hypodermic Injection of Morphia in Asthma.

M. Huchard having (says the *London Medical Record*, March, 1879) carefully studied the effects of, and objections to, the use of morphia in asthma, has come to the conclusion that in the most intense attacks of asthma the hypodermic injection of morphia will cause immediate relief. He even goes so far as to affirm that if these injections are repeated, they will, by cutting short each attack at its beginning, succeed in rescuing the economy from this spasmodic habit, and thereby cure the disease. With regard to the different forms under which asthma can show itself, he compares pathological facts with the results which have been obtained from the therapeutical study of preparations of morphia, and in this way succeed in explaining facts which he had learned empirically from clinical experience. In another part of his work M. Huchard recommends the hypodermic injection of morphia in other cases of dyspnœa, such as cardiac asthma or uræmic dyspnœa ; and he also dwells upon the different results produced by morphia preparations according as they are given hypodermically or by the mouth. He sums up his exhaustive study of the subject by remarking that morphia makes one breathe freely.

It is very probable that partly from fear of checking the bronchial secretion, and partly from fear of the drug acting injuriously upon the brain and respiratory centres, morphia has not been given so freely in asthmatic attacks as it might be, stramonium, datura tatula, and one or two other medicines being the favourite remedies. We should therefore advise those who have much to do with this disease, which is as troublesome to the doctor as it is distressing to the patient, to follow M. Huchard's advice, and in certain cases to give a fair trial to the hypodermic injection of morphia.

Murchison Memorial.

The two Murchison Memorials are now blended into one. The amalgamation took place on the 30th June, at a meeting presided over by Dr. Risdon Bennett, President of Royal College of Physicians. A Clinical Scholarship has been decided upon as the main part of the scheme. This is to be awarded alternately in Edinburgh by the University of Edinburgh ; and in London (it is anticipated) by the Royal College of Physicians, open to students of all metropolitan schools. £300 of the sum collected is to go for a local memorial, such as a bust, at St. Thomas's Hospital. It is expected that about £2,000 will be raised. The Executive Committee are the following :—Mr. Lister, Dr. Burdon-Sanderson, Dr. Quain, Dr. Farquharson, Dr. Rolfe, Mr. Chilton, Sir Joseph Fayrer, Mr. Sibley, Dr. Bristowe, Dr. A. P. Stewart, Mr. T. D. Acland, Dr. Van der Byl, Mr. Hyde Hills, Dr. Russell Reynolds ; with Dr. Dyce Duckworth and Dr. D. Greenfield, Hon Secs., and Dr. Potter, Hon. Treasurer. Subscriptions will be received by either of the Hon. Secs. or by the Treasurer.

Vivisection.

For the enlightenment of the general public, and in order to avoid all possibility of such legislature interference as in England, the authorities of the medical faculties in the universities of Basle, Berne, Bown, Dorpat, Erlangen, Freiberg, Halle, Heidelberg, Leipzig, Prague, Vienna, &c., have united in issuing for general circulation and instruction, a card defining what is meant by vivisection, and citing a few of the chief physiological and pathological advances which have directly and indirectly resulted from the prosecution of this plan of investigation.

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The late Dr. Tilbury Fox.

At a meeting of the Board of Management of St. John's Hospital for Diseases of the Skin, held on July 1st, the following vote of condolence was unanimously passed :—

"The Board of Management of St. John's Hospital beg to express to Mrs. Tilbury Fox their deep sympathy with the irreparable loss she has sustained by the death of her husband, who was one of the earliest medical officers of the hospital. They regret the early death of one who had already done so much for pathology, and to whom so brilliant a career had opened. They trust that this expression of sympathy for her loss and that which dermatological science has sustained will be accepted in that kindly feeling which has suggested it."

The Home Secretary, very wisely we think, has instructed the police to keep an eye on such establishments as advertise to receive infants. There is unquestionably a good deal of slow child murder carried on unobtrusively in some of these "homes."

A grand fancy fair is now being held at the Royal Albert Hall in aid of the funds of the French Hospital in London. The Prince of Wales and other members of Royal family have visited the fair, which if sufficiently successful, will enable the committee to increase the accommodation of the hospital.

Bad weather appears to be general from all points of the compass. By telegram we learn that a tornado has passed over the States of Iowa, Minnesota, and Wisconsin, by which twenty-five persons were killed, many buildings destroyed, and the railway traffic interrupted.

Dr. Thorne Thorne, in his official report to the Local Government Board on the recent outbreak of enteric and scarlet fevers at Penistone, expresses a decided opinion that the conditions so well known to be associated with the prevalence of enteric fever, namely, conditions favouring the excremental poisoning of air breathed or of water drunk, are very widely prevalent in Penistone.

Dr. W. J. Hepburn, of York Street, Dublin, was last week elected to the Vacant Surgeoncy of the Meath Hospital, Dublin, in room of the late Dr. Robert Persse White. Dr. Hepburn is a Fellow of the College of Surgeons of Edinburgh, and a Licentiate of the College of Physicians in Ireland, and the Author of communications on Irreducible Scrotal Hernia, and recently had temporary charge of the Westmoreland Lock Hospital.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were—Nottingham 12, Portsmouth 13, Brighton 14, Leicester 15, Oldham 15, Birmingham 16, Sheffield 16, Bristol 16, Norwich 17, Hull 18, London 18, Edinburgh 18, Plymouth 18, Glasgow 19, Bradford 19, Manchester 19, Leeds 20, Salford 21, Liverpool 22, Wolverhampton 24, Sunderland 25, Newcastle-upon-Tyne 25, Dublin 43, more than a fourth of which were deaths which should have been registered in the first five months of the year.

The rates of mortality in the principal foreign cities according to the most recent weekly returns, were—Calcutta 33, Madras 30; Paris 24; Geneva 25; Brussels 26; Amsterdam 21, Rotterdam 29; The Hague 23; Copenhagen 21; Stockholm 26; Christiania 17; St. Petersburgh 37; Berlin 26, Hamburg 27, Dresden 24, Breslau 29, Munich 37, Vienna 29, Buda-Pesth 40, Naples 30, Turin 29, Alexandria 35; New York 24 per 1,000 of the populations. Small-pox caused 36 deaths in St. Petersburgh, and cholera 88 in Calcutta.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Cambuslang. — Fever Hospital Accommodation. — Steps were recently taken by the Cambuslang Local Authority with a view of getting the parishes of Rutherglen, Blantyre, and East Kilbride, to join with them in erecting a combined fever hospital to suit patients from any of these districts, but the negotiations have now fallen through, owing to the refusal of two of the parishes mentioned to take any action in the matter. A circular has now been sent to each of the parishes in connection with the Hamilton Poorhouse, asking (1) What provision the local authority have made in case fever should break out in the district? and (2) If they would be willing to combine in erecting a fever hospital adjacent to the Hamilton Poorhouse for the use of all the parishes in the combination? The districts interested are Cambuslang, Avondale, Blantyre, Glassford, East Kilbride, Dalserf, Hamilton, and Stonehouse, and few of these have any fever hospital accommodation at their command.

Society of Accountants in Edinburgh and the Royal Infirmary.—At a special meeting of this society, held on the 30th June, it was unanimously resolved to furnish one new ward in the Royal Infirmary from the society's funds.

Health of Glasgow.—The death-rate of Glasgow for the past week was 19 per 1,000 per annum, as against 20 in the preceding week, and 27 in the corresponding week of last year.

Greenock Infirmary.—Dr. Samuel McPhail, Edinburgh, has been appointed resident surgeon to the Greenock Infirmary, in room of Dr. Cairns, resigned.

Edinburgh Royal Maternity and Simpson Memorial.—The medical board of this hospital have appointed Mr. George Hurst, M.B. and C.M., and Mr. Thomas A. Machattie, M.B. and C.M., as house-surgeons for the quarter beginning on 1st August, in room of Mr. G. T. Atkinson, M.B. and C.M., and Mr. E. F. Scougal, M.A., L.R.C.S., whose period of service then expires. During the past quarter Dr. Keller has been medical officer on duty, and he will be succeeded on 1st August by Dr. J. Halliday Croom.

Montrose. — Asylum and Infirmary Board.—At the monthly meeting of this board, held on the 1st inst., Mr. Paton, chairman of the house committee of the Asylum, said that he had received the amended plans and schedules of the additions to the asylum from Mr. Anderson, Edinburgh, the architect, and that schedules of the work to be done had been sent to the principal tradesmen in the district, and in Dundee. He suggested that a special meeting should be held on the 15th inst., to open the offers, that the work might be proceeded with immediately thereafter. This was agreed to. On the recommendation of Dr. Steele, who was appointed sole

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medical officer to the infirmary at the annual meeting in June, Dr. Lawrence was appointed as colleague to Dr. Steele.

GLASGOW ROYAL INFIRMARY.—In the entrance hall of the Royal Infirmary there has just been placed a stained-glass window intended to preserve the remembrance of the Loan Exhibition and its very successful issue. The subject represented is "The Healing of the Sick," and is the work of the firm of Messrs. Adam and Small. The picture is the gift of a well known citizen.

THE FURNISHING OF THE NEW ROYAL INFIRMARY, EDINBURGH.—At a meeting of the drapers' assistants, Mr. Bird presiding, held on the 2nd inst., at 5 St. Andrew Square, a motion was passed which set forth that it was highly desirable that an effort should be made to raise the necessary funds for the furnishing of a ward in the new infirmary among the employées—male and female—in the drapery establishments of Edinburgh. A committee was appointed to carry this resolution into effect.

THE CHAPLAINCY OF THE ABERDEEN ROYAL INFIRNARY AND LUNATIC ASYLUM.—The managers of the Aberdeen Royal Infirmary and Lunatic Asylum are called to meet on Monday, the 7th July, for the purpose of electing a chaplain to these institutions, the office having become vacant by the resignation of the Rev. A. Ferguson. There are eight candidates for the post.

THE LATE SURGEON-GENERAL SMALL.—The death is announced at Woolwich on the 3rd inst., of Deputy Surgeon-General John Small at the comparatively early age of 56. The deceased gentleman began his medical career as apprentice to the late Mr. J. F. Macfarlane, North Bridge, Edinburgh, and pursued his studies at the University and the extra-Academical School. He received the license of the Royal College of Surgeons in 1843, and after two years spent in private practice, entered the army in 1845. Shortly after joining the 12th Regiment, which was then stationed at Mauritius, he was ordered to the Cape to serve in the war with the Kaffirs in 1853-54, for which he received a medal. He was for some time surgeon to the Cape Mounted Rifles, and for several years was staff surgeon at Mauritius. While on that island his reports on the fever epidemics, which caused great havoc among the population, were considered of much value at head-quarters. The deceased officer was promoted to be deputy surgeon-general in 1875, and was entrusted with the charge of the Woolwich district. His death so soon after his return from a lengthened period of service abroad, is much regretted by a wide circle of friends.

LITIGATION AS TO A PROPOSED EYE INFIRMARY FOR GREENOCK.—By the will of the late Mr. James Ferguson, Merchant and Sugar-Refiner, Glasgow, who died in 1865, the sum of £6,000 was bequeathed for the purpose of an eye-infirmary in Greenock; or, by a codicil, for the support of an experienced eye-doctor to attend gratuitously to all who might require his aid, to be appointed by the provost and magistrates of Greenock. An action was raised by Mr. Ferguson's trustees for the purpose of settling—first, whether the bequest was a valid one; and secondly, whether it bore interest from the death of Mr. Ferguson. Lord Curriehill answered both questions in the affirmative. Against this, finding the residuary legatees reclaimed; but on the 4th inst., in the First Division of the Court of Session, the case was arranged on the footing that the legacy was to be paid, also a sum of £1,300 in full of interest. The Court thereupon appointed the magistrates to lodge a draft of a scheme which they propose for the management of the infirmary.

Literature.

OUTLINES OF PHYSIOLOGY IN ITS RELATION TO MAN. (a)

THOUGH this work is of moderate compass, it will be found to give very full, as well as accurate, information on most points on which it treats. It is written, according to the preface, to further the course of lectures delivered by the writer. It is for the student the work is professedly written, and no doubt the book is essentially a student's manual. Professor McKendrick is well known as a teacher, and he boldly says of the student's wants: "What he needs is a statement of authenticated facts and generally received principles as these appear to the mind of his teacher." The book is what it professes to be, "Outlines" of Human Physiology. If the student wish to inquire further he is told to consult "Michael Foster's masterly Text-Book, or Hermann's Physiology, translated by Professor Arthur Gamgee." The author explains that he has avoided the discussion of minute anatomical and histological details, regarding them as rather belonging to the province of anatomy. On the other hand, great pains are taken to demonstrate the working of the different instruments required by the physiologist, and of the methods by which physiologists have acquired many of the facts of science. Indeed, this division of the book is better handled here than in any other work on physiology with which we are acquainted; and the author believes "this mode of treating the subject gives it an interest which otherwise it could not possess. It stimulates thought, and its study is an intellectual training of a high order."

Such then is Prof. McKendrick's *raison d'etre* for his little book. It is profusely illustrated with high-class woodcuts, which add much to its instructive value.

We may now glance at some bits, here and there, of this book to show the author's method of handling his subject matter. Ferments are briefly considered, and are divided into (*a*) soluble and (*b*) organised ferments. "The soluble ferments are those which are the products of secretion, or of chemical changes in animal or vegetable cells; and, as examples, may be taken diastase of malt, and ptyaline found in saliva. They are solid, amorphous, colourless, tasteless bodies, soluble in water, and precipitated from their aqueous solutions by alcohol and the acetates of lead. Chemically, they resemble in constitution the derivatives of albuminates, but they contain no sulphur." Among the fermentive processes are the conversion of starch into sugar by the ptyaline of the saliva, and the ferment of the pancreatic juice; the splitting up of fats into fatty acids and glycerine by the action of a ferment in the pancreatic juice. In speaking of the nutrition of muscle he writes: "A muscle in a state of rest, and supplied with blood, absorbs oxygen and eliminates carbonic acid. During contraction these changes are much increased, and the elimination of carbonic acid goes on more rapidly than the absorption of oxygen. The circulation of the blood is more active in a contracting muscle than one at rest. According to Bernard, at the moment of contraction the blood is retained in the capillaries, and does not enter the veins. It passes only into the veins in the interval of muscular contraction, and the blood flowing in the veins from a contracting muscle is dark and distinctly venous, whilst if the muscle is in a state of repose, it is red and arterial. The exact nature of the chemical processes happening in a muscle during contraction is still within the region of hypothesis, and not of fact. It has been ascertained that during contraction the substances which may be extracted by water from muscle are diminished, while those extracted by alcohol are increased. At the same time, the muscle becomes acid from the development of lactic acid, and the amount of acid formed increases with greater muscular activity." It is supposed that the glycogen contained in muscle is broken up into lactic acid, which unites with soda in the body, and is there oxidised; but Prof. McKendrick does not commit himself to such an exact statement. "The venous blood, coming from a muscle in a state of activity, is warmer than that flowing from a muscle at rest."

(a) "Outlines of Physiology in its Relation to Man." By J. G. McKendrick, M.D., Professor of Physiology in the University of Glasgow. Pp. 751, Maclehose, 1878.

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Vomiting may be caused by (1) Substances taken into the stomach, as emetics, &c. (2) By the action of poisonous substances introduced into blood-vessels, or absorbed by the skin. (3) By irritation elsewhere, as in pregnancy and renal calculus. (4) By irritation in the neighbourhood of reflex centres, as inflammation in the base of the brain. (5) By psychical conditions, as the remembrance of a loathsome object. Sea-sickness is associated with the nerve arrangements which belong to the sense of equilibrium.

A great many subjects present themselves for quotation in order to demonstrate Prof. McKendrick's clear, concise, yet lucid expositions of difficult matters, but space prevents our doing so. We must content ourselves with saying that this is an excellent bit of work, well done, achieving all the author aims at, and more than he professed to aim at. It is a useful addition to our teaching manuals, and though written for students, it contains much useful information for practitioners who do not aspire to make themselves familiar with the more elaborate works to which Prof. McKendrick refers in his preface.

A MANUAL OF PRACTICAL CHEMISTRY. (a)

This work is more valuable to the "public" or "food" analyst than to the toxicologist. At the outset we cannot help regretting that Mr. Blyth did not wholly devote his book to the chemistry of adulteration. The toxicological part of the work is, no doubt, excellent so far as it goes; but no one engaged in the practice of medical jurisprudence would content himself with the limited information given by Mr. Blyth. There are excellent and recent works on toxicology by Taylor, Guy, Tidy, Wormley, and others; and as Mr. Blyth's work is not nearly so complete as any of these, it is not likely to supersede them. As a rule, when an analyst deposes in court that he has detected, say arsenic in the viscera of a man, he is generally asked to describe the symptoms produced by the administration of the poison, and the lesions which it produces; very little information on these points is given, but the medicinal and poisonous doses of the various toxic substances are stated.

The detection of the more commonly occurring poisons is treated briefly, but with great accuracy. A few new processes are described, amongst which are Dr. Davy's new method of testing for arsenic by acting upon sodium amalgam with the solution of the suspected liquid, and seeing whether or not the gas which is evolved blackens paper steeped in solution of nitrate of silver. This is a good way of avoiding the use of acid and zinc, both of which are difficult to obtain free from arsenic. Arseniretted hydrogen blackens paper embued with nitrate of silver.

Very good and clear directions are given for the detection of adulteration of articles of food. Coming so soon after the publication of the second edition of Dr. Hassall's classical work on the Adulterations of Food and their Detection, we could not expect much in the way of novelty in Mr. Blyth's book. There are, however, a few new processes described, and the papers which have recently been published in the *Analyst* (the organ of the Society of Public Analysts) have furnished the author with good materials for his articles on milk, butter, and flour. A weak point in the book as compared with Hassall's is the paucity of illustrations. There are only nineteen of all kinds, and of these six refer to toxicology and seven to tea. The chemical tests in the case of arrowroot adulteration are not very reliable, but the microscope and the polariscope give unerring proofs of the sophistication of that article by potato starch and other cheap materials. Our author certainly should have given us woodcuts showing the appearance of the different kinds of starch. In the same way he has not given us the microscopic appearance presented by chicory, which is the common (and by the microscope easily detected) adulterant of coffee. Altogether we may say that the want of illustrations prevents this work from being used as a substitute for Hassall's book; but still it will be found a valuable addition to the volumes used by the food analyst and toxicologist, as it contains some matters of importance which are not to be found in the latter.

(a) "A Manual of Practical Chemistry: the Analysis of Foods and the Detection of Poisons." By Alexander Wynter Blyth, M.R.C.S., F.C.S. London: Charles Griffin and Co. 8vo, pp. 468. 1878.

The article on milk is fully treated. The author considers it proved that aphthous fever is propagated through the medium of the milk of cows suffering from foot-and-mouth disease. With respect to the communicability of phthisis through the medium of the milk of cows affected with tuberculosis, he states:—1. A disease similar if not identical with tuberculosis may be propagated from animal to animal by the means of milk derived from a diseased cow. 2. That, therefore such milk is unfit for food. 3. That nothing definite is unknown with regard to the propagation of tubercle from the lower animals to man.

Mr. Blyth quotes the experience of M. Vallin, who for four months sought in vain for a phthisical cow, and according to whom there are only from twenty to twenty-eight out of the 28,000 beasts annually slaughtered in Paris in which tubercles are detected. M. Vallin would, we are certain, find it by no means difficult to discover a phthisical cow in the dairy yards of London or Dublin.

Mr. Blyth regards as pretty certain the occasional propagation of typhoid fever by means of milk, but very properly regards the liquid as a mere vehicle for the *materies morbi*, such as an infected garment is. That is, the milk is contaminated, not from the cow, as in the case of aphthous disease, but with epithelial scales, particles of ejecta, &c., from affected persons.

In conclusion, we can truthfully say that any one engaged in analytical and medical chemistry cannot fail in acquiring solid information from this little work.

Literary Notes and Gossip.

Among the most important and suggestive features of the present day, the increased and continually-increasing demand for books and journals may undoubtedly be reckoned. It is not asserting too much to say that, where readers were formerly counted by tens, they are now numbered by thousands. The observation made to a few select friends by Cicero, nearly two thousand years ago, concerning books and their value, is now generally recognised as true, and books are now universally accepted as being, to use the words of the great Roman orator, "the food of youth; the delight of old age; the ornament of prosperity; the comfort and refuge of adversity; a delight at home, and no hindrance abroad; companions by night, in travelling, in the country."

* * *

The *Athenæum* informs us that the members of the London Library have just given a substantial proof of their confidence in the stability and abiding prosperity of the institution. A sum of £20,000 being asked for, on debentures at 4½ per cent., to complete the purchase of the premises in St. James's Square, tenders were sent in by members of the library for £40,200.

* * *

We regret to hear that the Council of the Royal Geographical Society have very unwillingly resolved to discontinue the annual course of scientific lectures which they instituted some three years ago with the view of promoting the cause of geographical research. This apparently retrograde action has been caused, says the *Academy*, by the great want of interest taken in the lectures and by the impossibility of confining the lecturers within what may be termed purely geographical limits.

* * *

A well-known anthropologist, Dr. A. Weisbach, of Constantinople, has written an essay in which he alleges that the rapidity of the pulse-beat varies in different nations, within very wide limits. Thus, the pulse of the Congo negro beats 62 times in a minute, while the quickest pulses are found among the Tagals (80), and the Madurese and Nikobars (84). The Japanese pulse beats 78 times per minute, and the Chinese 79.

* * *

The Royal Belgian Academy of Medicine offers a prize of 5,000 francs (about £200) for the best essay on "The Elucidation of the History of the Diseases of the Nervous System, and principally of Epilepsy." The essay is to be written in French or Latin, and forwarded to the Secretary of the Academy, Brussels, before the 1st October.

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Mr. M. T. Bass, M.P., for Derby, visited Derby on Saturday last, and handed over to the Mayor, for the use of the

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inhabitants, the title deeds of the free library, which he has built and furnished at a cost of over £15,000. The day was observed as a half holiday, and there was an enthusiastic public demonstration in honour of Mr. Bass.

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Those of our readers whose bookshelves are, in damp seasons or places, visited with mildew, may be glad to know that books bound in Russian leather are seldom or ever affected by damp, and that the perfume of the real article is sufficient to keep away moths and other destructive insects. Other leathers or cloth bindings may always be preserved by brushing them over with spirits of wine.

* * *

The half-yearly volume of that useful library companion, "Braithwaite's Retrospect of Medicine," has just appeared, and contains the usual quantity of carefully selected articles upon every subject a practitioner is likely to be interested in. Every medical journal of importance is brought into requisition, and it may be assumed with tolerable certainty, that the most practical and instructive contributions of the six months find a place in this work.

* * *

The *Sanitary Record*, like its congener, the *Medical Record*, has now ceased to exist as a weekly publication, and will be carried on similarly in future as a monthly. The step is undoubtedly a wise one, as those who take sufficient interest in sanitary matters to subscribe for a journal devoted to nothing else. are so few, that others beside the conductors of the *Sanitary Record* have found that to cater for them alone does not pay. The Journal called *Public Health* has changed hands a number of times with the reverse of satisfactory results. Nor can it be wondered at when the medical journals chronicle everything of importance in matters sanitary, and leave so little for purely sanitary journals to do.

* * *

Any one visiting the late Berlin Exhibition would have been astounded with "what could be done with paper." There was a moderate-sized house whose interior, the roof, ceiling, cornices, and walls were entirely composed of this article; the exterior walls only were of pine wood; all the furniture, blinds, curtains, chandeliers, carpeting, ornamental doors, mantel and table ornaments, were of paper, including a stove made of asbestos paper, in which a fire was burning cheerfully. There were also exhibited wash basins, water cans, a full-rigged ship, lanterns, hats, shirts, full suits of clothes and underclothing, straps, handkerchiefs, napkins, bath tubs, buckets, bronzes, flowers, urns, jewellery, belting, &c., both for use and ornament.

* * *

The Victoria Institute, or Philosophical Society of Great Britain, which during the last eight years has quadrupled its number of members (they now reach nearly 800, including 33 prelates), was founded as a Society to associate English and Foreign men of science and authors for the purpose of investigating fully and impartially the most important questions of philosophy and science—more especially those that bear upon Holy Scripture, with the view of reconciling any apparent discrepancies between Christianity and science, and bringing together the results of such labours, after full discussion, in the printed Transactions of an institution. This Society is now making headway in our Colonies and America, and the work achieved, both literary and philosophical, has been of the most encouraging nature. Twelve volumes of Transactions have already appeared, and these will probably be translated into other languages.

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The June number of the *Quarterly Journal of Inebriety* to-hand, contains some very interesting materials upon which practitioners and reformers of inebriety may work with the prospect of good success. The three first papers may be taken as specimens of the whole. No. I. is by Dr. Crothers, on the "Treatment of Inebriate Criminals," in which the author considers them the most difficult class of asylum patients to manage, and for whom there is little hope except under strict military discipline, with plenty of manual labour. No. II. is by Dr. Mattison, on a "New Method of Treatment in Opium Inebriety," in which bromide of potassium, ammonium, sodium, and lithium play a prominent part. No. III. is by Dr. Chenery, of Boston, on the "Relation of Alcoholism to other forms of Disease," in which the writer endorses Dr. Grose's view that: "alcoholism is the most terrible disease under the sun."

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We are indebted to the *Globe* for the following interesting note:—Dr. Bernhard Wolff, the editor of the *National Zeitung*, who died a few days ago, was the founder of the very first "Telegraph Bureau" for procuring the "latest news" for the Press and the Exchange, and originated the system of a "Central Press" telegraphy. He conceived and executed this idea in the year 1849, and thus initiated that revolution in the conduct of newspapers whose current was later ventured upon by Havas and Reuter. Dr. Wolff was originally a physician, and made his first incursion into the province of letters as a translator of foreign medical books and articles. His great gifts of organisation, however, marked him out as a fit occupant for the editorial chair of the Berlin *National Zeitung*, which he conducted from its foundation in 1848 to his death in 1879. The success of his journal made him a man of immense wealth, and his splendid villa at Paukow was a meeting-place for a large circle of men and women eminent in the worlds of literature and art.

* * *

The International Literary Congress has met in London, and dispersed to meet again next year at Lisbon, without having clearly established any important principle or given effect to any very practical resolutions as a result of their deliberations. The "big village" seems to have awe-struck some of the foreign delegates, and as one of their number aptly remarked, "he was in the centre of everywhere, and yet found himself nowhere." It might have been thought that an assemblage of this kind would have taken cognisance of the report of the Royal Commission, which is full of suggestions affecting the interests of both English and foreign writers, but the majority of the members of the Congress appear to have forgotten that such a report existed. The chief resolutions proposed related to translation, reproduction, and adaptation. The pleasure part of the Congress was the reception by the Lord Mayor, and the presentation to the Lady-Mayoress of a magnificent bouquet as a token of grateful recognition of Mayoral hospitality.

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Amongst the non-professional publications which have reached us during the month, is a new venture by the editor of the *Floral World*, entitled "Greenhouse Favourites," published by Messrs. Groombridge and Sons. For those who possess the luxury of a greenhouse, we can imagine nothing more acceptable than the issue of each monthly part of this work, the design of which is to place in the hands of lovers of floriculture a practical treatise on the cultivation and management of greenhouse plants, at the moderate cost of one shilling per part. The illustrations we have seen are in the highest style of colour-printing, and the text is of that non-technical and practical nature, which will commend it to all who are in search of such a book. Of the other serials, Messrs. Cassell's publications still maintain their popular and instructive character; whilst the *Leisure Hour* and the other two monthlies of the Religious Tract Society fulfil the excellent designs of their promoters in every respect.

* * *

New Books and New Editions.—The following have been received for review since the publication of our last list, June 4th.—"Parasites, a Treatise on the Entozoa of Man and Animals," by T. S. Cobbold, M.D., F.R.S. Klein's "Atlas of Histology," part V. "Pulmonary Hæmorrhage," by R. E. Thompson, M.D. Cantab. "Childrens' Lives, and how to Protect Them," by W. Lomas, M.D. "First Lines of Therapeutics," by A. Harvey, M.D. "The Heart and its Diseases," by J. M. Fothergill, M.D. "A Manual and Atlas of Medical Ophthalmoscopy," by W. R. Gowers, M.D. "The Students' Guide to the Diseases of Women," by A. L. Galabin, M.D. "Lectures on Clinical Surgery," by J. Hutchinson, F.R.C.S., vol. i. part II. "De la Circoncision," par D. Fredrico Rubio. "Cottages, how to Arrange and Build Them," by a Sanitary Reformer. "Lectures on Practical Surgery," by H. H. Toland, M.D., second edition. "The Evolution of Man," by Ernest Haeckel, vols. i. and ii. "Braithwaite's Retrospect of Medicine," vol. lxxix.

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Pamphlets.—We have received the following since the publication of our last list, June 4th:—"Urethrismus, or Chronic Spasmodic Stricture," by F. N. Otis, M.D. "Pendulum Leverage of the Obstetric Forceps," by A. H. Smith, M.D. "Observations on the Contagion of Enteric Fever," by Alex. Collie, M.D. "The Relation of Neurasthenia to Diseases of the Womb," by W. Goodell, M.D. "On the Necessity of Latrine Accommodation for Women in the

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Metropolis," by J. Stevenson, M.D. "Vivisections; their Unjustifiability," by W. G. Grimson, M.D. "Narrative of the Declaration of War by Chili against Bolivia and Peru." "Other Symptoms of Nervous Exhaustion," by G. M. Beard, M.D. "On Spasmodic Stricture of the Urethra," by H. B. Sands, M.D. "Geheilte Hundswuth beim Menschen," von Dr. Ad. Offenberg. "Provident Dispensaries" (Charity Organisation Society). "Nitrite of Amyl in Angina Pectoris" (Correspondence between Dr. Brunton and Mr. Jesse). "Report of the West Riding Lunatic Asylum for 1878." "Annual Report of the London Temperance Hospital."

Correspondence.

HOT WATER UTERINE INJECTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am glad to find that a physician of Dr. Lyster's position has tried the method of treating *post-partum* hæmorrhage by the intra-uterine injection of hot water, and has published the result. I trust that it will lead others to do so also, and am satisfied that if used in suitable cases, and at the right temperature, it will prove most satisfactory.

Dr. Lyster's case was one in which the treatment was specially indicated, namely, one in which cold water had failed, and the patient had become exhausted and depressed. In such the hot water acts as a powerful stimulus, and seldom fails to be of great use. The water should, however, be used at a much higher temperature, certainly not under 110°. Had Dr. Lyster employed it at that temperature instead of 96°, the effect would have been much more marked.

Yours, &c.,

LOMBE ATTHILL, M.D.

Rotunda Hospital, 2nd July.

THE BOARD OF TRINITY COLLEGE, DUBLIN, ON MEDICAL REFORM.

THE Board, which governs the University of Dublin, has given expression to its opinions upon two subjects of much interest. It has decided definitely and emphatically "That the Board of Trinity College are in favour of direct representation of the Profession upon the Medical Council."

This is an important pronouncement. The more so, because it is the deliberate manifesto of a body which is essentially Conservative, and indisposed for any revolutionary or doubtful movement. The cause of direct representation may be considered to have obvious claims upon common sense when it is adopted as part of the programme of so unbending a body as the Board of Trinity College. That tribunal has also decided—"That the Board are of opinion that the prosecution of persons assuming medical titles without right should be entrusted to a Public Officer," a pronouncement which looks somewhat Utopian.

THE PROFESSORSHIP OF ANATOMY IN THE UNIVERSITY OF DUBLIN.

WE understand that Dr. B. G. McDowel, the Professor of Anatomy in the School of Physic, will not seek re-election at the expiration of the seven-years term, which will take place in October next. The Professorships of the University are held for periods of seven years, and Dr. McDowel, having held office for three such terms, now retires. Rumour says that Dr. MacAlister, Professor of Comparative Anatomy and Zoology in the University, may probably be appointed. The professorship involves a position on the Medical Staff of Sir Patrick Dun's Hospital. The Chair is worth about £800 a year, and being one of the prizes of the profession in Ireland, will, of course, be a subject of acute competition.

The Professorship of Surgery, now held by Mr. Bennett, will be vacant next year, but, no doubt, Mr. Bennett will be re-elected.

ELECTIONS ON THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

ON Thursday last the Fellows mustered in fairly representative force, those from the provinces being more numerous proportionately, for the purpose of electing four Fellows on the Council of the College. As stated in our issue of June 25th, the vacancies were occasioned by the death of Mr. Hilton, and by the retirement of Mr. Spencer Wells (who sought re-election), Mr. Le Gros Clark, and Mr. Critchett; the six candidates being Messrs. Barwell, Bryant, Hutchinson, Power, Wells, and Wood. The result of the ballot was as follows:—Mr. Spencer Wells 139, Mr. John Wood 129, Mr. Hutchinson 129, Mr. Power 126, Mr. Thos. Bryant 97, Mr. Barwell 22. The President declared the first four of the above to be elected. Mr. Power had 19 plumpers, Mr. Hutchinson 15, Mr. Wood 11, Mr. Bryant 9, Mr. Barwell 3, and Mr. Wells 2.

THE MEDICAL BILLS SELECT COMMITTEE.

ON Tuesday, July 1st, the Committee resumed the examination of Mr. Simon. He was first examined by Mr. Errington as to a petition from the Queen's College, Cork, which asserted that uniformity of examination would involve uniformity of teaching—an opinion which Mr. Simon considered "ridiculous." On being asked whether he was aware that in Ireland diplomas were granted after two years' instead of four years' study, he said he knew that representations had been made to the Medical Council that examinations meant to be preliminary are in fact not preliminary. He believed that in the University of Dublin, the Queen's University, the King and Queen's College of Physicians, the Royal College of Surgeons, and the Apothecaries' Company, the period of study required is four years.

REGISTRATION OF STUDENTS IN DUBLIN.

Mr. Errington.—You have also been asked, with reference to the registration of students in certain medical schools in Dublin, would it not be the business of the Branch Council to look after that registration, and, if it has been neglected, is not that a reflection upon the manner in which the Branch Council carried out its duties?

Mr. Simon.—It appears that the Branch Council regarded the question as one between the impugned bodies and the General Medical Council, and they therefore declined to make any observations on the subject. It is not within my official knowledge that certificates of attendance at lectures are given in many schools which do not actually imply that there has been any attendance. If it were I should refuse to acknowledge such certificates. Attendance at lectures, where required, ought to be actually given.

AUTHORITY OVER LICENSING BODIES.

As to the exercise of an increased authority over licensing bodies by the Medical Council, Mr. Simon thought that a power by the Medical Council of suspending a body for misbehaviour would be fruitless. An extremely strong case would be requisite to justify the Council in suspending a body, and the difficulty of establishing such a case would be almost insuperable. A moderate laxity of examination might have a very awkward effect on the public, but it would be very difficult for the suspending authority to establish it as against a body that wished to discuss the fact.

DIRECT REPRESENTATION.

On being asked about the agitation for direct representation, he did not deny that the supporters of direct representation

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have maintained that it would improve the constitution of the Council for educational purposes. He believed that the enthusiasm that culminated in the memorial was very much the result of the propaganda of the British Medical Association. He guarded himself against expressing an opinion that these petitions were as valuable as if every signature attached to them represented an independent judgment. I think the introduction of direct representation would be calculated to deteriorate the Council. He believed that nearly all the medical journals were in favour of direct representation. He expressed his opinion "that every member of a medical corporation ought to be able to vote for the governing body. In the College of Surgeons there are 10,000 members, any of whom can become fellows if they choose to take a higher grade. The fellows elect the Council of the College, and the Council elects the representative in the General Medical Council. The present representative is Sir James Paget. If his name could be put up to a plebiscite, 'yes' or 'no,' I have no doubt the "yes" would have a satisfactory majority; but if the 10,000 members were called upon to vote for certain names, I doubt whether there would be so good a choice. There is a difference between the election of a member of the Medical Council and the election of a member of Parliament. Members of Parliament go and show themselves, and make speeches to their constituencies. A candidate for the Medical Council would not come face to face with his constituents, who would know no more of him than the particular organisation promoting his return thought proper to tell them. I am aware the members for the universities do not solicit votes or appear on the hustings, but they are amongst the best known men in the universities they represent."

CONJOINT SCHEME IN SCOTLAND.

Mr. Simon was then questioned by Dr. Playfair as to the effect of the conjoint system on the Scotch Universities.

Dr. Playfair asked—If a poor student has to pay £30 for a minimum qualification, will not that be an inducement to be content with the minimum examination, and not to pay twenty guineas more to obtain a higher qualification?

Mr. Simon thought it unlikely "that a man, whether rich or poor, would pay twenty guineas for a worthless professional qualification. If there were no difference between the degree of Bachelor of Medicine of the Scotch University and the certificate of the Conjoint Board of Examination he did not see why a man should pay twenty guineas for the Scotch degree. If there is a difference he would go up for it. I am aware that there is a proposal, supported by high authority, that university students should only be required to pass the final examination on a payment of five guineas, but that only had reference to a voluntary system. He should be prepared to recommend the acceptance of a similar principle in Scotland in the matter of earlier examinations.

IRISH COLLEGE OF SURGEONS.

Mr. Plunkett finally asked the witness some questions respecting the Irish College of Surgeons, to which he replied that he could express no opinion as to whether the imputations that had been made were well founded. He could not say whether there was laxity in the matter of preliminary examinations. If there has been it is to be regretted, but he had no doubt that the College had acted in good faith, and, speaking generally, he had no doubt of the excellence of its qualifications. He thought it very desirable that the separate authorities should be represented on the Medical Council. He thought the continued maintenance of the libraries and museums of the corporate bodies would be for the public good as well as for the good of the bodies themselves. The museum and library of the London College of Surgeons, on which nearly £3,000 is spent, benefit no individual member of the corporation. He had no reason for thinking that other corporations which apply their funds in a similar way do so for any selfish purposes.

Dr. Quain was then examined. He considered that the Medical Council was well adapted to carry out its object. With regard to education it would be impossible to do more than it had done. All the bodies in England had agreed to the Conjoint Examination Scheme, but the College of Surgeons had declined to carry it out until a similar scheme had been brought into operation in Scotland and Ireland, fearing that the London students would resort to those countries to escape the severity of the conjoint examination. Dr. Quain gave full details of the income and expenditure of the Medical Council. He considered that the Council would be, as at present constituted, incompetent to perform other duties, as, for instance, duties with regard to sanitary measures or poor-law boards. The Council is not adapted to perform the new duties proposed to be imposed upon it—namely, to give counsel to the State with regard to medical questions to prevent illegal practices with more stringency than at present, or to represent the present interests of the profession. The direct representation of the profession on the Council would be undesirable.

In answer to Mr. Mills, the witness said that direct representation would periodically cause most unpleasant contentions, strugglings, and jealousies in the medical profession, and there would be no object gained by it.

THE RELATIVE COST OF DIPLOMAS.

Replying to Mr. Wheelhouse, he observed that it is less expensive for a man to obtain a diploma from the University of Edinburgh than from some other bodies, and that would account for the large number of applicants for Scotch diplomas. A large number of gentlemen applying for and obtaining Scotch diplomas go from England to get those diplomas, and then come back and practise here. The least expensive diploma is that given by the Apothecaries' Hall of Ireland, which costs 10s. 6d.

Medical News.

University of Dublin.—The following degrees were conferred on June 25th:—

DOCTOR IN MEDICINE.—Edward Joseph Latham Blacker, William Featherstone H. Lambert, Joseph Lister (*honoris causâ*), Gilbert Richardson, Samuel Warren, Charles Rolleston Woods, Thos. Blair Worthington.

BACHELOR IN MEDICINE.—John Battersby, Fitzgerald Blood, Abraham Cohen, John Singleton Darling Darling, Hy. Grey Edwards, Arthur Richard Frederick Exham, John Charles Hogan, William Stewart Lecky, John Auchinleck MacMunn, Andrew Murray, Joseph Dallas Pratt, Gilbert Richardson, Crosdaile Miller Thompson, Frederick William Warren, John Williams.

BATCHELOR IN SURGERY.—John Battersby, Frederick Chas. Berry, Fitzgerald Blood, Henry Grey Edwards, Arthur Richard Frederick Exham, John Charles Hogan, William Stewart Lecky, Benjamin Thomas M'Creery, John Auchinleck MacMunn, Abraham Malley, Thomas Tilly Moore, Andrew Murray, Thos. Orde Smith, Crosdaile Miller Thompson.

Medical Defence Association.—At the annual meeting of the members of this Association the following officers were elected for the ensuing twelve months, viz.:—President, Dr. B. W. Richardson, F.R.S.; Hon. Treasurer, Mr. W. Spencer Watson; Hon. Secretary, Mr. George Brown. Members of Council: Mr. H. Adcock, Mr. F. Alderson, Mr. John Borland, Dr. H. Cuolahan, Mr. Thomas Cooke, Mr. H. Dyte, Dr. J. Dixon, Mr. R. T. Daniell, Mr. W. B. Hemming, Mr. Douglas Hemming, Dr. B. Kelly, Dr. W. Beech Johnston, Mr. C. P. Langford, Mr. Wood Hill, Mr. J. Wallis Mason, Dr. Charles Royston, Mr. Walter Smith, Dr. James Stevenson, Dr. G. Danford Thomas, and Dr. H. W. Williams.

The Cancer Hospital, Brompton.—The annual general meeting of the governors of this Hospital was held at Brompton on Thursday last, Geo. T. Hertslet, Esq. (treasurer), in the chair. It appeared by the twenty-eighth annual report that the financial position of the charity was satisfactory, although there had been a falling off in the items of donations and subscriptions. During the year exactly 1,000 new patients had been received, 323 being in, and 677 out-patients. The report recommended that, being in possession of the necessary funds, the committee should appropriate them in adding a new wing to the present building, it being absolutely necessary that the accommodation should be in excess of the immediate requirements, so as to admit of the closing of certain wards from time to time for the purpose of thoroughly disinfecting them.

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,"

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"Old Subscriber," &c. Much confusion will be spared by attention to this rule

Dr. Pantaleoni, Rome.—We shall be glad to receive the paper at your convenience.

Dr. Tuckey.—Corrected proof not received until we were at press. The communication will appear in our next.

THE TITLE OF PHYSICIAN.

To the Editor of the Medical Press and Circular.

Sir,—Through the medium of your journal I beg most respectfully to ask the President of the King and Queen's College of Physicians of Ireland to say whether a licentiate of that College is *entitled* to call himself physician, or is it as you have stated, that *he has no more right to call himself, or to be called, a physician than the boy who carries out his medicines?*

Your obedient servant,

June 28, 1879. L.K. & Q.C.P.I.

[In answer to other correspondents we stated in our issue of June 25, page 514, that, "in its etymological signification, 'physician' means a person who 'professes physic,' or who 'prescribes medicinal remedies for diseases.' In that respect, therefore, any licensed medical practitioner is a physician, as even the pure surgeon can scarcely avoid prescribing constitutional remedies for his patients; and with still stronger reason may licentiates of a college of physicians be said to be physicians in so far as they have received a *license* to prescribe medicines for strictly medical diseases." We hoped this would satisfy our correspondents, and show them that in defining the *rôle* of the physician in the popularly accepted sense, we in no way intended to cast a slight upon the position of licentiates of a college of physicians. The "figure of speech" used by the writer of the article, and referred to by our correspondent, was, perhaps, not a happy one, and we regret it.—Ed.]

Dr. J. O. F.—"Very like a whale."

M. Betagh.—The children were better on April 16th. Hydrophobic symptoms were first noticed on May 10th in both cases; both children died on the same day, May 14th.

PROFESSIONAL HONOUR.

To the Editor of the Medical Press and Circular.

Sir,—From the manner in which a certain election has been described by the correspondent who signs himself "Professional Honour," I have reason to believe that I am the party accused; therefore, I feel it incumbent on me to refute the untrue particulars he has stated and to assert that he has misrepresented the case. As to I and he being a tie on two occasions, and the third time resulting in my favour by a majority of one, is true, as also is the fact that I asked, in presence of the chairman and others, what his terms for a week's duty were. This last proceeding might appear ungentlemanly, unprofessional, and uncalled-for, and doubtless would be so were it not that I had good cause to doubt this gentleman's word from the fact of his having only a fortnight before promised faithfully not to oppose and even to secure his own voters to my advantage, only to betray me. I mentioned the affair in presence of others in order that I might have witnesses in case he endeavoured to impose on me. That I refused to pay him is nothing less than an untruth, as I offered him payment in presence of two other gentlemen, though he refused, being a little excited by a dispute we had, and he left, saying he'd make it £3 3s. now. That is the case truly. He could have got paid at any time since, and I was only too anxious to have done with him, but he never mentioned it since, and neither did I, thinking that some time or other he may send for it. As he once refused he might ask it once also. There was no necessity to resort to law as I should feel very glad to be clear of the gentleman He has made a statement, too, in regard to the injury done him by slanderous bills being posted about his father which he attributes to me or my friends. That I deny most emphatically, and denounce as strongly. I never sought to derrogate from his character, nor his father's in any way, as I was absent at the time of the bill-posting, and I would not recognise any one guilty of such low conduct as a friend. It might be more the actions of his father's enemies than my friends, and I think he had better apologise for imputing such disgraceful conduct to me.

Trusting you will be good enough to publish this if I am the accused, and apologising for having to trespas so much on your valuable space,

I am, yours truly,

Honesty.

The Discussion on Diphtheria—Dr. Kelly desires to make the following corrections in his last letter: For *mainly* read *vainly*, and for *vertex* read *vortex*. These errors, although very slight, Dr. Kelly thinks might possibly mislead as to the idea he wished to convey.

Communications, Enclosures, &c., have been received from—Sir Hy. Thompson, London. Dr. Quain, F.R.S., London. Dr. Maudsley, London. Mr. Ceeley, Aylesbury. Dr. Hughlings Jackson, London. Dr. Pantaleoni, Rome. Dr. Tilt, London. Dr. Stretch Dowse, London. Mr. T. Pridgin Teale, Leeds. Mr. Wren, Manchester. Dr. F. Rubio, Madrid. Dr. A. H. Smith, Philadelphia. Dr. Langdon Down, London. Mr. Whatford, Brighton. Dr. Prosser James, London. Dr. Hunter Semple, London. Dr. Kelly, Rotherhithe. Dr. Mulligan, Abersychan. Dr. Russell, Newington. Dr. McGrigor Croft, St. John's Wood. Dr. Nevins, Liverpool. Dr. Morton, London. Mr. J. Adams, Tullyvin. Mr. W. D. Hemming, Bournemouth. Mr. Wade, London. Mr. Ottley, London. Mr. Coupland, London. Mr. Sewill, London. Dr. Griffith, Pimlico. Dr. Kerr, Preston. Dr. Harding, London. Dr. Bernard Kelly, Rotherhithe. Mr. Jesse, Henbury. Mr. Francis Vacher, Birkenhead. Mr. Hunt, Cardiff. Mr. Hy. Veasey, Woburn. Mr. Popjoy, Accrington. Dr. Dolan, Halifax. Mr. John Rigby, Preston. Mr. W. May, Callan. Mr. Massy-Dawson, Bayswater. Dr. Campbell Black, Glasgow. Dr. Patterson, Glasgow. Dr. Fergus, Moy. Dr. Thompson, Doochary. Dr. Cardiff, Enniscorthy. Dr. Alcock, Kilnaleck. Dr. Anjohn, Blackrock. Dr. Denham, Dublin. Dr. Irvine, Irvinestown. Dr. Laffan, Cashel. Dr. Boland, Gort. Dr. Barker, Kilcullen. Dr. Bourke, Shercock. Dr. Bodkin, Glenamaddy. Dr. Boyce, Foxrock. Dr. Browne, Dungannon. Dr. Hughes, Dublin. Dr. Kidd, Dublin. Dr. Kirkpatrick, Dublin. Dr. Neale, Clonaslee. Dr. Morewood, Draperstown. Dr. Haslitt, Lukey. Dr. O'Brien, Dublin. Dr. O'Neill, Dublin. Dr. Metge, Banbridge. Dr. McClintock, Dublin. Dr. Monks, Dublin. Dr. Christal, Collon. Dr. Mayberry, Riversdale. Dr. Halahan, Dublin. Dr. McGloin, Aclare. Dr. Crean, Clonmel. Dr. Durrand, Paris. The Registrar-General for England, Ireland, and Scotland, &c.

VACANCIES.

Ballycastle Union, Croagh Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Sanitary Officer. Election, July 11.

Birmingham, Children's Hospital.—Non-Resident Surgeon. Daily attendance required. Salary, £60, with partial board. Applications to the Medical Board.

Brecon Infirmary.—Resident House Surgeon. Salary commencing at £120. Applications to the Secretary on or before July 10.

Brighton and Hove Dispensary.—Resident House Surgeon. Salary, £140. Applications before Aug. 4th to the Chairman.

Coton Hill Asylum.—Assistant Medical Officer. Salary, £100, with board, &c. Applications to Dr. Henson, Coton Hill, Stafford.

Dundalk Union, Carlingford Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Sanitary Officer. Election, July 10.

Dunfanagha Union, Falcaragh Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, July 16.

Gateshead Dispensary.—Assistant Surgeon. Salary, £120, without residence or board. Applications to the Hon. Sec. before July 17.

Isle of Thanet Union.—District Medical Officer. Salary, £95, with the usual extra fees. Applications to the Clerk at Minster, Ramsgate, before July 17.

Oldcastle Union, Crossakiel Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Sanitary Officer. Election, July 11.

Shillelagh Union, Coolattin and Clonegal Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, July 11.

Shillelagh Union Workhouse.—Medical Officer. Salary, £90, and £10 as Consulting Sanitary Officer. Election, July 11.

Wilts County Lunatic Asylum.—Assistant Medical Officer. Salary, £110, with board. Applications to Dr. Cooke, at the Asylum, Devizes.

APPOINTMENTS.

Casey, J. S., has been elected Coroner for the Eastern Division of the County Limerick.

Coates, W. H, M.R.C.S.E., Medical Officer for the No. 1 District of the Tonbridge Union.

Coumbs, S. W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Claines District of the Droitwich Union.

Corbett, M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, Medical Officer of Health, &c., for the Buttevant Dispensary District of the Mallow Union, co. Cork.

Donovan, W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer of Health for the Whitwick Urban Sanitary District, Leicestershire.

Ewbank, F., M.R.C.S.E., an Assistant Dental Surgeon to St. Bartholomew's Hospital.

Harrison, A., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Stockport Infirmary.

Hepburn, Mr. W. J., Surgeon to the Meath Hospital, Dublin.

Holmes, J., L.R.C.P.Ed., L.R.C.S.Ed., Resident Medical Officer to the Barrington Hospital and City of Limerick Infirmary.

Lyons, I. I., M.R.C.S.E. & L.D.S., an Assistant Dental Surgeon to St. Bartholomew's Hospital.

Magner, E., M.D., C.M., Medical Officer, Medical Officer of Health, &c., for the Courcey's Dispensary District of the Kinsale Union.

O'Kelly, T. E., L.R.C.P.Ed., L.R.C.S.I., Resident Medical Officer to Maynooth College.

O'Rorke, C. T. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Ballinrobe.

Roche, J., M.D., M.Ch. (late Bombay Medical Staff), Medical Officer to the Troops at the Pigeon House Fort, Dublin.

Ross, D. McKieszick, M.B, Honorary Physician-in-Ordinary to the Brighton and Hove Dispensary.

Williams, W. H., L.R.C.P.L., M.R.C.S.E., Public Vaccinator for the Southern District of the Sherbourne Union.

Births.

Digges.—On June 28, at 59 Strand Road, Sandymount, the wife of Wm. H. Digges, L.R.C.P.Ed., &c., of a son.

Mactier.—On June 29, at St. Andrew's, Fife, the wife of W. F. Mactier, M.D., Bengal Service, of a daughter.

Swanzy.—On July 1, at 23 Merrion Square, Dublin, the wife of H. R. Swanzy, F.R.C.S.I., of a son.

Westropp.—On June 17, at Cloghan House, Derrylin, co. Fermanagh, the wife of C. G. Westropp, L.R.C.S.I., of a daughter.

Deaths.

Abercromby.—On June 17, at Putney, John J. M. Abercromby, L.R.C.S.Ed.

Everett.—On July 1, at Portsdown Road, Southampton, Anna Maria, wife of George Everett, M.D., aged 57.

Hamilton.—On June 27, at 50 Upper Rathmines, Elizabeth, relict of the late John A. Hamilton, M.D., F.R.C.S.I., of Omagh, co. Tyrone, aged 64.

Maunder.—On July 4, Charles F. Maunder, F.R.C.S., Surgeon to the London Hospital, aged 47.

Nicholson.—On June 21, at Worcester, John Nicholson, M.R.C.S.E., aged 40.

Roche.—On June 24, at Hatch Street, Dublin, George Roche, M.D., aged 76.

Woods.—On May 28, at Herman, near Stanger, Port Natal, South Africa, Arthur Appleton Woods, M.D., aged 29.

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IRISH POOR-LAW INTELLIGENCE.

MONASTEREVAN UNION.

SANITARY INSPECTION.

THE Clerk read the following letter :—

"GENTLEMEN,—At your last meeting some strictures were passed on my efficiency as sanitary officer. As such I have properly inspected and reported on every case of nuisance brought under my notice by the sanitary sub-officer or others. The appointment of the late officer to the district clearly points out that my duties are to inspect and report on every case of nuisance brought under my notice by him. Since the dismissal of sub-sanitary officer Burke only one case has been reported to me. A few others sent in came under my notice in the performance of my other duties through the district. . . . . The appointment of a sanitary sub-officer, who will see to the execution of my reports will insure the success of the Public Health Act here. I would beg to remind the board that whenever there has been a question of the proper discharge of the duties incumbent on the sanitary officer or other officers, the rule hitherto applied has been first of all to ask them for an explanation.—Your obedient servant,

"M. DARBY,
"Sanitary Officer, Monasterevan."

Mr. Murphy—There has been no alteration by the passing of the new Act. The 280th section of the Public Health Act, 1878, provides that all bodies, committees, or officers, under the Sanitary Act at the time of the passing of the new Act shall not be affected by the passing of the Act, but shall hold office as if the Act had not passed.

The Clerk was directed to call the doctor's attention to the section.

LIMERICK UNION.

DR. BARRY having complained that he was performing a larger share of hospital duty than the guardians laid down in Rule 13, owing to a difference of opinion having arisen between him and the resident medical officers as to the definition of what were to be considered chronic cases, the committee ask the Board of Guardians to rule that all cases of first admission to hospital are to be classified as acute until the medical officers in charge have had time to satisfy themselves that a patient is suffering from a chronic phase of disease, when the necessary alteration in the classification will be made ; consequently, as the guardians in Rule 14 have decided that all chronic cases should be placed under the charge of the resident medical officers, whenever Dr. Barry considers the case of any of his patients to be of a chronic nature, he would intimate the fact to the resident medical officers, who will as soon as convenient, meet Dr. Barry in consultation, and, should they agree that the case was one that could be fairly classified as chronic, they will relieve Dr. Barry from the duty of further attendance on ; but in order that a ready record may be available to the name of the medical officer who had charge of the case id its acute stage, Dr. Barry's card will still remain over the patient's bed, but over it another card will be inserted chronic, and the name of the resident medical officer in charge of it.

LIMERICK DISPENSARY.

LETTER read from the L. G. B. relative to the issuing of tickets to persons who appear to be able to attend at the Dispensary. The letter also directs the attention of the committee to a circular of the L. G. B. of August 31, '78, in which they brought under the notice of the Committee of Management, certain irregularities in the issuing of tickets, and expressed a hope that every possible means would be adopted to discourage the abuses referred to. The medical officers are bound to attend on all tickets issued by persons authorised for the purpose ; but the Committee of Management may reasonably remonstrate with those who give tickets under which abuses arise.

Letter marked read.

ATHY BOARD OF GUARDIANS.

FEE FOR LUNATIC CERTIFYING.

DR. HOBSON wrote declining to accept of a fee of £1 which the guardians decided on paying him for examining a supposed lunatic. The magistrates had previously made an order for £2.

The Clerk was directed to inform Dr. Hobson that the guardians had decided on the amount, and would not increase it.

ENNISCORTHY DISPENSARY DISTRICT.

AT an election to select a medical officer to fill the vacancy in the above dispensary district, caused by the death of Dr. Goodisson, Dr. Thomas Kelly was appointed. There were two candidates—Dr. Kelly and Dr. Drapes. On a poll 12 voted for Dr. Drapes, and 17 for Dr. Kelly.

BLESSINTON AND BALLYMORE DISPENSARY.

To the Editor of the Leinster Express.

SIR,—In reference to an allegation made by Mr. Cogan, M.P., at the last meeting of the Dispensary Committee, held here on the 9th June, and which has appeared in your issue of the 17th inst., to the effect that I have been in the habit of sending dispensary patients to purchase medicine at their own expense at the apothecary's in Blessington, I beg to give the statement my most unqualified denial. This assertion, founded upon what grounds I do not

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know, has been made in public, and in public I deny the truth of it.

Audi alteram partem. Not only have I never put dispensary patients to the expense of purchasing medicines, but very frequently I have furnished them at my own cost. where medicines most suitable to individual cases were not in the dispensary.

"The evil that men do live after them,
The good is oft interred with their bones."

I am reluctantly obliged to blow my own trumpet in self-defence, as I consider the public should, in justice, be acquainted with both sides of the question.

Yours faithfully,

LESLIE MATURIN,
Late Medical Officer Blessinton and Ballymore Dispensary District.

PARSONSTOWN GUARDIANS.

THE SANITARY OFFICERS' DUTIES.

WITH reference to this question debated frequently of late at this Board, the following communication was now read from the Local Government Board :—

"In reply to the resolution passed at last meeting requesting to be informed whose duty it is to see that the orders of the sanitary authority for the abatement of nuisances are carried out, the Local Government Board stated that in the communication already addressed to the guardians by the Board, it is appointed that thie duty devolved on the executive sanitary officer, and it remains for the guardians themselves to see that their officers discharge the duties imposed upon them. At the same time the Board added that they saw nothing unreasonable in calling on the sanitary sub-officer to assist the executive officer in such cases."

The Clerk said he could not possibly undertake the duties.

Dr. Woods thought that the executive officer should call on the sub-officer to inspect the premises ; they hardly meant, in his opinion, that the Clerk should visit every case.

The Clerk—The Board has clearly pointed out that on the executive officer (meaning the Clerk) the duties referred to devolved, and these were duties he could not possibly undertake. He said that one thing was certain, and that was the impossibility of complying with this last order, Were he to do so he should be on the road every day. What they should do, in his opinion, was to take the salaries from every one of the officers and give all to one man who could devote his whole time to the work.

The guardians doubted the possibility of such an arrangement.

The Clerk said he had made up his mind to resign the office. The letter only reached him that morning, and he would take a few days to consider the matter.

Dr. Woods questioned whether he would be permitted to resign that portion of his office.

The Clerk presumed he would.

The Chairman supposed that if the Clerk carried out his duties he should go from one end of the Union to the other. He thought they had better let the subject rest for a week, at all events.

DONAGHMORE UNION.

SUPERANNUATION.

A LETTER was received from the Local Government Board pointing out that in the calculation of the superannuation allowance to Dr. White £8 entered as fees for the examination of lunatics should be omitted, and the superannuation allowance reduced proportionately. This would make the allowance £84 18s. instead of £86 13s. 6d., and the Local Government Board requested the guardians to make the necessary correction.

Mr. Walpole said he was not aware that the £8 for fees were included in Dr. White's emoluments.

After a brief discussion it was struck out by the guardians, in compliance with the request of the Local Government Board.

MOUNTMELLICK UNION.

FEES FOR EXAMINING DANGEROUS LUNATICS.

A LETTER was received from Dr. Tabuteau inquiring why he had not received a fee of £2 for examining a dangerous lunatic, for which the magistrates at Portarlington Petty Sessions had certified.

The Clerk said the Board had refused to pay Dr. Tabuteau more than £1.

Mr. W. H. Cobbe—Let him process the Board ; that is all he can do.

Mr. Gaze—There were two process at the last sessions, and there were decrees against the Board in both.

Mr. Thomas Cobbe thought that any doctor would make these examinations for £1.

The Clerk—I believe there was no second visit, but he had to go to Bishopswood.

The Chairman thought that £1 would have been sufficient remuneration ; but as the magistrates have certified for £2 he thought they should pay the amount.

The Clerk thought it right to inform the Board that he had heard it was Dr. Tabuteau's intention to fight the matter He (Dr. Tabuteau) would apply for a mandamus, and any one who voted against paying the £2 would have to pay the costs.

Mr. T. Cobbe said that if the magistrates went on granting certificates for such large amounts the guardians should grant out-door relief to every one who applied for it. The magistrates were showing them an example of wrong doing.

Mr. J. Dunne, jun., thought £2 was too much, but then they had no right to refuse to pay it when the magistrates had certified for it.

Chairman—The amount to be paid under protest. Will that do ?

An order was then made for the payment of the amount.

THE FEE FOR CERTIFYING LUNATICS.

The Clerk read the following letter :—

"Local Government Board, Dublin,
"30th May, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of the minutes of the proceedings of the Mountmellick Board of Guardians of the 24th inst., and with reference to the guardians' resolution inquiring whether they can be brought to the Queen's Bench by *mandamus* to pay the sum of £2 ordered by the magistrates at petty sessions to a dispensary medical officer for his services in the examination of a dangerous lunatic, the Local Government Board for Ireland desire to call the guardians' attention to Section 14 of the Lunatic Asylum (Ireland) Act, 1875, and to state that the guardians are bound to comply with the order of the justices for the reasonable remuneration of the medical officer who examines the lunatic, and for the payment of all other reasonable expenses in or about the examination of such person, provided that the amount does not in the whole exceed £2.

"By order,
"B. BANKS, Secretary."

Mr. W. H. Cobbe observed that some magistrates did not appear to know it, for they gave what was not reasonable to the medical officers for certifying lunatics. He held that what was reasonable was the fee the doctor would take in his private practice.

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BOYLE UNION.

PRESENTATION OF MEDICAL RELIEF TICKETS.

THE Local Government Board wrote respecting the minutes of the Board of Guardians on the 23rd May, containing a resolution relative to the proposal of the committee of the management of the Boyle Dispensary District that a stated hour be fixed for the presentation of medical relief tickets to the medical officer of the district, and all such tickets to be left at the medical officer's residence each day before 12 o'clock noon, except in cases of midwifery. The Local Government Board disapproved of the proposed change, and enclosed a copy of a letter which they have addressed to the committee of management on the subject, calling their attention to the memorandum printed on the back of the medical relief ticket, Form E. 2, which declares that the said ticket may be presented to the medical officer at the dispensary within the hours of his attendance there, or may be presented to him or left for him at his residence, or may be presented to him personally anywhere.

It was ordered that a copy of the letter be sent to each medical officer and dispensary committee in the union.

The following letter was read :—

"Keadue, May 5, 1879.

"GENTLEMEN,—On Saturday last, the 3rd inst., I received a visiting ticket for an old man. I attended the same evening and found his was a case of destitution, and not one requiring either medicine or medical aid, and that I was brought to see him merely for the purpose of procuring him out-door relief. I would respectfully ask the Board whether I am supposed to combine the offices of both medical and relieving officer. I am perfectly aware that in cases of illness it is my duty, as medical officer, to give certificates when called on as to the fitness or unfitness of any dispensary patient to be removed to the Union Hospital, but I can't find that it is any part of my duty to give any order for removal to the workhouse, or for out-door relief, in the case of a person who is not sick, and requires no medicine, but is simply poor and destitute, and suffering from the natural infirmity of old age. I may add that this case is only one of several in which I have been sent for merely for the purpose of getting the recipient of the ticket out-door relief.

"Your obedient servant,

"JOHN B. DRAPES, Med. Officer.

"To the Boyle Board of Guardians."

Mr. Lawrence—I think the same doctor gets very few tickets.

Mr. Martin—I think the relieving officer sent for the doctor, as the man was so much debilitated he feared he was not fit for removal to the workhouse.

Subsequently the relieving officer who issued the ticket in question having come before the board, said he was no doctor, and when he found the man lying in bed he could not say whether he was sick or not. If he attempted to remove the man to the workhouse, and he died on the way, he (the relieving officer) would be responsible.

Dr. H. O'Farrell—As a supplement to that letter from Dr. Drapes I may state the following : A man applied less than three weeks since for out-door relief and was refused. He went home, and five days after the guardian of the district issued a visiting ticket, and when the man, who lives six miles from here, was visited, he said he did not want medical advice but out-door relief.

Chairman—That was a very hard case on the doctor.

Dr. H. O'Farrell—I understand the duties of a medical officer are to give medicine and medical advice to sick people ; they are not to act as relieving officers, certainly. I got a visiting ticket about three weeks ago, the object being to ascertain whether a woman had been confined or not. There is another specimen of the abuse.

The Clerk said, in reply to the chairman, that he thought they should mark the letter "read ;" it would go before the Local Government Board and they would see it.

ATHY UNION.

MEDICAL OFFICERS' SUBSTITUTES.

Mr. M'Laughlin called the attention of the board to an application from Dr. Symes for payment for his services while acting as substitute for Dr. Percival. A short discussion ensued, in which the opinion was expressed that as Dr. Percival was absent as witness on a trial for which he was well paid, he should pay his own substitute.

MEDICAL EXAMINATION OF A LUNATIC.

Dr. Hobson wrote declining to accept of the sum of £1 for the examination of a lunatic, the magistrates having certified for £2, which the guardians subsequently reduced to £1.

Mr. Whelan—I propose that the doctor be paid the full amount. You paid a very poor compliment to the magistrates who signed that certificate.

Mr. Redmond—There is not a person in this room who would pay those gentlemen a bad compliment ; they were both present when we reduced the amount, and they consented.

The letter was marked read.

PARSONSTOWN GUARDIANS.

THE SANITARY OFFICER'S DUTY.

THE following correspondence was read, raising the question as to whether it was the sub-sanitary officer or the sanitary officer who had the duty of making re-inspections with the view of seeing that notices to abate nuisances are duly complied with :—

TO THE LOCAL GOVERNMENT BOARD.

SIR,—I beg most respectfully to ask the Local Government Board on whom does the duty devolve of re-inspection (after the time allowed in the notices served on defaulters under the Public Health Act of 1878, has expired) to ascertain if the nuisance complained of be abated or not, whether on the sanitary officer or sanitary sub-officer in my district, which comprises half the Union. I could not, as sanitary sub-officer, accomplish the re-inspection referred over so large an area without my duty, as relieving officer, being seriously neglected. There are five dispensary districts, and consequently five sanitary officers. Therefore, it appears more reasonable to suppose that the five sanitary officers would be better able to do the duty referred to (each in his respective district) than that one sanitary sub-officer could do it. Besides, in cases of prosecution, I feel confident a successful issue could not be obtained unless upon the evidence of the sanitary officer and not upon the evidence of the sanitary sub-officer. Therefore, it would turn out to be a waste of time and trouble—the re-inspection made by the sanitary sub-officer.—Your obedient servant, JAMES L. DOOLY.

Local Government Board,
May 23, 1879.

SIR,—I am to state that by the sanitary order of 9th Sept., 1874, it is provided under the head of executive duties that the executive sanitary officer shall from time to time take the directions of the Board of Guardians on all sanitary questions and sanitary reports, and all proceedings arising thereon, and shall see that the same are carried out and brought to a conclusion. It is, therefore, the duty of the executive sanitary officer to see to the carrying out of orders, such as those referred to, and in the discharge of this duty he may avail himself of the assistance of the sanitary officer or sanitary sub-officer as he may find necessary.—By order, B. BANKS.

The Clerk said that since the Act had came into force this was the third communication which had passed on the same question. None of the doctors, as sanitary officers, objected to undertaking the duty, except Dr. Wallace, who had first raised the point.

The Chairman thought it was the doctor's duty.

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DISPENSARY MEDICAL OFFICERS AND CERTIFICATES OF REMOVAL.

To the Editor of the *Waterford Express*.

DEAR SIR,—I have read with interest your report of Union in last week's issue as follows :—

INCREASE IN OUT-DOOR RELIEF.

Mr. Fisher.—I wish to know from Mr. O'Shea why the relief in kind has increased. It was £6 18s. 6d. four weeks ago, and now it is £11 8s. 2d.

Mr. O'Shea.—There are a number of cases in which the doctors refuse to certify that they are fit to be removed to the hospital.

Mr. Fisher.—We are in a rather anomalous position. The doctors are appointed by the dispensary committee, though we pay half the salaries, and the Government the other half, but strictly speaking they are not our officers, and they are in this unhappy position—though they may think that it would be better for the poor to remove them to hospital, they know if any fatality occurs they may be subject to censure.

The Clerk.—If a death takes place within forty-eight hours there will be an inquest.

Mr. Fisher.—And perhaps there will be an inquiry, and the doctors may be censured. The result is that these poor sick people are kept in wretched dens instead of being sent to hospital.

Chairman.—The doctors are very cautious. They do not like to incur blame.

Mr. Fisher.—But the ratepayers are put to needless expense, and the poor are the sufferers.

Mr. Leamy.—I expect great good will arise out of this discussion.

Mr. Fisher.—The poor are suffering from the insane interference of the Local Government Board.

Originally the Poor-law system did not in any wise require the medical officer's opinion, and the regulation directing him to supply a certificate to board of guardians or relieving officer as to state of health of a patient, was in reality merely a direction to certify to a fact, such as—"I certify that A. R. is suffering from bronchitis." But it was altogether a different matter to make it compulsory on the medical officer to certify as to his opinion of fitness or unfitness for removal, inasmuch as this latter is a certificate of an opinion, expressed as if the mere opinion were as positive a fact as the certificate quoted above. This is what we object to—and, to make matters worse, the poor patient undergoes an experiment, in proof of the accuracy of the opinion, and if the experiment of removal does not result successfully as regards the patient, the doctor gets all the blame. This "fitness for removal" order was superadded to the original direction in the year 1869. Ratepayers are naturally anxious to effect removals, as the in-door cost is far less than the out-door in such cases; and in a like degree relieving officers are anxious, for each removal tends to place the R.O. in a favourably economical light before the board of guardians. The medical officer alone has nothing to gain, but incurs all the risk, and practically becomes the removing officer himself. Great pressure is very often brought to bear on the doctor to obtain this certificate, and the result is frequently most disastrous to him. On the other hand, a certificate of *unfitness* is at times a most dangerous document to issue, and unless under certain circumstances, may be as unhappy in its results as the other form. Altogether the order is regarded by medical officers as a very oppressive innovation. The relieving officer is the removing officer, but, in reality, the effect of the present system makes the medical officer the removing officer, as well as the "scapegoat" of the whole matter. Of course, I write from a dispensary doctor's point of view.

Yours truly,

J. B. NORRIS-CANE.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

THE ZYMOTIC MORTALITY OF IRELAND FOR THE LAST TEN YEARS, FROM THE CENSUS RETURNS.

YEARS.	Deaths from Eight Principal Zymotic Diseases.									Annual Registered Mortality per 1,000 Persons living from Eight Zymotic Diseases.	Percentage of Total Deaths caused by Zymotics.
	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Fever.	Diarrhœa.	Cholera.	Total.		
1868 . .	23	1,251	2,696	202	2,380	3,560	2,127	157	12,396	2·27	14·4
1869 . .	20	948	3,670	243	1,439	3,399	1,731	98	11,548	2·12	12·9
1870 . .	32	954	2,978	188	1,319	2,985	2,120	93	10,669	1·97	11·8
1871 . .	665	547	2,207	226	1,388	3,176	1,736	90	10,035	1·86	11·4
1872 . .	3,248	1,380	2,459	257	1,926	3,220	1,625	101	14,216	2·65	14·6
1873 . .	504	1,303	2,093	326	1,986	3,238	2,095	91	11,636	2·18	11·9
1874 . .	569	667	4,034	565	2,029	3,149	1,671	103	12,787	2·41	13·9
1875 . .	535	898	3,845	443	1,376	2,854	1,824	80	11,855	2·13	12·1
1876 . .	24	664	2,117	368	1,548	2,781	1,828	70	9,403	1·77	10·2
1877 . .	71	1,562	1,117	288	1,689	2,785	1,604	46	9,162	1·72	9·8
Yearly Av'ge 1868-77.	569	1,017	2,722	311	1,708	3,115	1,836	93	11,371	2·12	12·3
1878 . .	865	2,017	1,030	281	2,014	2,748	2,058	46	11,050	2·07	11·1

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 16, 1879.

CONTENTS.

Original Communications.

ON THE DIFFICULTIES OF DIAGNOSING VENEREAL DISEASE IN WOMEN.

By C. H. F. ROUTH, M.D. Lond.,

Senior Physician to the Samaritan Hospital for Women and Children, &c.

GIVEN a woman affected with syphilitic or gonorrhœal disease, can the disease always be made out as such? And the converse proposition, given a woman certainly not affected with either disease, is it always possible by examination of her person to say that she is not labouring under a venereal affection? To both of these propositions I answer unreservedly in the negative.

I. Let me take the first proposition. Here is a known case of venereal disease. Can it be made out as such?

We are told by the latest writers: that there are three forms of syphilitic sores, as described by the Government Committee on syphilis: One characterised by induration throughout its entire course; one soft in its early stage, and becoming subsequently indurated; and one soft throughout its whole course, but which unlike the simple local sore, is followed by constitutional disease. Hard sores do not of necessity give rise to syphilis, whilst soft sores may; and it is an undoubted fact that the question of induration or non-induration is greatly determined by the position of the sore. Chancres upon the female genitals, simple or syphilitic, and chancres upon the glans penis, are rarely hard. ("Bryant's Surgery," ii., 171).

Here, then, we have an admission that the appearances and course of a syphilitic sore are so varied, that the hardness of a chancre is no criterion of syphilitic disease, especially in a female.

But Mr. Byrant goes on: "A crop of soft sores fringing the prepuce or surrounding the corona is, in all probability, a simple and non-syphilitic disease. A spreading chancre, with a suppurating bubo, is probably a local affection. A small single chancre, indurated from the beginning, is the most suspicious of syphilis, although, even in this, there is no certainty of its being so. In fact, it is not possible to speak with any certainty as to a chancre being syphilitic or otherwise. Syphilis is a constitutional disease, and is to be recognised only by its constitutional symptoms, not by the point of its inoculation." (*Ib.* p. 272).

Now, if this be true of men, whose parts are all external and very discernible, will it not be still more true of women, whose parts are nearly internal, and whose large rugæ are so apt to hide and cover an infected spot? Indeed, I may allude as an example of the troublesomeness of making out a small diseased point in the vagina, to the difficulty of diagnosing a small vesico-vaginal, or vagino-rectal opening. In the former case the urine leaks through it, in the latter, flatus from the rectum passes, so that the woman is quite cognizant of the existence of openings, and yet the most careful and prolonged examination has failed to discover either, which have only been made obvious by the injection of some coloured fluid in the one passage, which is only detected by the transit of the coloured fluid into the other passage. Where we have to do with women, specially old hands, and in whom the vaginas are extremely loose and capacious, the difficulty is considerably enhanced.

In rare cases where the uterine cavity is affected, the same difficulty obtains as in chancres within the urethra of the male; no kind of inspection will clear up the difficulty. But in the case of the uterus, another source of sore exists. In many women in whom chronic inflammation of the cervix has existed, we have a hardened base, and if upon this a superficial sore exists, the diagnosis between it and a syphilitic sore is simply impossible either by ocular inspection or the touch.

Let us now take a converse proposition. A perfectly pure woman, who has never gone wrong herself, whose husband has been, except with herself, perfectly chaste, and in whom, after the most careful examination, we can find no trace whatever of syphilitic disease. I admit such purity on the male side may be rare, but in this case I assume it is an undoubted fact. Well, she feels sore, complains of a discharge, more or less muco-purulent, feelings of discomfort perhaps during connection, or after exertion. I examine her. Find superficial cervical ulcers over the cervix. They do not heal readily, but still after a time do cicatrise. By-and-bye, a child is born. There is some

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redness about the child's privates, and soon snuffles develop, and points of ulceration occur in the nasal mucous membrane, and after some ineffective treatment the child dies. I can put down this death to nothing short of syphilis, and yet in neither party is there any trace of syphilis. Even if I could have discovered any trace of cicatrisation anywhere, which can be detected so readily in males, the very parturient functions of a woman, who may have been torn or abraded in the mucous membrane during labour, render such a discovery valueless as to the pre-existence of syphilitic disease.

Take, again, another case. A number of men have connection with a prostitute. She is an old hand. She has had syphilis formerly, but has been cured. Nearly every man who has to do with her becomes syphilitic. Well, I examine that woman over and over again, and find no disease whatsoever in her. What is the explanation? That given by Mr. Worth and Dr. P. A. Taylor I think is the correct one. This woman is in a state of syphilisation, and incapable to a great degree of contracting syphilis. In other words, syphilitic discharges from impure men may lodge in her vagina innocuously to herself; but, coming in contact with the parts of other men, who also make use of her, they become diseased by the contact of her vagina. Another reason is probably that which obtains for circumcised persons—the mucous membrane of an old hand is more skin-like from exposure, and less liable to infection, than that of one less addicted to an impure life.

Both these examples, however, are examples where no syphilitic disease could be detected in the woman, and yet in both she was infectious.

But now we come upon a more difficult class of cases still. It is that a woman may be quite free from any sore whatsoever, and yet the secretions from the vagina will produce syphilitic sores. Now I am pleased to be able to take my evidence on this point from the late Mr. Morgan, Professor of Surgical and Descriptive Anatomy at the Royal College of Surgeons of Ireland, and Surgeon to Mercer's and the Westmoreland Lock Hospital, Dublin, because, besides being a specialist in venereal diseases, he was also a known advocate of the Contagious Diseases Acts.

He states distinctly: "The non-existence of a genital sore in the female is no absolute guarantee of the non-existence of contagious power ("Origin and Progress of Venereal Disease," p. 8.), the vaginal secretion in some cases being capable of producing a soft contagious characteristic sore when inoculated beneath the skin." In one case he performed auto-inoculation from a female; twenty-eight days subsequently (about two to three weeks after the healing of the primary sore), he successfully inoculated another woman from her vaginal discharge, producing a characteristic and vigorous chancroid pustule about 3½ months after her first perception of the primary sore. Upon this case Mr. Morgan himself volunteers the remark which with my predilections I might have made—"This is to be borne in mind with respect to the conduct of inspectors under the Contagious Diseases Acts, as it might be supposed that freedom from primary or actual sore obtained freedom from contagion. Yet a vaginal secretion in a syphilitic patient might be overlooked. I am rather inclined to believe that the reason for the comparative frequency of the occurrence of soft or chancroid sores on the Continent, and where governmental supervision is exercised, is due to the fact that primary and external sores are at once detected on inspection, and the patient is confined to hospital till cured, but that the vaginal discharge is overlooked, or its discovery guarded against by the patient."

This secretion need not be very purulent, as Mr. Morgan goes on to tell us, provided it does contain some pus globules scattered throughout. He also points to the fact of the frequent co-existence of a vaginal or apparent gonorrhœal discharge, with secondary symptoms, and refers to a Government Return from the Cork Lock Hospital. Thus, out of 326 cases treated there since June 15, 1869, about 100 were cases of sores, the remaining 226 cases of gonorrhœa, several of which were complicated with various forms of secondary, the majority of the complications being mucous tubercles in and around the vulva (p. 9).

These facts prove to us that the ordinary method of examination and curative treatment, followed by those who carry out the Contagious Diseases Acts is insufficient, and it points out two necessary circumstances to avoid contagion—1st. Every loose woman *before* and *after* connection must have her vagina efficiently washed out, to remove any contagious secretion formed within it, or left within it by some previous infected man; and 2nd. Every woman must be inoculated before sent away as cured, and, so long as she is auto-inoculable, kept in durance vile.

The first is simply impracticable, and would necessitate the daily and hourly presence of some lewd keeper to see that the necessary ablutions are carried out. The second would lead to such prolonged imprisonment that no government could dare to carry it out; and yet, if my premises are true, and I believe they are incontrovertible, there can be no real safety in the visitations as now made.

II. Let me now pass on to the second part of my subject, gonorrhœa. What constitutes gonorrhœa in the female? and how far does an examination of one so infected justify us in concluding that a woman is not capable of producing gonorrhœa in a male?

Now I can confidently assert that vulvitis in children, simple vaginitis in other women, endometritis, leucorrhœa, menstruous fluid, and occasionally ulcerations about the cervix uteri, are all and severally able to produce gonorrhœa in the male, and I shall endeavour to prove the assertion by cases.

The first of these positions, the existence of a copious secretion, not distinguishable from gonorrhœa even in very young children, is indisputable. Like otitis, it may be peculiarly excoriating, even offensive, and sometimes very copious, and the annals of medicine record a large number of cases where the charge of rape has been brought against men affected with gonorrhœa, because they had been in the company of children so affected. It is, I think, unnecessary that I should dwell further on this point, but I may in passing allude to masturbation in the female as a cause of this disease. In an institution with which I happened to be connected some years back, through the admission of one masturbator, the habit became propagated amongst the other girls. In several of these vulvitis and œdema of the labia resulted. When these symptoms had subsided, generally extensive vaginitis was found to prevail higher up the vagina, and the secretion was in no way to be distinguished from gonorrhœa.

And now as to vaginitis in a fully developed female, I frankly confess my utter inability to distinguish the disease from gonorrhœa. I have seen it arise spontaneously in both the married and the unmarried, the young and old, sometimes more acutely than at other times. Sometimes I have been able to trace it distinctly to exposure to cold, sometimes to violence on the part of the husband. One poor lady of a delicate, scrofulous conformation, and who was married to an unfeeling, brutish husband, peculiarly largely developed in his organs of sex, is seldom two months without an attack of vaginitis, which is quite undistinguishable from gonorrhœa, and would, if neglected, be as severe and intensely inflammatory. Fortunately, using the remedies, of which she is fully cognisant, it is usually controlled after a few days. Such vaginitis is doubtless contagious, but it is no evidence of impure connection. But I can go further. I have seen cases of pure leucorrhœa which have given rise to gonorrhœa in the male. Indeed, it would seem that in some women immediately preceding and succeeding a menstrual epoch, a leucorrhœa becomes sometimes offensive, sometimes purulent, and certainly has become contagious in many cases and productive of gonorrhœa in the male.

I have seen the same result follow connection with a woman during a period. In the case of a postman who was very fondly attached to his wife, in a moment of weakness he forgot himself and had connection with his wife while unwell. The result was one of the most

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severe cases of gonorrhœa that I have ever treated. In fact, it lasted over three months. Yet she continued uninfected, doubtless because conjugal relations were necessarily suspended while the husband was unwell, and yet no other source of contamination could be traced in the man. Other cases are also recorded. The menstrual epoch in some women gives rise to a peculiar concomitant irritant secretion, which exaggerates infective powers, and this is equally the case when a woman is affected with syphilis. The virus is then more active and contagious.

But I have seen even ulceration of the cervix produce gonorrhœa in the male. Let me give you a remarkable case:

Some years ago a lady was married to a gentleman whom she did not very much like, by the forced commands of her parents. In due course of time they had a child. One day the husband found himself affected with a discharge. Alarmed, he sought the assistance of a practitioner, Dr. C. P. C. That gentleman at once stated the disease to be gonorrhœa, and that unless he himself was the culprit his wife was. Thereupon, the irritated husband, conscious of his innocence, returned home, and showing his wife the prescription, accused her of infidelity, and turned her out of his house. Distracted, she sought another physician of the same initials, Dr. C. P. Collier, who sent her to Dr. Greenhalgh for examination. Dr. Greenhalgh subsequently sent her on to me. We examined her separately, and then together. A small ulcer, about the size of a pea, existed close to the os uteri, of a scrofulous character, discharging an ichorous sanies, so acrid that it at once corroded a knife with which it was touched. The patient herself was quite free from gonorrhœa. We had no hesitation in giving a joint certificate as to her innocence, and the husband took her back again; but the example proves how careful we should be in giving an opinion in such cases until all particulars have been inquired into.

I shall, in the last place, allude to those cases of acute fundal endometritis, as well as its more chronic form, in which, if connection take place, a very severe gonorrhœa is likely to be developed in the male. This disease, called by some acute perimetritis, sometimes puerperal, sometimes accompanied with ovaritis and inflammation of the Fallopian tubes, has been supposed to be a result of gonorrhœa, communicated by the male to the female, and producing these symptoms in lieu of the ordinary sores of gonorrhœa. I am sure I have seen such a sequence occasionally, but I indubitably know of other cases where a perfectly healthy man has been infected by his perfectly innocent wife with gonorrhœa when she has been suffering from acute fundal endometritis. Indeed, the death of the wife has followed in some, while in others the most severe amount of peritonitis has occurred. In both cases, however, the husbands suffered under most severe gonorrhœa, and in both the wives were perfectly chaste. I have observed similar results where the disease has been less acute. But if these examples had occurred among prostitutes, or even only dubious characters, would it be right to say such women were impurely diseased? Certainly not.

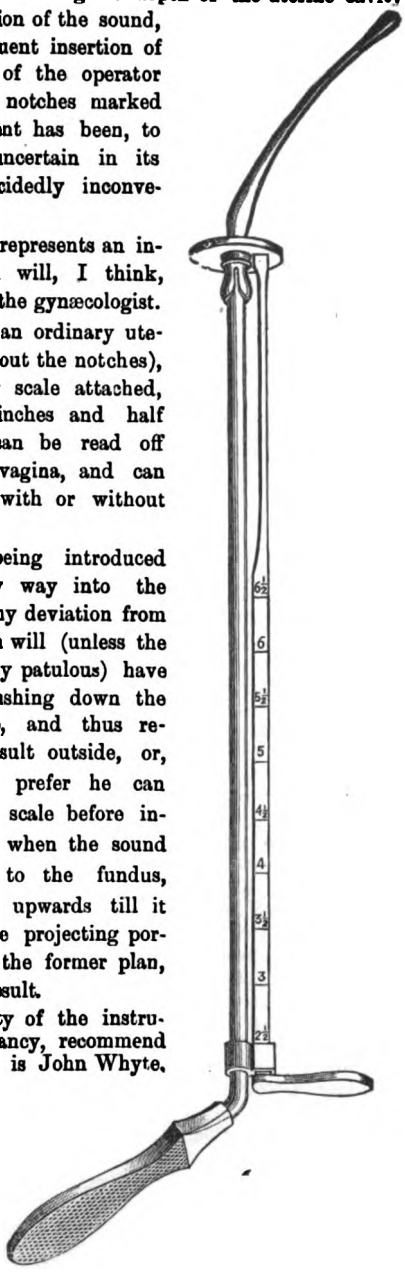
The two conclusions to which I come to are first, that with regard to syphilis, the mode of examination is totally inadequate, without incubation, and therefore ineffective. To make it so would be simply impracticable.

And with regard to gonorrhœa, that a disease may be produced by vaginitis, vulvitis, menses, ulcerations, uterine inflammations, all of which, as possible to occur among the most innocent of women, and the most respectable, altogether belie the charges of impurity, and the conclusions from forced examinations made by the advocates of the Contagious Diseases Acts.

NEW UTEROMETER.

By ALEXANDER DUKE, L.R.C.S.I., L.K.Q.C.P.I.,
Assistant Physician, Rotundo Hospital.

THE plan of measuring the depth of the uterine cavity by the introduction of the sound, and the subsequent insertion of the finger nail of the operator into one of the notches marked in that instrument has been, to say the least, uncertain in its results and decidedly inconvenient.



The woodcut represents an instrument which will, I think, prove useful to the gynæcologist.

It consists of an ordinary uterine sound (without the notches), but with sliding scale attached, graduated in inches and half inches, which can be read off exterior to the vagina, and can be used either with or without the speculum.

The point being introduced in the ordinary way into the uterine cavity any deviation from its normal depth will (unless the os be exceedingly patulous) have the effect of pushing down the measuring scale, and thus registering the result outside, or, if the operator prefer he can draw down the scale before introduction, and when the sound has penetrated to the fundus, slide the scale upwards till it meets the os, the projecting portion will, as by the former plan, give a similar result.

The simplicity of the instrument, will, I fancy, recommend it. The maker is John Whyte, Dublin.

THE HISTORY OF A DISPENSARY DOCTOR.

[WRITTEN BY HIMSELF.]

CHAPTER II.

Dr. Scalpel describes a "dispensary day," and is asked to dine with a doctor of the old school, who gives him some valuable advice.

HAVING duly altered the name on my signboard by substituting my own name for that of my predecessor—a job which was done by a local artist, who performed it in

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a diminuendo style of decoration, beginning with a very big D, and ending with a very small L—I calmly awaited my first day on duty at dispensary. Having been resident in an hospital for some time, I expected something in the hospital way, a little more uncivilised perhaps, rougher and less polite, but still an orderly set of people, eager to avail themselves of my skill, and the really excellent medicines afforded by the Board. God bless my ignorance! such a set of old women of every age and style, old women lank and thin, with faces unwashed since they were married, with churchyard coughs which all the recipes in the world would not obliterate; old women fat and greasy-looking, with bowels defying gamboge and croton oil, belching wind like Boreas, and requiring veterinary doses of salts and senna to relieve them; old men with chronic ulcers which had defied the united skill of all the surgeons for dozens of miles around. Beggar-women of all ages and sizes resorting to the dispensary for supplies of salts and senna, castor oil, and warming plasters for distribution among their patrons, the farmers' wives. Little children brought by mothers with the unfailing disease of worms—no matter what ailed them, it was worms were the matter and powders the remedy. In they poured, half the population seeking remedies for incurable complaints, or impelled by curiosity to see the new doctor. Quinine they spat out as poison, bitters they rejected with scorn as attempts upon their lives. Warming plasters were their great remedy, which they believed could cure "the gout, the colic, and the phthisic." The quantity of purgative medicine they had to take would be incredible to any one one but a physician accustomed to the enormous doses they at last came to, from constantly using opening medicine. One old woman asked for a dose of castor oil. I gave the usual quantity. "Arrah, what good is that, sir?" said she. "Well," said I, "take your usual dose." She filled the teacup of castor oil. Thinking that she intended to distribute it to the farmers, I said, "My good woman, you must take that dose before you leave the dispensary." Down it went without hesitation. I am glad to be able to say I saw the same woman a few days after, to all appearance none the worse for "her usual dose." One woman came in in a great hurry, saying her daughter, aged about eighteen, "was took very bad with a cutting." I gave her, as she said she had been suffering from constipation, a couple of rhubarb pills. The woman asked me how they were to be taken? I told her, the usual way, to take them one after another, and to follow them with a few spoonfuls of water. The same woman came back again in about half an hour asking me to see her daughter, who was in a dying state, or as she explained it "waiting for the hour." I found the girl suffering from an ordinary bellyache, and asked if she had got the pills.—"Sure there wasn't time, doctor," said the old woman, "but they're down." "They are down?" said I. "*Didn't you tell us to give them in some water, and shure the water hain't biled yet,*" added the old hag, pointing to a saucepan of water simmering on the fire. Exit doctor, with a look of extreme disgust. There was nothing annoyed and fretted me so much at first as the extreme carelessness of the people: when you were explaining to them how to do this, and that, and thinking how clear you were making it to them, you caught their eyes examining your bottles, or intensely engaged watching a cock fight out at the dispensary windows; and when you asked them to repeat your directions, what they said was so often the very opposite of what you had ordered, that I would defy the meekest saint in the calendar not to lose his temper. Oftener than not they came to treat themselves: they wanted "oil of Bays," (*Hibernice* for ung. hy. fort); they wanted red "percipitate" (*Anglicé* precipitate); they wanted "corrosim sublimum" or white copperas, or a "vomit." All pills were "bitter holloways," and Burgundy pitch was in great requisition; in fact, the whole dispensary was in a state of anarchy. The former doctor sat in his chair, easy man, surrounded by salts and senna, castor oil, warming plasters and cough mixture, and distributed to each, "severally as they would." A bitter fight I had of it, you may be sure, when I began by refusing to give any medicine, except what I thought suited to their several ailments. A bitter fight I had, for many a long a day, but I conquered in the end, having received many a wish, which were it as easily accomplished as uttered, would hardly allow me to write these words. At length the two hours expired, and I shut up shop. On my arrival at my lodgings, I was told Dr. Regan had called to visit me, and was in the sitting room. When I entered he jumped up, and shook me warmly by the hand. "I knew your father, sir, and your mother, sir"—every word was accompanied by a shake—"A very good lady, your mother was, sir. I knew you a boy, sir, a mere child, sir, an infant, sir." Having shaken the hand off me, and shaken all the breath he had in his body out of himself, he at last sat down, though a jerk of the arm now and then warned me that very little would make him begin the process over and over again; so I sat at some distance, and took a survey of him while he recovered his breath. I saw he was a man of small size, with a face which much belied him if he was not fond of good living. He was close shaved, his hair was white and very thin, he wore a white tie, and had on an evening swallow-tailed coat, which I afterwards saw was what he always wore. He had put himself into a violent heat, and sat mopping his forehead vigorously with a huge red-and-yellow silk pocket-handkerchief; stopping now and then to ask me questions, so rapidly put one after another, that it was with great difficulty I could answer them sufficiently quickly.—"Edinburgh man, I suppose?"—"Oh no; Dublin." "Very good, sir; nothing like a University education. *Emollet mores!* You know the rest. I'm Edinburgh myself, sir; and Paris. Delpech was a great man, sir; and Dupuytren; and that fellow that used to bleed everyone, had a cup of blood by every patient's bedside every morning, and dosed him accordingly. Great surgeons, sir, great surgeons, but d—d dirty.—I had great fun, to-day, sir," said he—laughing so pleasantly, that it was quite infectious—"I had great fun with a schoolmistress. I was talking in my study to my nephew—young McMaster, just passed the L.R.C.S.I., you know—when a great double knock came to the hall-door—I mean, you know, I heard it. 'Bedad,' says I, 'Johnny, that can't be less than Lady So-and-So.' So I sat down in as dignified and professional an attitude as possible. The door opened, when who should come in but Miss ——, the village schoolmistress, of Kilmarnock. 'I would feel obliged,' says she, 'doctor, if you would be so kind as to perform the operation of extracting one of my offending and excruciatingly painful molars, for which I will feel myself under the deepest obligations, pecuniary and otherwise.' 'Bedad,' said I, 'Johnny, tis' grand to have the eddication, and to be able to spake English like that. Run up, like a good boy, for Johnson's Dictionary, and we'll interpret. 'In the meantime,' said I, taking a chair, and planting it in the middle of the room, 'sit down there, an yr—please, Ma'am.' The look of offended dignity she gave me was splendid. Ah sir," said he, heaving a deep sigh, "times are changed. However, come over and dine; boiled leg of mutton; can't expect much from an old bachelor, you know. However, I'll give you some advice which will be useful to you. Six o'clock, sharp!" cried out he, as he got into his gig, and whipping up the old horse, soon disappeared round the corner. I have purposely introduced Dr. Regan to my readers' notice, as the type of a country practitioner of the old school, now rapidly passing away, as Dr. Regan has passed away himself. Receiving the highest education, he settled in a neighbouring town, where, holding a Poor-law appointment, he rapidly rose to have a large and extensive practice. Friend alike of gentle and simple, he was widely known and respected. Originally well educated in his profession, some forty years of experience had made him a man whose opinion was sought for far and wide. Shrewd to a degree, and able to read the man he was dealing with

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at a glance, he often accomplished by managing and persuasion what he could never have done by mere drugging. He was a bachelor, and kept an open house for all his clients and friends. He loved a good horse, a good glass of wine, and a good dinner; and unless Mother Scandal belied him, knew a pretty girl when he saw one. Such was the man who invited me to dine, and under whose "mahogany" I, to use his own expression, found my legs in due time. (*a*) "Fall in," said he, as he sat in his arm-chair, his legs stretched out, and a glass of real red port at his hand. "Fall in," said he, "don't give any opinion; tell them they're weak. Half their time they don't want your physic, they want your opinion. They have money in a stocking or stuck up in the thatch, which they don't wish to have known unless they are sure they are dying; and if you say they are very bad, and they settle it among their friends, and then recover, they will bell you all over the country. If they ask what ailment they have, tell them its on the lungs, or stomach, or other organ. Don't give it a name; don't call it pneumonia, or gastritis, or any other *itis*, for very probably they will go to some other practitioner when they are nearly well, and who will shrewdly see they then only want *tincture of time*, and who will give them some *placebo*, call the disease by some other *synonym*, get all the credit, and put a hole in your reputation. There are lots of these fellows about now," growled the old Edinboro' man. "Multiplication of licensing bodies have made degrees so cheap that every little 'thrawneen' of a farmer has sent the dunce of the family to be made a doctor of, and keeps the clever fellow to follow the plough." On my remarking, I found it so difficult to make the lower orders do what they were told, or remember all my directions, "I tell you what, sir," said he; "all this temperature-taking, and thumping your patient with stethoscopes, only tends to bring you into disrepute. Why, man, they think you are *puzzled and don't know what's the matter*. The lower class of farmers give you more credit for one good shot than if you were to make a dozen diagnoses—admirable in themselves, but taking time to make them out. There is nothing they like so much as a decided answer. 'You'll die or you'll not die;' that is what they often want. 'He hardly looked at me before he told me what was the matter.' If you see any prominent symptoms that make you almost sure they have such a disease, tell them they have such and such symptoms. It never occurs to them that what would happen in one case would happen in another, and they give you credit for great cleverness, and even a kind of second sight. Don't make yourself cheap. An Irish farmer values *nothing except what he pays highly for*. Why I went into a draper's shop some days ago, and was quite horrified at the price a farmer's daughter paid for a dress. Now, I happened to have bought a dress off the same piece for a first cousin of mine," said the old fellow, with a twinkle in his eye, "and I paid just half. I accused the shop girl of charging the farmer too much. 'Goodness help you, doctor,' answered she, 'if I didn't charge the farmers' wives high for an article they wouldn't have it, and go elsewhere.' Make the farmers pay you; the more they pay the more they value it, and the more certain you are of having your directions carried out, and thence of curing your patient. What! Not going? Well, *tempora mutantur*; you know the rest. When I was your age we never went to bed until the sun rose; and I often had to keep my hand in cold water before I could open a vein to get blood. Now they never bleed. Never mind, the time will come round again. Well, good-bye, take care of yourself, the horse looks rather fresh; see you again soon. By-bye."

(To be continued.)

(*a*) It must be distinctly understood that I do not endorse all Dr. Regan's advice. I give it as I heard it. There is a great deal of truth in it, however. I myself know practitioners who have the happy knack of never giving any diagnosis or prognosis. This, I should say, requires long practice.

Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

By JAS. PATTERSON CASSELLS, M.D., M.R.C.S., Lond.,

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(Continued from page 22.)

THERE is one symptom which never fails to give evidence of its present or past existence, that is otorrhœa.

However, the *rôle* of inflammation does not appear to us to manifest itself with so much evidence in the production of these little and generally multiple exostoses, which develop themselves near to the membrana tympani, whose surface they mask to a greater or less extent. But even here nothing indicates that there is any relation whatever between this form of the affection and the rheumato-gouty diathesis. It will be agreed that the mere finding of multiple osseous tumours in the external auditory canals, in those persons who are gouty or rheumatic, is not sufficient ground for declaring that those growths are caused by these diatheses; besides, facts of this kind must be very numerous, to exclude all idea of a casual coincidence. For the contrary is the rule, in judging of these cases by the facts of our own knowledge. How can we then reconcile these facts with the rarity of exostoses of the auditory meatus, in cases where, according to Toynbee, they ought rather, in preference, to be found.

Nothing in the writings of Triquet would lead us to suppose that he has sought to verify by himself the value of his own opinion, that exostosis, in general, was a symptom of tertiary syphilis, an opinion so little in harmony with that of most of his *confrères*, and which, for that reason, would require to be accompanied with proofs to support it. His remark always indicates to us a way to find the solution. The best way of putting this question to the proof would be to re-examine in this respect (by putting away all preconceived ideas), the greatest possible number of syphilitic subjects. Such is what we have thought, and thanks to Thiry and Guillery, who have permitted us to utilise the vast field of observations open to them in the hospital Saint Pierre, we are, in a measure, able to give the result of our first investigations, as regards the point in dispute.

Unfortunately, the inquiry, which we have undertaken, is not far enough advanced to draw unquestionable conclusion from it; for, up till the present time, we have only met with thirty patients who were, or had been, affected with marked syphilis. This circumstance is not favourable to the realisation of our design, but it testifies highly in favour of the preventitive measures in use against syphilis in Belgium, and of the success which attends the treatment of our eminent *confrères*.

In the cases of veritable constitutional syphilis, our researches have only led to negative results, and what is necessary to note, the organ of hearing was also, from other accounts, in a normal state, which we were far from expecting. But in extending our investigations indiscriminately to all syphilitics, we have met in the category of prostitutes, submitted to the inspection of the police, two remarkable cases of exostosis of the meatus.

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One of these women, J. K., æt. 23, under treatment for a catarrh of the vagina and bearing no evidence of constitutional syphilis, presented in each ear, close to the membrana tympani, an osseous projection in the form of a crescent. The exostosis extended from the anterior inferior aspect of the meatus, upwards and backwards to its posterior superior aspect. On the left the exostosis was much more developed, as much in thickness as in extent, only leaving between it and the wall, a gap which a grain of hempseed would fill up.

The tumour of the right ear had the brightness and whiteness of polished ivory; that of the left, on the contrary, was slightly tinged with rose-colour, at the time of our examination, and which might have been due to the removal of cerumen, previous to the examination. The hearing in both ears was normal; meanwhile, the patient remembered to have been a little dull during some time in the left ear, without feeling any pain, which probably arose from an accumulation of cerumen.

The other case concerned M. D., æt. 23, woman like the preceding, and like her exempt from syphilis. Her attendance at the clinique of our *confrère*, M. Thiry, had for its object the removal of granulations from the neck of the uterus, otherwise she enjoyed good health. She remembered having had, as a child, otorrhœa in the left ear. Examination ascertained the complete integrity of the right ear. On the left, there existed at about three centimètres from the entrance of the meatus, two osseous tumours, of a milky whiteness and a little turned back, one of which, the smaller of the two, arose from the anterior wall and the other from the rest of the circumference of the canal. Their sides come in contact over a very large extent, but without running into each other at any part, and only leaving a space in the form of a long square, in the centre of the meatus. The hearing distance is reduced on that side to 21 centimètres for the watch, whose ticking on the left side is clearly perceived at three mètres.

One sees from the preceding facts, gathered from our inquiry in the hospital Saint-Pierre, that they do not confirm, so far, the hypothesis of Triquet. First, because the two observations of exostoses gathered by us on this occasion, just show, once more, the possibility of the development of these tumours without the participation of the cause admitted exclusively by that author. Then, because the absolutely normal state in which we have found, without exception, the ears of subjects, attacked with tertiary syphilis, does not testify in favour of the special influence which the syphilitic diathesis has been said to exercise on the production of osseous tumours in the external auditory meatus. Nevertheless, up till the present time, it would be going too far for us to contest that influence in any degree whatever. Also, we must take care in passing judgment between Schwartze's observation, which absolutely rejects all ætiological relations of syphilis with the exostoses of the external auditory meatus, and that of the practitioners who, like Gruber, without making it play the exclusive *rôle* that Triquet attributes to it, nevertheless, think themselves authorised to invoke its influence in some circumstances.

It seems to us that Erhard is quite correct in saying that it has not yet been proved that syphilis, in that relation, exercises a specific influence. But if we agree with him on this point we cease to do so in regard to the possibility of the development of exostosis or hyperostosis in the external meatus of the ear, after the period of ossification of the latter; proofs to the contrary being already numerous. We direct his attention, among others, to the clergyman's case, spoken of by Toynbee (on page 116 of his "Treatise"), where that author, whose scientific integrity or competence Erhard will not dispute, found the right auditory canal, from which he had extracted ten years previously, a voluminous polypus reduced to the quarter of its natural dimensions on account of osseous excrescences being upon its walls and placed in such a way that there was only a small triangular opening through which the central part of the membrana tympani could still be seen, while at the time of the preceding examination the whole surface of that membrane was visible.

It would be easy for us to multply examples of this kind. We will, however, only add one, borrowed from our own practice and still unpublished.

M. D. J., æt. 63, very robust for his age, without any antecedent diathesis whatever, came under notice July 30, 1877, for bilateral deafness, accompanied with tinnitus, that had commenced about a year previously. He had had, eighteen years ago, a fetid otorrhœa on the right side that had come quite unexpectedly and without pain, for which he had been a long time under the treatment of my father. The microscopic examination of the secreted matters made by Prof. Gluge, revealed osseous particles. According to the patient his left ear had always been good till the commencement of the deafness which occasioned his visit.

On examination a large quantity of cerumen, yellow, dry, broken, and mixed with abundant luminated epidermis was found in both ears, whose removal was easily effected by the help of the *curette*.

It was ascertained that both canals, which were very wide to a depth of about 2 centimetres, contracted abruptly at that part. This diminution of the calibre proceeds from an osseous projection that seems to spring from the whole periphery of the canals, with the exception of their superior portion. This gap in the right canal has a rounded form, and is of the diameter of mm. at the most, while the opening in the left ear is oval, and measures 4 mm.

The membrana tympani, completely hidden on the right, is visible in its superior segment on the left. On that side a part of the malleus is seen, and behind the latter a small perforation.

The deafness was due to the obstruction of these gaps by cerumen, and the removal of that matter immediately improved the hearing, without, however, curing the tinnitus entirely.

At the time of the patient's next visit, pulsative beatings had succeeded to the buzzing tinnitus on the right side, very probably caused by the irritation occasioned on the surface of the osseous tumour and on the walls of the canal by the repeated introduction of the probe. That symptom was accompanied by redness and stickiness of the canal, but it disappeared after a slight secretion declared itself, leaving the ear perfectly tranquil. The tinnitus, although mitigated, still persisted in the left.

When the patient was dismissed on the 3rd December, he heard the watch at 6 centimètres on the left, and on the right not quite so well. The hearing, moreover, for the voice was normal.

What is to be noted in this observation is, that the development of the two exostoses, or hyperostoses observed in M. D. J., can only have commenced after the period that my father had attended him, because the latter perfectly remembers having seen no traces of them. In spite of the perforation in the postero-superior segment of the left membrana tympani, the patient persists in maintaining that there never was a running on that side. Perhaps it is necessary to consider it as the result of a purulent otitis in infancy.

Speaking of exostoses in general, Nélaton says they are sometimes sluggish in all periods of their evolution, but most frequently they are painful at the commencement and insensitive when the tumour has reached its full size. As to those of the external ear, they do not manifest their presence by pain, nor even give rise to any symptom of a nature to awaken the attention of the subject, so long as the osseous mass does not prevent the access of sonorous waves to the membrana tympani. Here, indeed, the pain is wanting, and it is at the most a question in some cases of a feeling of pressure in the interior of the auditory canal.

But if there be complete occlusion of the meatus by these tumours, phenomena are called forth identical to those that manifest themselves under the influence of other causes of obstruction, that is to say, on the one hand, a more or less marked deafness, accompanied by tinnitus;

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on the other hand, a feeling of fulness in the corresponding part of the head; an inaptitude to intellectual work, &c., alternating sometimes with longer or shorter periods, during which the hearing recovers its first integrity, and the noises, as well as the other subjective phenomena, disdisappear, to come back suddenly with the return of deafness.

The facts gathered by Toynbee, Gruber, Schmalz, and others tend to establish for some cases a sort of connection between osseous excrescences of the external auditory meatus and an analagous affection seated in the tympanic cavity or in the vestibule. Toynbee speaks of three patients in whom the intensity of the tinnitus and the sensation of vertigo, of which they complained, proceeded very probably, according to him, from the pressure exercised on the expansion of the acoustic nerve by an exostosis situated in the vestibule; an hypothesis which, in the absence of the ulterior demonstration of the fact, ought, it appears to us, to be received with reserve.

But what is the use of invoking a cause altogether problematic when it suffices to explain the tinnitus by remembering the influence that the occlusion of the external meatus exercises upon the production of this phenomenon. Here the occlusion can proceed either from the exostosis itself, from an accumulation of cerumen, from epidermis detritus, from a liquid (mucous, pus, water) lying in the contracted space that the osseous excrescence has not yet filled up, or from the swelling of the soft tissues in that part. Now, if one succeed in such a case to re-establish, in a certain measure, the perviousness of the external auditory meatus, then the subjective aural phenomena almost always immediately disappear.

The only exceptions to this rule that we have met with concerned cases where there was a concomitant lesion of the middle ear. Thus, we believe that if cases of exostoses of the meatus be not oftener met with, it is expedient to seek the cause of this, not in the rarity of these tumours, but in the fact that they do not betray themselves by any symptom, unless they entirely occlude the lumen of the meatus, or be accompanied by an inflammatory disorder of the middle or external ear.

It would suffice, then, to multiply the examples of this affection by searching for them—and the result of our inquiry in the Hôpital St. Pierre proves this—that instead of waiting till chance brings them to our examinations, we should seek for them in the ears of individuals, who hearing well and not suffering at all, otherwise escape our notice.

So far as concerns the feeling of tension in the ear affected with exostosis and of heaviness in the corresponding part of the head, are these the result, as several specialists maintain (like Toynbee) of the pressure that the new osseous growth, imoeded in its enlargement, exercises on the walls of the meatus?

To this ingenious interpretation we oppose one much more simple, and of which Toynbee himself furnished the elements. It is to be remarked, indeed, that the observations v., vii., viii., and ix. of his "Treatise," the only ones where he makes mention of the aforesaid phenomenon, are the only ones also where the history of the disease evidently indicates the co-existence of an inflammatory process in the ear, by which one can, with quite as much reason, if not more, explain that symptom. It is to be remarked besides, in regard to the feeling of vertigo, that it is often observed in cases of simple occlusion of the meatus. The proof of this statement lies in the relative frequency of that phenomenon presenting itself alone, or associated with a feeling of fulness in the head, in persons who are attacked with ceruminal deafness.

(To be continued.)

H.R.H. THE PRINCE OF WALES, accompanied by H.R.H. the Princess, has graciously consented to lay the foundation stone of the new extension building of the Brompton Consumption Hospital to-morrow (Thursday).

Clinical Records.

HOSPITAL FOR EPILEPSY AND PARALYSIS, REGENT'S PARK, LONDON.

Under the care of Dr. ALTHAUS.

1. *Epilepsy and Consumption—Perversion of Moral Sense in the Epileptic—Therapeutical Value of Phosphorus and Digitalis.*

IN several cases of well-marked epilepsy now under treatment at this hospital, a family history of consumption has been obtained. Dr. Althaus has long been of opinion that next to the true neurotic constitution, the most powerful predisposing cause of nervous affections is a phthisical taint in the system.

There is now a boy, C. M., æt. 7, whose mother is the only one still alive of a large family, all the rest having died of consumption. As yet the boy's lungs are healthy; yet no other predisposing nor exciting cause of the epileptic fits has been discovered. These commenced when the boy was seven months old, and have since then continued without much intermission. He had two well-marked attacks on the day of his admission into the hospital, and two slighter ones within the next few days; having then been put under the influence of bromide of potassium, he has remained free for more than three weeks. A striking feature in this boy is that he is particularly unruly, disobedient, and mischievous. He has regular attacks of destructiveness in which he tears up his clothes, sheets and blankets, and anything he can lay hold of, using great force in doing so. After a particularly bad outbreak he was put into a strait-waistcoat, and managed to tear it to pieces with his teeth. At the visit he hides underneath the bed, and the nurse has great difficulty in extracting and producing him for inspection. Dr. Althaus has seen very good results of the exhibition of phosphorus dissolved in oil and given in perles, in this moral obliquity of epileptic patients. The mental condition of epileptics is always peculiar; they are not really insane, but often eccentric, suspicious, ill-tempered, perverse, fretful, and shy. In a considerable number of them bad instincts are rampant. Some time ago, Dr. Althaus had a girl, æt. 9, under his care, in whom the perversion of the moral sense was really a more prominent symptom than the actual epileptic seizures, which latter occurred only about once a month, and were not very severe. This girl was a fearful liar; she would on the spur of the moment invent the most outrageous and elaborate falsehoods, even where it would have suited her purpose far better to have spoken the truth. She stole money and other things wherever she had the opportunity, and endeavoured to divert suspicion to others. Her manner was sullen and defiant; her expression daring; and that this state of mind was closely connected with the epileptic condition, was shown by the circumstance that after attacks it appeared to culminate in almost desperate acts, getting out of the window at night, hiding in out of the way places, &c. After she had taken phosphorus for six months, she was wonderfuly improved. Her manners were pleasing; the facial expression calm, and she had become obedient and tractable.

In another epileptic, an Irishman, æt. 30, admitted October 3; there is a family history of consumption, but no actual lung disease as yet, although the patient is thin and ill-nourished. When ten years of age, he fell and struck the back of his head, but no ill effects were noticed at the time, and he was in good health until six years ago, when he became subject to nocturnal attacks of epilepsia gravior, with diurnal attacks of petit mal. There have been as many as nine attacks in the same night, but generally there is only one, which occurs soon after first going to sleep, or shortly before waking in the morning. He wakes up, feels that he is going to have a fit, and then immediately loses consciousness; he is seized by

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strong general convulsions, bites his tongue, foams at the mouth, and passes the excretions. After the attack there is a stage of restlessness: he gets out of bed, walks about the ward, and keeps muttering unintelligible words, for about twenty minutes. All this time he is quite unconscious, takes no notice of anything, and does not answer questions when spoken to. Ultimately he goes back into bed and falls asleep; on waking he is calm and collected, but has a bad headache. Previous to admission he had been treated with large doses of bromide of potassium, which had caused deep ulceration of the skin of the face, destroyed the corium and hair follicles, caused the greater part of the beard to fall out, and left ugly and irritable scars. In spite of this medication the fits continued, so that the patient did not even receive compensation for the disagreeable collateral effects of the treatment. Dr. Althaus put him on full doses of zinc and henbane, with one evening dose of potassic bromide. The fits continued very much the same, there being between four and seven attacks of epilepsia gravior in the month, with extremely numerous seizures of petit mal. Ammonio-sulphate of copper and nitrate of silver likewise failed to exert any beneficial influence, and the patient was then put on tincture of digitalis with potassic bromide. After he had taken this for a fortnight, the fits left him. There has not been a single convulsive seizure for eleven weeks, while the attacks of petit mal have greatly diminished both in frequency and severity; and the patient seems in a fair way of recovery. His manners, which used to be excitable and occasionally impertinent, have likewise undergone a marked change for the better.

2. *Syphilis of both Sylvian Arteries—Double Hemiplegia and Aphasia.*

M. B., æt. 39, single, was admitted under the care of Dr. Althaus on April 22nd. He had lived much in the Tropics, and contracted gonorrhœa and syphilis in 1875. He was treated with mercurial inunction for four months, and was believed to be cured. Since then he had had several attacks of congestion of the liver, and cholera in 1877, while in India. In December 1878 he was much exposed to severe cold, and suffered for some days from headache and general uneasiness. One night, feeling very uncomfortable and being unable to sleep, he got out of bed and walked about, but found that he had difficulty in moving. On returning to his bed, he felt very giddy and speedily lost his consciousness. On waking in the morning he found that there was paralysis of the left side of the face and body, and that the excretions had passed into bed. He could not put out his tongue, the pupils were large, and the speech embarrassed. Five days afterwards he had an attack which proceeded much more slowly than the first, but ended in paralysing the right side and in totally abolishing language. He had constant pain in the head and giddiness. He was put on small doses of iodide of potassium, and in a month began to improve, recovering to some extent language and motive power.

On admission, he was found to be able to express himself slowly, but intelligently. He never substituted one word for another, but experienced great difficulty in articulation and the connection of sentences. The effort in speaking was so great that after a short conversation he was very much exhausted. The other mental faculties seemed to be in a fair condition; he was not at all silly, and appeared to remember things pretty well, but complained of the memory being much impaired. He suffered from what he called a "horrid giddiness," more especially on waking in the morning; and great pain in the head, which was rendered more acute by coughing, sneezing, &c. He sleeps very ill, and is restless at night. The face is covered with a cold clammy perspiration. The cerebral nerves are healthy, with the exception of some branches of the pneumogastric. There is great difficulty in swallowing; liquids are apt to return through the nose, and he cannot take solids at all. There is also habitual stertor, from a semi-paralytic condition of the soft palate. The extremities are in a state of incomplete paralysis; there is constant shaking of the body and limbs, which cannot be kept steady. He is unable to raise himself from the lying posture, and utterly helpless. The reflex action of the skin and tendons is increased, that of the mucous membranes normal. Spinal epilepsy is readily induced, more particularly in the right leg. The limbs are cold and flabby, but the electric test shows normal response of the nerves and muscles both to the voltaic and faradic current. Sensibility is normal throughout the body. Heart and lungs healthy, pulse feeble, 96, intermittent. Temperature normal. Appetite slight, action of bowels sluggish; urine, normal; excretions retained. Nocturnal emissions of semen occur somewhat frequently.

Dr. Althaus said that there were three great varieties of cerebral syphilis, viz.: 1st. The congestive form which affected the cineritious substance of the hemispheres, and presented the clinical features of general paralysis of the insane, symptoms of mental derangement appearing at an early stage. 2nd. Tumour, growing generally from the subarachnoid space, and causing nocturnal headache and epileptiform seizures. 3rd. Plugging of the arteries, more especially of the central ganglia, and causing necrobiotic softening of their structure. In the present case we had an instance of the last-named variety, there having been thrombosis, first of the right, and afterwards of the left, Sylvian arteries, which explained all the symptoms just noticed.

The patient was ordered—

℞ Hydrarg. perchlor., gr. 1-24th;
Potass. iodid., gr. x;
Tinct. uncis vomicæ, ℥xx. ter die in water.

The continuous current was ordered to be applied to the nerves and muscles of the extremities.

May 8th.—There is considerable improvement; the patient is able to raise the body from the lying to the sitting posture; the speech is easier, the skin of the face drier, and the limbs more movable. The perchloride was increased to gr. 1-16th, and potassic iodide to gr. xv. ter die.

May 22nd.—Patient has not been so well; he complains of "waves of unconsciousness" passing over him; head and face are again bathed in cold, clammy sweat; pulse 140; evening temperature 99·6; vertigo and restlessness, chiefly at night; general features of collapse. Ordered three glasses of port wine daily, and compound tincture of bark. Under this treatment the threatening symptoms gradually disappeared, and as the patient got stronger, iodide of potassium, which Dr. Althaus thought had caused the symptoms of collapse, was resumed and continued in ten-grain doses. The voltaic current was again regularly applied.

June 23rd.—He is now very much better in every respect; is able to get up from the couch and walk a few steps without assistance; speaks comfortably; hands more useful; stertor nearly gone; general condition satisfactory. Dr. Althaus expects great progressive improvement, but not a complete recovery, more especially with regard to the finer movements, such as writing, &c.

Special.

THE MEDICAL BILLS SELECT COMMITTEE.

On Friday, July 4, the Committee resumed their examinations.

Direct Representation.

Dr. Waters, of Chester, was the first examined, and spoke as an ex-President of the British Medical Association, and as representing the views of that body. He said there are about 23,000 names of practitioners on the Register, but many of them are in different parts of the world outside the United

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Kingdom. The Irish Medical Association was formed with similar objects before the operations of the British Medical Association extended to Ireland. The proportion of Scotch and Irish members residing in Scotland and Ireland is very small compared with the English members. The Irish Medical Association works in harmony with the British Medical Association on the question of medical reform. We felt that if a Conjoint Board were established in England the strength of the Association in trying to enforce it in Scotland and Ireland would be greatly increased. We believe that a number of men of deficient attainments, both professionally and in general education, get into the profession through the facilities afforded by the existence of different examining boards. The chief opposition to the conjoint boards comes from Scotland. The officers of the Association see no reason why the universities should not co-operate with the corporations in Scotland, inasmuch as the universities are, equally with the licensing bodies, examining boards. We took the opinion of our constituents last year on the question whether the conjoint scheme should be compulsory or not. The result of the answers was 4,910 in favour of compulsion, and 264 against it. On the question of direct representation the answers were 5,075 in favour and only 121 against it. Our reasons for pressing direct representation is, that the members of the Medical Council are not fair representatives of the profession. The representative of a corporation will necessarily, as his first duty, take care of the individual interests of the corporation he represents. In the General Medical Council the representatives of the corporations meet as friends and form a pleasant party, and it is a very unpleasant thing to mar the harmony of their meetings by the introduction of subjects of a disagreeable character. The consequence has been an amount of mutual forbearance that has tended to keep back the education of the profession. Although they are now in favour of conjoint boards, I think it has been forced upon them by outside pressure and by the influence of the Government.

The CHAIRMAN.—That points to delay; but can you tell us of anything you think the Council ought to have done which it has refused to do, and which you think it would have done if there had been direct representation?

Dr. WATERS.—In the year 1868, when Dr. Parkes called attention to the lamentable ignorance which characterised the members of the medical profession who presented themselves for examination before the Army Medical Board, it fell like a bombshell upon the profession. Dr. Parkes was a Government nominee, not the representative of a corporation; but the Council could scarcely have been ignorant before of the fact that the profession was not creditably educated. The reports of the visitors at examinations revealed such ignorance on the part of candidates that it could not have been previously passed over if there had been representatives of the profession on the Council. I cannot see any reason for the Apothecaries' Society of Ireland having a member. I would let the Royal Colleges and the Universities each have a representative. No men know so well the defects of the system of education as those who have passed through it recently, and consequently their representatives would bring to the Council a knowledge of certain difficulties which exist in relation to education. I wish to see a greater number of professional doctors on the Council than at present. I think the speeches at the Council might be limited to a certain time. In my opinion very great good would be derived from a discussion on such subjects as medical jurisprudence in the Medical Council. I do not say that they should discuss such matters, but I believe no harm would result from such discussions. I do not see that either the English or the Irish Apothecaries' Societies exercise any beneficial influence either on education or for the public, and I do not think they are entitled to representation in the General Medical Council, when the great University of Edinburgh has only half a representative. I do not think the administrative power of the Medical Council is at present sufficient. I would give them greater power over the licensing bodies.

The Committee then adjourned.

The Medical Council and Direct Representation.

On Monday, July 7th, the Committee re-assembled and continued the examination of Dr. WATERS, who said, in reply to Mr. Maitland, that the Medical Council has interested itself on several occasions in general matters. It has considered the subjects of inquests, vaccination, and medical evidence, and latterly it has considered the interests of dentists and obstetricians, and has also taken up the question of vivisection. With regard to such subjects, I think direct representation would bring a great amount of knowledge to bear upon the deliberations of the Council in public, and still further in private, intercourse between the members. The consideration of such subjects would be more frequent than at present. When once this question of the conjoint scheme is settled, there remains comparatively little for the Council to do, except in regard to visitations and examinations, so that they will have time for the consideration of matters of public interest. The profession is unanimously in favour of improvement in medical education, but it has been resisted by some of the licensing bodies. Direct representation would bring greater pressure to bear upon those bodies. I admit there has been a certain improvement in medical education, but it is not *pari passu* with the improvement that has taken place in general education.

The Medical Journals.

In reply to Mr. MILLS as to the views of the principal medical journals, Dr. WATERS said the *Lancet* has stood up in perhaps a more unqualified manner than the Association Journal for the necessity of direct representation. The *British Medical Journal* is the journal of the Association, and it is impossible that it should advocate opinions opposed to any large section of the members without eliciting disapprobation. I cannot speak absolutely of the *Medical Times and Gazette*; its tone is rather uncertain. The *Medical Press and Circular* is decidedly in favour of direct representation.

Sir T. LAWRENCE.—Is there any country in which the representative system you advocate exists?

Dr. WATERS.—There is no other country where the representative system exists as it does in England. As to the United States, medical education there is in a most lamentable condition.

The Constitution and Work of the Medical Council.

Dr. GLOVER, of Highbury, who is on the staff of the *Lancet*, was the next witness examined, who said, I have had more opportunities, perhaps, than most people, not members, of seeing the working of the Medical Council. I have the highest respect for the members of the Council, but I object to the constitution of that body, especially the predominance of corporate interests. I regret that the Scotch universities are using all their power in opposition to the present demand for a Conjoint Board. I think the history both of the examining boards and of the Council shows that corporation influence is injurious. I have the strongest practical objection to the constitution of the Council. In its great work of education it has failed, I do not say altogether, but seriously, especially when we remember the eminence of its members, the large sum of money it has received, and the length of time it has had to do the work which it has not done. It has decidedly done some good, but far less than it might have done at a less cost of time and money. My great complaint is, that while the Council has greatly added to the stringency and severity of the examinations, it has not made any corresponding improvements in medical education.

Removal of Representatives of Certain Bodies.

In reply to the Chairman, Dr. GLOVER said, I would dispense with at least one representative in each division of the kingdom. I should say that the Irish Apothecaries' Society can be dispensed with. Then the English Apothecaries' Society, though it has done good work, is certainly no longer needed; and I think one of the Scotch corporations might be dispensed with. I do not like to say which body, but perhaps the Faculty of Physicians and Surgeons of Glasgow, so leaving two Royal colleges. Until the Act of 1858, the English Apothecaries' Society gave the only qualification in medicine for English practitioners. It cannot examine in surgery.

The CHAIRMAN.—Do you think there is any truth in the allegation that the members of the Medical Council do not understand the wants of the general practitioner?

Dr. GLOVER.—I do think there is a great deal of truth in that. They are men of eminent abilities, and most of them originally of good social position; many of them have had a Continental education and greater advantages than fall to the lot of most people, and under these circumstances I do not think that they are likely to understand the difficulties of men who have to be content with the ordinary education of the schools. I remember being very much struck with a state-

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ment by Dr. Stokes in the Council, that he had never been in the chamber of a lying-in woman.

EXAMINATIONS FOR THE ARMY AND NAVY.

In reply to Mr. Maitland, Dr. GLOVER said the special army and navy medical examinations might, perhaps, be abolished if the authorities were satisfied with the present examining boards. There would, however, be some specialties of knowledge in regard to the army and navy which might require to be tested, but certainly a man who is entitled to practise on her Majesty's subjects generally should be entitled to a Poor-law appointment.

THE TITLE OF "DOCTOR" AND MEDICAL STUDENTS.

In reply to Mr. Wheelhouse, Dr. GLOVER said the license of the College of Physicians, Edinburgh, is often supposed, but falsely, to confer the right to use the title of "Doctor," and that is a strong inducement to students to go to that college. The licentiate of the College of Physicians, Edinburgh, has no legal right to the title of Doctor. If he assumes it, that is not the act of the College itself unless the College in some way encourages the notion that he is entitled to it. I have no doubt, with the present loose regulations, it is possible for unprincipled students to get on the Register without having attended lectures. I think the interests of students have been too little regarded. Some of the intelligent senior students might be able to give information to the Committee as to the difficulties in their way.

The Committee then adjourned.

(*Continued on page 57.*)

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

„ IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

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SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, at the *Medical and Surgical Reporter* Office post free in advance, six dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-office Order

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 16, 1879.

WORKHOUSE HOSPITALS.

DR. THOMAS M. DOLAN, of Halifax, has done well in drawing the attention of the profession to the great need of reform in the constitution and management of our unions and workhouses. In a pamphlet on "Workhouse Hospitals, with Illustrative Cases" which he has just published, and which is a reprint of a paper read by him at the Leeds and West Riding Medico-Chirurgical Society, Dr. Dolan clearly and forcibly points out the reforms which should, in his opinion, be instituted, and the grievances which should be removed before our workhouse hospitals can be put on such a footing as the public, and even the patients themselves, have a right to expect. Some of the questions to which Dr. Dolan draws attention are of special interest, both from a medical and public point of view, and the following remarks must be regarded as chiefly a *resumé* of the more important facts contained in his pamphlet on the subject.

In the first place, as Dr. Dolan justly observes, the name "workhouse" is a misnomer. In the majority of towns the so-called workhouses are large hospitals, supplementing the subscription general hospital. In many towns they supply the major part of the hospital accommodation. Opert lays down the rule that a town of 50,000 inhabitants need not have a hospital for more than 150 patients, provided there is a union infirmary with 50 beds. But, as a rule, the inverse ratio exists. Thus, while the Halifax Infirmary has accommodation for only 70 patients, the Union Infirmary can accommodate 240. As, moreover, the voluntary infirmary is chiefly devoted to surgical cases, there cannot be accommodation for the average proportion of medical cases in a town like Halifax, of more than 50,000 inhabitants. But a still greater anomaly is the fact that, while the Infirmary is well and ably officered, the Union has only one medical officer attached to it. The former is provided with a good medical and surgical staff, consisting of a house-surgeon, an assistant house-surgeon, two consulting physicians, four visiting surgeons, and two visiting physicians.. Hence the patient who accepts aid from the voluntary infirmary has the advantage of select advice from many sources, whilst another poor man, unable to be admitted to that infirmary for want of room, must go to the Union, where there is only one medical officer. It can easily be imagined that, under such a system, the nursing arrangements are no better. At the Halifax Infirmary there is one nurse to nearly every twelve patients, while at the Union Infirmary there is only one nurse to over one hundred—and this, too, at a time when the education of nurses for the sick poor is attracting unusual attention.

Dr. Dolan would also have for certain poorhouse infirmaries, a resident superintendent medical officer, free and unfettered medical attendance, medical officers who shall not be required to find medicines, and who shall have full control over the management, nursing, &c., subject, of course, to visiting committees. There can be no doubt that the appointment of a medical superintendent to all our large workhouses would be a step in the right direction. The supervision of other large charities, and of even large private institutions, has proved a great success. "Our public asylums have," observes Dr. Dolan, "reached their present high state of efficiency owing to the fact of their medical officers being placed under the most favourable conditions as regards management and control." Certainly the inmates of these asylums are paupers, but the pauper in the workhouse to-day may be in the asylum to-morrow. The identity of the interests involved in both classes of

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patients is the same. "It is not unreasonable to expect, then, that medical officers of workhouses should be equally intelligent, equally fit to be trusted with administrative powers." Then, again, that medical officers should have, as they do, to supply the pauper patients with medicines, is not only a great mistake, but an act of injustice to the patients themselves, who have as much right to the best medicines and the most scientific appliances as the general hospital patient has. But if the medical officer has to provide the drugs himself, motives of economy may induce him to give the patient less medicine than his case requires, thereby prejudicing his chances of recovery. Besides, if the public be taxed by the illness of a patient, then the truest economy is to restore that patient to health as soon as possible, for negligence will convert a temporary illness into a chronic one, with a corresponding lengthy drain on the local relief list.

The prohibition of post-mortem examinations in workhouses is an old-standing ground of complaint against the Local Government Board; and it is to be hoped that such an absurd and illegal regulation will soon be withdrawn. There is a duty that belongs to the poor as well as to the rich. If the latter do all in their power to succour the poor in sickness or distress, it is the duty of the poor to give some little return for the benefits bestowed upon them. It is very wrong of them to throw obstacles in the way of a practice pursued in the interest of science and the public good, especially when the objections they raise consist in nothing more than sheer prejudice, and a sort of sentimental affectation. It is this prejudice which is at the bottom of the course taken by the Local Government Board, and until that is removed, we may find it difficult to make the Board alter its decisions on the subject. In France there is no such restriction placed on the making of post-mortem examinations, and it shows great want of moral courage in our local authorities on the one hand, and of common sense and gratitude as regards the poor on the other, that we in this country should be deprived of such a privilege.

There is one fact pointed out by Dr. Dolan which undoubtedly gives the inmates of the workhouse a great claim upon our sympathy and attention. We are apt to forget that these institutions are filled with a different class from the one they were meant for. The patients are not composed of the improvident, the dissolute, the extravagant, or the vicious. The majority are the victims of circumstances, deserving poor, whom illness alone has led on the downward path to pauperism. The pensionless soldier with aortic aneurism, the would-be thrifty mechanic with phthisis, the baker bronchitic from the result of his employment, the out-door labourer with rheumatism or pneumonia; these are the class of people who take refuge in the workhouse infirmary, and who, therefore, are entitled to as much consideration as is bestowed upon the inmates of our large general hospitals. In conclusion, therefore, we say with Dr. Dolan that the truest economy of poor-law medical relief consists in placing the poor-law medical officer in the full possession of every power enjoyed by his *confrères* who are attached to voluntary hospitals, in assimilating the management of workhouse infirmaries to the general principles of hospitalism, and, in a word, in contributing all those essentials which are deemed necessary in all well-organised voluntary institutions.

THE SANITARY STATE OF DUBLIN.

THE most recent weekly return of the death-rate of the city of Dublin shows the mortality as 26·3 per 1,000 of its population, that for London, Glasgow, and Edinburgh being respectively 17·4, 19·1, and 18·2. This is, however, an exceptionally favourable death ratio, for we find that, last week, the rate was 36·7 per 1,000, and the death-rate for the entire quarter, ending June 28, was 36·4 against a ten-years average of the same quarter, amounting to 26·4. On the three months, therefore, the mortality has increased nearly one-third. The total deaths for the past six months were 6,508, those for the same six months of 10 years, 4,511.

The terrible fact is, that in these six months, without any epidemic of a serious character, and in the spring season, *nearly two thousand lives have been sacrificed in Dublin* (1,997), *over and above those usually given to disease in Dublin, and nearly* 3,000 *over and above the number which would have been lost if the city were no more unhealthy than other large cities.*

We repeat the statement, that the disgraceful neglect of sanitary organisation in Dublin has cost the citizens 2,000 lives and enormous money loss within the short period of six months, and, however the statement may grate upon the feelings of shopkeepers, hotel proprietors, and their journalistic representatives in Dublin, we challenge denial of it, and defy apology for its causes. The attitude of certain of our Dublin contemporaries upon this subject is to us incomprehensible. The *Freeman's Journal*, which represents the Public Health Committee, admits the figures, but seeks to conceal their terrible meaning by sophistries which are too obvious to need reply.

Here is a description, culled from its own columns, of a locality which has flourished for years under the *regimé* of the Corporation Sanitary organisation: since we wrote as to the state of Plunkett Street, we have been to the place again, and made a careful inspection of it. If anything, our description of it failed in conveying an adequate idea of the filthy and revolting spot. It is a plague-nest of the vilest character, and a reeking sink of moral and material corruption. It is at the very door of the parochial schools, and cannot be but a source of moral infection and contamination to the children who frequent them. We know of nothing in our city comparable to it. As it is at present, Plunkett Street is a drain upon the city resources, for, if we are not misinformed, the cost upon the rates for the burial of dead children from the street is something enormous."

The *Irish Times*, on the other hand, says: "Comparing the death returns for the quarter ending June 28th, with that for the quarter ending March 29th, it is found that the mortality rate for the former is 35·1 per 1,000, as against 41·6 in the latter, and an average annual mortality for the second quarter in the ten years 1869-78 of 26·4." And then, paradoxically, the editor proceeds as follows: "It is not now our purpose to enter into any investigation as to the causes of the high death-rate in Dublin. It is

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evident that it has recently been greatly influenced by unfavourable climatic conditions. The question is a large one, and the time is *not opportune for its discussion.*"

"Why," we ask, "not opportune for discussion?" Is there any subject so worthy of the columns of a Dublin paper as the sacrifice of 2,000 lives in six months within its own circle of jurisdiction? Is there any grievance more clamorous than the continuance of a sanitary system which tolerates and defends such a condition of things? Is there any duty more pressing upon a public journal than to demand investigation of such a state of affairs, and denounce the negligence and laziness which permits such a mortality to continue unchecked? We think not; and so far as in us lies, we protest against the lives and health of the citizens being sacrificed either to a regard for the Public Health Committee, or a fear for the profits of shopkeepers.

Notes on Current Topics.

The Actual Cautery in Medicine.

Among the many remedies for disease which, comparatively speaking, have now but historical interest, we may mention the actual cautery. The reader will not want reminding of the frequency with which this agent used to be employed by the ancients. Aretæus applied it to the head in epilepsy and obstinate cephalalgia, and recommended it for the opening of hepatic abscesses. Celsus also orders it to be used in the treatment of epilepsy, dropsy, and other affections. Few, perhaps, would, even in these days of chloroform, be inclined to go the length of the Greek physician, perforate the cranial bones as far as the diploe, "and then use cerates and cataplasms till the meninges separate from the bone." But, perhaps, we moderns have done wrong in allowing the use of the actual cautery to become an almost obsolete method of treatment. Dr. E. C. Segius is evidently of this opinion, for in the *Archives of Medicine*, for last April, he has made some very suggestive observations on this subject, which have likewise attracted the attention of the *Medical Record*. In choosing, he says, a cautery, it is always advisable to select one with a platinum tip, since the metal will not become rough from long usage. The Paquelin benzine cautery is the most serviceable one hitherto invented, the only objection being its great cost. The Brown-Séquard cautery (which merely consists of an olive-pointed steel cautery-iron about 30 ctms. long, the olive being about 15 mm. in diameter at the base, and carefully covered with platinum), will, however, answer all practical purposes. This may be heated to a white heat in a grate-fire.

The method of application usually adopted is that called "cautérisation transcurrente" by Jobert and Notta, which consists in making very light parallel strokes with the cautery at white-heat over the part chosen as the seat of counter-irritation. From four to twelve strokes can be made in a very short space of time, and with very little suffering; only the cuticle should be affected in order to avoid subsequent suppuration. The only dressing required is the application of a piece of linen. It is often desirable to repeat the cauterisation frequently. In spinal affections we may begin at the top and cauterise the entire spinal region systematically and repeatedly by means of daily or tri-weekly applications. The majority of patients consider the pain very slight. Superficial cauterisation with the actual platinum cautery has been satisfactorily used in:—1. Neuralgia, acute and chronic, of the trigemina and of the peripheral nerve. 2. Spinal irritation and various cerebral paræsthesiæ. 3. Spinal congestion. 4. Various forms of acute and chronic myelitis. 5. Epilepsy (not by myself). 6. Intercostal pain. 7. Acute and chronic lumbago. 8. Articular inflammation. 9. Peri-arthritis (chronic rheumatism?) especially of the shoulder.

Another "Serious Charge" against a Surgeon.

We were much pained to see the above announcement in the daily papers of Monday last, which, upon reading, we found was a charge of "feloniously and unlawfully using certain instruments, with intent to produce miscarriage, thereby endangering the life of Ellen Saunders, against Dr. Francis James Hammond, F.R.C.S., L.S.A." According to the evidence, the defendant, having quarrelled with his wife, had lived for a time with the said Ellen Saunders, but he emphatically denied having attempted abortion. The preliminary examination was held before Sir James Ingham, at Bow Street, bail being refused until more substantial and definite information could be adduced. In the meantime the matter is to be placed in the hands of the Treasury solicitors, and the defendant remains in prison. We do not, of course, intend to comment upon the painful nature of the case whilst *sub judice*, but this we may say—that we have searched both the official Register and the "Medical Directory" of the present year, and are unable to find the name of "Dr. Francis James Hammond, F.R.C.S., L.S.A.," as described by the daily papers, and hope it will turn out that he is not in any way connected with the medical profession.

Chinese Materia Medica.

Among the Pharmaceutical products exhibited at the Paris Exhibition in the Chinese section were the following: Bear's gall—a sovereign antidote: Bezoar stones—an infallible panacea: skins of the python—for paralysis and rhenmatism; dried fowls' gizzards—as a substitute for pepsine; inner pellicle of eggs—for jaundice; human urinary calculi—for renal complaints; hippocampus (seahorse)—for women in confinement, the woman to hold one in her hand; powdered elephant's skin—rheumatic complaints; fossil bones—for chorea and fever; ashes of roasted grass-hoppers—for headache; tincture of scorpions—stimulant; decoction of small green serpents—for skin diseases; tiger's bones in jelly—a costly medicine, said to possess high tonic virtues; inside of a stag's horn—colds and bronchitis; buck's sinews—for rheumatism and sciatica; glue made from asses' skins—enjoys a great reputation as a remedy in lung diseases; the dried excrement of silkworms—for eye diseases; dried earthworms—for secret diseases; toad's mucus—this is prepared by keeping live toads in a vessel half-filled with flour; when the flour is sufficiently impregnated with the slimy excretions of the toads it is separated and dried—this remedy is used in convulsions.

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Propylamine in Acute Rheumatism.

THIS alkaloid (trimethylamine $C^3 H^9 N$) has long been employed on the Continent for every form of rheumatism, but has been little used either by English or American practitioners. Dr. Gaston, in the *Indiana Journal of Medicine*, jots it as a prompt and efficient remedy in all uncomplicated cases, "subduing the pain in from 24 to 48 hours." Moreover, Dr. James L. Tyson states (in the *Philadelphia Medical Times*) that more extended observation will, in his opinion, fully justify the merits ascribed to it; he would commend it to the earnest consideration of those whose prejudices exclude salicin and its compounds from their materia armentaria. He also protests against the expectant treatment of acute rheumatism, and says that he has succeeded over and over again in "breaking up" an acute attack of this affection, in periods varying from five to ten days, without a vestige of pain or swelling being left, or a trace of heart complication, by the employment of salicylate of sodium, or vinous tincture of colchicum. Where, however, either from the idiosyncracy of the patient or other causes, these agents cannot be used, Dr. Tyson recomends propylamine. The formula he uses is: — Propylaminæ chloridi, gr. xxiv.; aq. menth. piperitæ, aquæ, ää f. ʒiij. A tablespoonful to be taken every two or three hours. The dose of propylamine is six drops, similarly prepared and administered. By giving two grains of the chloride, as above, and swathing the joints in cotton wool, benefit was apparent in the first 24 hours.

Aneurism of the Ascending Aorta Successfully Treated by Electrolysis.

AT a recent meeting of the Paris Académie de Medicine, M. Bucquoz presented a patient, laundress, æt. 39, with an aneurismal tumour occupying the external portions of the 2nd, 3rd, and 4th right intercostal spaces, measuring twelve centimetres in length and bulging out from the thoracic walls about eight centimètres. June 12, 1878, two needles were inserted into the tumour a depth of two centimètres and a half, and then connected with the positive pole of a galvanic battery. The pain was severe during the operation but gradually passed off. The tumour gradually diminished in volume, and after four other applications, at intervals of fifteen days, it was reduced to one-half its former size. She was discharged on the 23rd of August, but returned two months later. On October 31, November 16, December 11, and January 4, the electro-puncture was repeated. As presented to the Academy there was no protuberance, except a small lump about the size of a hazel-nut, which moved with the cardiac impulse, and gave a slight aneurismal bruit. This remaining tumour was much hardened since the last operation, and Dr. B. thought that it would eventually become completely solidified.

The Health of London.

IF this unseasonable weather has been unfavourable to the crops and bad for trade, it does not appear to have been productive of disease. Indeed, it has generally been found that a moderately low temperature with a large amount of rain-fall is attended with a large diminution in some of the maladies to which human flesh is heir. The Registrar-General's weekly return states that in London 2,319 births and 1,208 deaths were registered last week. Allowing for increase of population, the births were 19 and the deaths so many as 206 below the average numbers in the corresponding week of the last ten years. The annual death-rate from all causes, which had been equal to 19·5, 19·0, and 18·3 per 1,000 in the three preceding weeks, further declined last week to 17·4, the lowest rate that has prevailed in London since the middle of September, 1877. The 1,208 deaths included 11 from small-pox, 79 from measles, 38 from scarlet fever, 11 from diphtheria, 35 from whooping-cough, 11 from different forms of fever, and 13 from diarrhœa; thus to the seven principal diseases of the zymotic class, 198 deaths were referred, against 218 and 225 in the two preceding weeks. The deaths referred to diseases of the respiratory organs, which had been 264, 206, and 175 in the three previous weeks, rose again to 197 last week, and exceeded the corrected weekly average by 29; 122 resulted from bronchitis and 59 from pneumonia. The duration of registered bright sunshine in the week was 46·8 hours, the sun being above the horizon during 115·2 hours; the recorded duration of sunshine was, therefore, equal to 41 per cent. of its possible duration.

The Irish Apothecaries Company.

OUR readers already know that Dr. J. W. Moore refused recently to continue to act as Arts Examiner of the Dublin Apothecaries' Hall, because the governors of that institution thought fit to take him to task for his connection with the Irish Medical Association, which body had expressed a decided opinion that the fifteen partners in the drug establishment, known as the Apothecaries' Hall of Ireland, had no claim to be represented in the General Medical Council. As a corollary to the proceedings of the governors with reference to Dr. Moore, we publish the following note addressed by Dr. Wyse to the Association.

SIR,—I perceive by a "Document" issued from the Council of the Irish Medical Association on 21st ult., that efforts are being made thereby to disfranchise the Apothecaries' Hall, and deprive its Licentiates of their time-honoured legal rights as "General Medical Practitioners," to which class I have the honour to belong.

I have hitherto looked upon the Irish Medical Association as a safeguard of *every* established professional interest in this part of the United Kingdom; but the statements set forth in that "Document" relative to the Apothecaries' Hall of Ireland, derogatory as they are to the proceedings of the General Medical Council, and disparaging to the status of my fellow Licentiates, merely serve as an echo of former attempts to defame our "Alma Mater," which has been, well nigh to a century, true to the honour of the profession at large, and stands out as a model upon which the Medical Act was founded twenty years ago. Please erase my name off your list of subscribers, and much oblige

Your obedient servant,

GEO. WYSE.

To the Honorary Secretary of the Irish Medical Association.

June 12, 1879.

We could not be guilty of defaming Dr. Wyse's "'Alma Mater,' *which has been, well nigh to a century, true to the honour of the profession at large, and stands out as a model upon which the Medical Act was founded twenty*

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years ago," but we are obliged to confess our sympathy with the opinion that, inasmuch as there is not a shadow of a pretence for supposing that the Licentiate Apothecaries of Ireland have any representation in the General Medical Council, we do not see the justice of continuing a vote in that assembly to the representative of an institution which, without the smallest legal right to do so, gives a very limited number of licenses at ten shillings and sixpence each to practitioners in pharmacy or in medicine, whichever they may be.

Hospital Saturday Fund in Birmingham.

BIRMINGHAM, to which belongs the honour of initiating the Hospital Fund movement contributed £3,421 to the recent Saturday collection in manufactories and workshops in addition to the Sunday Fund in places of worship. Last week the Committee of Distribution decided their awards, by adhering to the old plan of dividing the money according to the work done for the poor by each institution. The following sums were then handed over:—To the General Hospital, £1,083 3s. 1d.; Queen's Hospital, £597 13s. 2d.; General Dispensary, £386 5s. 8d.; Children's Hospital, £303 1s.; Eye Hospital, £178 18s. 4d.; Birmingham and Midland Counties Sanatorium, £132 0s. 8d.; Homœopathic Hospital, £109 15s.; Women's Hospital, £95 15s. 2d.; Lying-in Charity, £42 17s. 7d.; Orthopædic Hospital, £52 2s. 10d.; Ear and Throat Hospital £15 0s. 6d.; Dental Dispensary £3 7s.

Animal Vaccination.

A BILL has been brought in by Dr. Cameron, Earl Percy, Dr. Lyon Playfair, and Dr. Lush, with the object of procuring the vaccine lymph direct from calves. Under its provisions it will be compulsory on any public vaccinator, whenever the parents of a child shall demand to have it vaccinated with animal lymph, to have it so inoculated, and in case the demand be not complied with no prosecution shall lie against the parents for refusing to have the operation performed otherwise. The cost of the lymph shall be defrayed by Parliament. The proposed Act, it should be stated, extends its provisions to the whole of the United Kingdom. It will be in recollection that the guardians of a Galway Union, acting on the advice of their medical officer, resolved, some months ago, to try animal vaccination, and to purchase a calf for that purpose; but the Local Government Board put a veto on that resolution, and declared that the use of vaccine lymph was contrary to the existing law.

The New Northern University.

A CONFERENCE was held at Owens College, Manchester, last week, between a Committee of the Council of that institution and representatives of the Council of the Yorkshire College of Science, Leeds, with the object of preparing a draft constitution for the new Northern University, the charter for which was recently granted by the Crown. Considerable progress was made in the draft, which, after confirmation by the Councils of the respective institutions, will be presented to the law officers of the Crown of their consideration, with a view to its adoption as the basis of the new University.

Society for the Relief of Widows and Orphans of Medical Men.

THE Quarterly Court of the Society was held on Wednesday, July 9th at 8 o'clock, Sir George Burrows, Bart., M.D., President, in the chair. Sixty widows and orphans were receiving grants amounting to £1,296. Three orphans on the Copeland Fund were voted £6 each. The expenses of the quarter amounted to £47 17s. 0d.

Two additional widows and orphans were admitted as recipients of grants. The death of one widow and the marriage of another were reported. Two new members were elected, and two deaths of members were announced.

A memorial was read from the Midland Branch of the British Medical Association asking the directors to extend the benefits of the Society so as to embrace the Midland Counties. The directors resolved that—"The Court of Directors regret that at present they do not see the possibility of extending the operations of the Society in the mode suggested by the Midland Branch of the British Medical Association. The Court will, however, be happy to receive any definite propositions from the Midland Branch, which will tend to make their application more feasible." At the suggestion of the President it was resolved that the hour of future meeting should be changed from eight o'clock to five.

Sanitation in Gray's Inn.

THE sanitary officer for the Holborn District will do well to turn his attention to Gray's Inn, if the frequent rumours heard concerning that place be true. The arrangements which were sufficient to satisfy the demands of our grandfathers and great-grandfathers, are, as a rule, deemed deficient nowadays from a sanitary point of view. Hence it becomes an important question to decide whether such places as the Inns of Court do not tend to encourage the growth and spread of epidemic disease. In Gray's Inn, for instance, only a minority of the residents possess a direct and constant water supply, and the sources of the fluid supplied to the others is more than doubtful. In South Square one of the common taps is situate immediately over a sink down which there is daily poured waste water of a highly dangerous character. The surroundings, too, of certain portions of the Inn require sweeping changes ere the health of those occupying chambers amid them can be reckoned in any way safe. In one instance the bedroom of a series of sets of chambers look directly on to some eight or nine privies in constant use by the visitors to a common lodging house. Can it be wondered that epidemic disease should find its way about a locality thus favoured? We draw attention to this subject because we feel it is an important one, affecting a large body of people, and because we think the craze for hygienic reform, now that it is in full cry, might be advantageously directed in certain quarters, such as those we have drawn attention to.

The Sanitary Institute of Great Britain.

THE Duke of Northumberland presided at the anniversary meeting on Thursday last, and distributed the prize medals and certificates of merit awarded to the successful exhibitors at the Stafford Exhibition. The meeting was

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held in the theatre of the Royal Institution, and was well attended. The recipients of the prize medals were Messrs. Pocock Brothers, Southwark Bridge Road; Messrs. Billing and Co., Hatton Garden; Messrs. S. Leoni and Co., Strand; the Silicate Paint Company; Messrs. Doulton and Co., Lambeth: Moule's Patent Earth Closet Company; Major F. Duncan, Woolwich Common; the Sanitary Appliance Company; G. E. Pritchett, Fish Street Hill; and Messrs. Hassell and Singleton, Phœnix Foundry, Birmingham. The Silicate Paint Company were also awarded the Richardsonian Gold Medal for a non-poisonous substance for white lead. In presenting this special medal the noble Duke expressed his belief that this was the greatest invention ever hit upon, as it prevented the dreadful suffering caused by the use of lead paints. The Duke of Northumberland, in response to a vote of thanks for presiding, expressed the pleasure the satisfactory progress of the Institute had afforded him. The annual dinner of the Institute was given the following evening at the Grosvenor Restaurant, when Dr. Richardson presided.

Royal Hospital for Incurables.

A HOSPITAL full of incurable patients is not, in many respects, a very pleasing sight to most medical men. It is not calculated to flatter, or to increase, in a professional point of view, our self esteem. The reflections, however, to which such a scene may give rise need not be altogether of an unprofitable nature. As medical knowledge increases and sanitation becomes more generally diffused, we may expect through either preventive or curative measures, to see the number of incurable diseases greatly diminished. Without, therefore, any desponding feelings we congratulate the governors of the hospital at Putney Heath, upon the success with which the ceremony of laying the stone of a new wing passed off. Their Royal Highnesses the Prince and the Princess of Wales took the principal part on this occasion. The Prince made an appropriate speech, and afterwards went, with the Princess, over several of the wards. After the departure of the Prince and Princess, a collation was served, under the chairmanship of Mr. Allcroft, to 400 or 500 persons; and it was announced that the subscriptions, including an estimated sum of £1,000, as contained in the purses—this, being doubtless, below the mark—amounted to £9,400 and upwards.

Unregistered Medical Men.

IT is to be hoped that the fine of £10 with costs, which has just been inflicted upon a medical man for falsely assuming the title of a registered practitioner, will be a warning to those who may feel inclined to follow this gentleman's example. It appears that, although only holding a German diploma, he gave a certificate of the unsuccessful vaccination of a child bearing his signature, and the words "medical practitioner duly registered." The defence set up was, as is usual in these cases, a very lame one, and the judge was quite right in saying, that according to the present law the defendant was not properly qualified. Such cases as these show the necessity of having a Conjoint Board, without passing which, no practitioner can be legally qualified to practice medicine. While there are so many portals through which a man may enter the profession, it is difficult for the public to know who are, and who are not, properly qualified.

Alcohol in Hospitals.

AT the annual meeting of the Swansea General Hospital, held on July 9th, after the adoption of the reports and usual resolutions, Mr. W. C. Amery said he wished to call the attention of the meeting to the question of the expenditure for stimulants in this hospital, and more particularly to a point which had probably not been noticed by the committee, viz., that the cost of stimulants had been gradually increasing for the last five years. In 1874 the expenditure for spirits, wine, and ale was £82 6s. 8d.; in 1875, £92 8s.; in 1876, £95 15s. 5d., or an average for the three years of £90 3s. 4d. The average number of patients was 384, showing 4s. 8¼d. per case. In 1877 the figures were £111 15s. 1d.; in 1878, £105 3s. 7d.; average expenditure, £108 9s. 4d.; patients, 358—or 6s. 0½d. per case. From the experience of this hospital it had been shown that was it possible to do with less stimulants than were used, and it would be well at least to go back to the old amount. Many hospitals throughout the country did without stimulants altogether, or used a very small proportion. The cost of Swansea Hospital, with an average number of 50 patients, was last year £2 2s. 1d. per head. There were many provincial hospitals where no stimulants were used, and in London there were at least three where no alcoholic compounds were administered. He therefore moved, "That the attention of the meeting be called to the increased expenditure upon spirits, wine, and ale, with a view to inviting the co-operation of the medical officers in reducing the same to the lowest possible amount consistent with the objects of the institution."—The Secretary said Mr. Amery was under a misconception. During the past year the number of patients had increased, and the expenditure for stimulants had decreased.—Dr. Paddon, speaking as the senior physician present, and as one who had been long connected with the hospital, said he had always ordered, and would continue to order, what he believed in his conscience to be best for the patients he attended. When he did order alcohol it was generally in the very mild form of claret. He believed that for people coming into hospital in poor and bloodless condition, something more than milk was required, and he should be doing less than his duty if under these circumstances he did not order it.—Mr. Amery then agreed to withdraw his resolution, being satisfied with having drawn the committee's attention to the subject.

Hydrophobia in the Co. Dublin.

MR. BETAGH, J.P., Clonsilla, co. Dublin, master of a pack of harriers, having read our report of the cases of hydrophobia in Lancashire, has called at our office and informed us that he lost four of his favourite hounds last May from hydrophobia. The first, a bitch, showed symptoms of the disease on the 29th April, and when he was isolating her from the rest of the pack she sprang on him and bit him severely on the hand. He immediately sucked and cauterised the wound, which was afterwards dressed by Dr. Duckett, since when he has suffered no incon-

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venience. In order to watch the case he had the bitch isolated, and she died in four days, during which period she had shown all the symptoms of hydrophobia.

Catholic University School of Medicine.

At a meeting of the Medical Faculty on Thursday, Professor Campbell was elected to the office of registrar, resigned by Mr. Hayes, to whom a cordial vote of thanks was passed for the unvarying courtesy and efficiency with which during a very lengthened period he discharged the duties of that onerous position.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were exceptionally low, being only in Portsmouth 10, Leicester 14, Hull 14, Nottingham 15, Brighton 15, Wolverhampton 15, Bristol 16, Leeds 17, London 17, Sheffield 17, Salford 18, Birmingham 18, Edinburgh 18, Glasgow 19, Sunderland 19, Oldham 19, Plymouth 20, Bradford 20, Liverpool 21, Norwich 22, Manchester 22, Dublin 26 (including 27 deaths prior to June 1st), and the highest rate 27 in Newcastle-upon-Tyne.

The low death-rate of London, 17 per 1,000, compares very favourably with the following foreign cities; the last weekly returns gave, in Calcutta 32, Bombay 35, Madras 31; Paris 23; Geneva 19; Brussels 25; Amsterdam 21, Rotterdam 29; The Hague 20; Copenhagen 22; Christiania 17; St. Petersburgh 38; Berlin 31, Hamburg 30, Dresden 24, Breslau 33, Munich 36, Buda-Pesth 38; Rome 24, Naples 29, Turin 24, Alexandria 41; and New York 21 per 1,000. Small-pox caused 28, and typhus and typhoid fevers 40 deaths in St. Petersburgh.

The Paris *Globe* publishes the following telegram from Odessa:—"The transport ship which left this port recently for Saghalin with a convoy of seven hundred Nihilists lost two hundred of them on the way from disease, occasioned by overloading and the absence of all sanitary precautions. One hundred and fifty others were also landed in an almost dying state. A second transport is being prepared under the same horrible conditions. The prisoners are packed like cattle in the hold of the ship."

The panic in Memphis is slightly subsiding, in consequence of a report issued by the medical authorities stating that the new cases were not yellow fever. The exodus of the inhabitants, however, continues, and the municipal authorities at New Orleans and Vicksburg have proclaimed a strict quarantine to be undergone by persons arriving in those towns from Memphis. The heat in the Southern States of America is excessive, and many deaths are occurring from sunstroke.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—The deaths last week fell from 77 to 71, after deducting 8 country cases in the hospitals. The rate of mortality was 17 per 1,000. But one death from fever was recorded, and that occurred in the New Town. The zymotic mortality was otherwise low.

The New Edinburgh Medical School.—In anticipation of the early acceptance of contracts for the northern division or Materia Medica and Medical Jurisprudence Departments of the New Medical School, operations have been commenced, with a view to the demolition of the extensive block of two-storey-dwelling houses on the south side of Teviot Place.

New Royal Infirmary, Edinburgh.—In connection with the furnishing of the New Royal Infirmary, Edinburgh, a movement has been set on foot to furnish one ward by medical men. The original intention of confining the subscriptions to Edinburgh has now been departed from, and, doubtless, many graduates of the Edinburgh University throughout the kingdom, and elsewhere, will gladly avail themselves of the opportunity thus afforded of aiding the New Infirmary. There is an influential committee of management, and the scheme has been cordially supported by the leading medical men in Edinburgh. Subscriptions are fixed at £2 2s., and it is requested that they be sent as soon as possible to the Treasurers, Dr. Young, 14 Ainslie Place, or Dr. Peel Ritchie, 1 Melville Crescent.

Glasgow Ophthalmic Institution.—On the 11th inst., the distribution of prizes in connection with this institution took place in the buildings, West Regent Street, Dr. James A. Campbell, of Stracathro, presided, and handed the prizes to the successful competitors. About fifty students attended the classes during the past session.

Death of Dr. Watson, of Grangemouth.—Dr. J. D. Watson, who practised in Grangemouth for more than twenty-six years, died on the 7th inst. Until failing in health he was the only resident practitioner in Grangemouth. He was very much respected in the locality.

Action against the Trustees of the Glasgow Training Home for Nurses.—In this action Mrs. Hay and her husband, who is a shipping and forwarding agent in Glasgow, and residing at 240 Renfrew Street, Garnet Hill, Glasgow, sought to have the manager and trustees of the Glasgow Training Home for Nurses interdicted from using the building which they have at present in course of erection for the purpose of a training home for nurses, and in particular from using it as an hospital for patients under medical and surgical treatment, or, at least, for the reception of patients afflicted with infectious disease. The complainants averred that the respondents were erecting the building complained of at the junction of Renfrew Street and Thistle Street, and they stated that such a use of the building was in violation of the titles under which the complainants held their feus. They also averred that the introduction of the hospital would greatly diminish the quietness and amenity of the district, and would interfere with the comfort of their property. Medical and other evidence was led at considerable length. Lord Curriehill, in the course of the decision, said it had been proved in the clearest possible manner that the requisites of an hospital of this kind were airiness, perfect cleanliness, and the absence of everything in the shape of infectious disease, and all these requisites were secured in the buildings in question. It was physically impossible that anything could come out of the buildings into the neighbourhood of the nature alleged by the complainers. He thought that the objections of the complainers were founded on certain imaginary evils, and that these objections were in some degree sentimental. They had pictured all sorts of things lying about, including poultices, pale faces looking out of windows, mattrasses from

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the infectious building being aired in public, and so forth; but these were merely imaginary things. The judgment he, therefore, would pronounce would be—(1) That the respondents had for several years in the St. George's Road had an institution for the training of nurses, and an hospital similar to that which they proposed to establish in the new premises being built at the corner of Renfrew Street and Thistle Street. (2) That the first institution had been conducted in such a manner as not to be "nauseous." (3) That the complainers had failed to prove any reasonable ground for apprehending that the proposed use of the respondents' new premises would be nauseous to the complainers or other neighbouring residents.

Correspondence.

IRISH GRADUATES' ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me, through the medium of your widely circulated journal, to make known that the above Association receives as members "Irish graduates, wherever resident," and also "Irishmen practising with other qualifications, as Associates." As the first movement to form the Association began in England an impression seems to have gone abroad that it was confined to Irishmen practising in England. On the contrary, we desire to embrace the widest possible numbers. The circulation of this will, I hope, induce those who reside in Ireland to join the Association, and take part in the annual meeting which will be held at Cork on Wednesday, August 6th, under the presidency of W. MacCormac, F.R.C.S.I. & E., of St. Thomas's Hospital. I hope to be able to advertise the meeting in your next issue. If any gentleman desires to join will he kindly send his name, address, and qualification to me? I will see that he is duly elected. I should mention that the subscription is at most 5s.

Yours faithfully,

JAMES THOMPSON, Hon. Sec.

Leamington.

Novelties.

EVANS'S FLUID EXTRACT OF RED CINCHONA.

THIS preparation supplies a want that has been long felt, namely, a good preparation of red cinchona bark. In fact, many of us must have often regretted that there is no preparation of this bark in the British Pharmacopœia. This Extract is the more deserving of notice considering the attention which its alleged efficacy in the cure of drunkenness has attracted from the profession. Of its virtue in this respect we have not had much experience, but we believe Dr. Norman Kerr thinks that it is a valuable adjuvant to other remedies in the treatment of dipsomania. It is, in his opinion, of great use in helping to restore the diminished tone and power of the mental and physical constitution of the patient. We have, however, prescribed the Fluid Extract in other cases, and have found it to be not only a very efficient preparation, but sometimes to agree with the stomach better than either the infusion or the decoction of the yellow bark.

A SELF-RETAINING SIMS' SPECULUM.

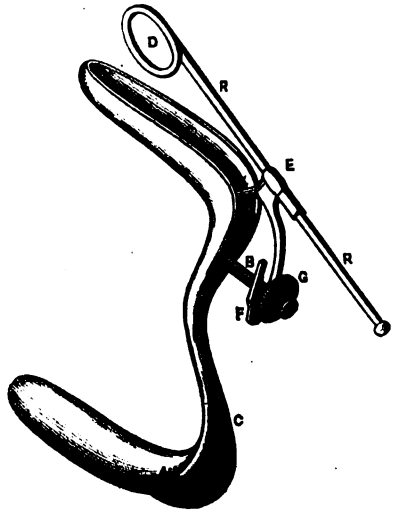
THE Sims' speculum is, undoubtedly, a most invaluable instrument, but its greatest drawback is, that it requires an assistant in using it. If the practitioner attempts to use it alone he occupies the left hand with holding the instrument in position, while the right is engaged in elevating the anterior wall of the vagina by means of the depressor; thus both hands being in use manipulation is impossible.

The present modification, designed by Dr. Goelet, of New York, consists of a moveable attachment of a depressor to an ordinary Sims' speculum, and will remedy this disadvantage.

Dr. Thomas' modification of Sims' speculum does the same thing in a measure, but this also has its disadvantages. It consists of one blade fastened to a handle, with the depressor attached to a lateral arm projecting from the base of the blade, which is much widened at that point to accommodate it. The attachment is fixed, *i.e.*, cannot be removed, and there is only one size blade.

The advantages then of the present modification are viz.: The attachment may be made to any Sims' speculum. It may be used without an assistant. The attachment, which is moveable, may be fixed and used with either the large or small blade. The attachment being moveable, the speculum may be used without it if so desired. The speculum may be first introduced and the depressor attached afterwards. When introduced and the depressor fixed in the desired position by the thumb-screw, it will retain this position without further support. This is a point of gain which had not been anticipated for it, but which has been proved by repeated experiments.

The attachment consists of a small arm *only* large enough to hold a screw, riveted to the Sims' Speculum at A^1, where the depressor is attached by means of a lock like that of a Hodge obstetric forceps. At B a standard, upon which the thumb-screw G works, is made to screw in, and may be removed or screwed in at C when it is desired to use the smaller blade. At A^{11} is the arm for the attachment of the depressor to the smaller blade. The depressor is a light steel rod R R which terminates in an oval ring D, and slides up and down through the upper end of the lever at E. The lower end of the lever F slides up and down on the standard B, and may be fixed at any point by means of the thumb-screw G.



The instrument may be introduced in two ways, viz.: First, with the depressor attached but drawn back to its limit, when it will not interfere with introduction; or second, the lever and depressor are first detached, leaving only the small arm A and its screw, and the standard B attached to the Sims' speculum. The blade is then introduced in the usual manner, and carried well behind the cervix. Being steadied in that position by the left hand, the lever, with the depressor well drawn back, is attached at A with the right, and by means of the screw locked. The depressor is then slided along in the groove of the Sims' blade until it comes to its extremity, when it is separated from it ¾ of an inch. Then by placing the

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thumb of the left hand on the lower part of the lever at F, the cervix may be lifted into any position desired, and held there by means of the thumb-screw G.

THYMOL SOAP.

We have used a good deal of both the carbolic acid and thymol soaps, and must say that in many respects the latter is superior to the former preparation. While thymol is as powerful a disinfectant and antiseptic as carbolic acid, it has a much more agreeable odour. We have found that some people object to the odour of soaps containing carbolic acid, while others find that these soaps leave, through the astringent action of the acid, an uncomfortable feeling on the skin. The thymol soap we have tried (Messrs. Squire's, of London, and Messrs. Richardsons, of Leicester), is free from these objections, and is therefore well adapted for general family use.

KEPLER'S MALT EXTRACT.

We have on more than one occasion drawn attention to the nutritious and therapeutic properties of these Malt Extracts. Their great value consists in the fact that when taken at or directly after meals they assist the weak stomach in disposing of the food, and thus, indirectly, nourish and strengthen the whole system. We find that Kepler's Extract is as reliable a preparation as any of the kind. It is quite free from acidity, and it is manufactured in such a careful manner as to ensure the preservation of its most valuable constituents.

Literature.

ANATOMY AND PHYSIOLOGY OF MAN. (a)

In the work before us Mr. Bale has sought to achieve more than is possible in attempting to compress within the limits of some two hundred and eighty octavo pages any sufficient account of the structure and functions of the human frame. Almost the best that can be said of the book is that it does not fulfil its author's intent, and it only serves as another illustration of that useless but constant striving on the part of a certain class of writers, to render the acquisition of hard dry facts more simple and less arduous than, from the very nature of scientific study, it must necessarily be. Avowedly addressed to students and schools, in no wise will it suffice to carry the student who trusts to it alone through an examination that supplies any searching test of knowledge, while the excellence it possesses, its *prècis* character, will effectually bar its admission to the schools where science holds a place in the curriculum.

There are before the student world, at the present time, so many valuable elementary works on anatomy and physiology, that some good and sufficient reason must be advanced in support of a new candidate to favour, ere its claims are likely to receive support. Such a reason Mr. Bale presumably offers, when he tells us that "after searching, as a student, amongst the various hand-books in common use, and finding them very incomplete, and containing many *hereditarily transmitted errors* and descriptions of obsolete experiments," he "felt compelled to have recourse to the writings of such original authorities as were available, supplementing them with a few experiments." The italics are our own, but this quotation is a fair sample of the style indulged in by the author of a work that aspires "to give with the greatest brevity consistent with clearness, as much of the outlines of human anatomy and physiology as would present to the early student a fairly accurate reflection of the exact state of this field of science." Either Mr. Bale, as a student, was excessively unfortunate in his selection of text-books, or the days of his student career must have been far back indeed to have been cast in so dark a period as his words picture forth; and however it may satisfy the author of a new book to state that "excepting for a few of the most recent discoveries, recently incorporated," he owes nothing to "the several excellent treatises on physiology," yet he cannot be excused the assertion, "up to the present time there has not existed any scientific *prècis* (in the English language) of anatomy, histology, or embryology." We are compelled to infer the grossest ignorance on Mr. Bale's side of the literature of his science during the last dozen years, or else that he is hugely at variance with the general verdict on the merits of at least Huxley's "Elementary Lessons in Physiology," Cleland's "Physiology," Angell's "Human Physiology," Foster and Balfour's "Embryology," Rutherford's and Schafer's "Histology," *et hoc genus omne.*

It should be said that Mr. Bale's faults are of omission rather than commission. There are few absolute errors in the book, and such as may be taken exception to follow probably from the author's peculiar style. Thus, on p. 185, it is stated, "Each organ has practically its own proper stimulus, *e.g.*, irritation of the conjunctiva and the secretion of tears; blood deficient in oxygen causing the respiratory movements, the blood upon the heart causing its beating." Admirable as a terse and vigorous expression is, and especially in a scientific treatise, only a meaningless jumble results when such liberties as this are taken with living words. If Mr. Bale has discovered that the movements of respiration are induced by a direct reaction between deoxygenated blood and the pneumogastric nerve, then his original experiments have acquainted him with a new fact of surpassing interest. But if he means, as he undoubtedly does, to indicate that an *impulse* transmitted to the respiratory centre in the medulla excites herein an efferent motor impulse, then the passage quoted affords no clue to his intention. Similar unprecise passages could be quoted, had we but space to deal with them, but it is fair to add that they are not very numerous.

Mr. Bale clings to certain superstitions, probably cherished with other mementos of the dark student days. He tells us that the first heart sound is produced "by the sudden closure of the auriculo-ventricular valves," and is seemingly ignorant or careless of Ludwig and Dogiel's observations on the bloodless heart, as of the want of unanimity of opinion on the point he so summarily dismisses. In numberless instances is this want of fulness to be lamented, and though it can be explained on the score of limited space, this only emphasises our conviction that the book must suffer in value from such forced meagreness of detail. The aim is too embracing to admit of adequate fulfilment. There is no history of urea, of hippuric acid, or of glycogen to be found, and indeed scarcely anywhere are physiological processes more than referred to, so that as a Manual of Physiology the work is nearly useless. For the rest, the sections on the anatomy of the osseous and nervous systems, and on embryology, are the best, and may be useful to the student who does not seek any detailed or extended acquaintance with his subject. But the whole work is marred by the employment of a style that can only prove ungenial, not to say repulsive. The use of such terms as *infelicific* (preface, p. viii.) *ciliæ* (p. 204), and the infelicitous choice of language exhibited in such a sentence as "but the more irritable centre the more so, as is the case in disease" (p. 197), or again, "one grain of muscle can perform 10 oz. (p. 16) of work," detracts much from even such passive merit as the work possesses.

Messrs. Remington and Co. have issued the volume in a creditable and respectable form; especially do we draw attention to the improved plan of confining the sheets by wire stitches in place of the old twine binding which so interfered with the comfort of reading.

(a) "Anatomy and Physiology of Man." By G. G. P. Bale, M.A. London: Remington and Co. 1879.

Medico-Parliamentary.

HOUSE OF COMMONS.

THE IRISH GRAND JURY BILL.

Mr. D. Taylor—I beg to ask the Chief Secretary for Ireland if (considering the lateness of the session and the state of public business) it is his intention to proceed any further with the Grand Juries (Ireland) Bill?

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Mr. LOWTHER—Sir, I am not very hopeful with regard to the passing of this Bill, and, no doubt, shortly it will be the duty of the Government to make some statement with regard to measures which will not be proceeded with, and I will in the meanwhile consult with my right hon. friend the leader of the House as to the position of the Bill.

THE MEDICAL ACTS AMENDMENT BILL.

IN a programme of the "Business of the Session," which the Government intended to proceed with or abandon for lack of time, the Chancellor of the Exchequer, on Monday evening, made no allusion whatever to the progress of the Medical Acts Amendment Bill. We fear, therefore, it will be again numbered this year, as last, with the "slaughtered innocents." It is just possible time may be found at the fag end of the session to receive the report of the Committee, and to pass the Bill, but this is not in the region of probability, and the studied silence of the government oracle is sufficiently ominous to foreshadow naught but disappointment to the hopes of the profession.

THE MEDICAL ACTS SELECT COMMMITTE.

FRIDAY, JULY 11TH.

(*Continued from page 48.*)

THE EDUCATIONAL STANDARD.

Sir JAMES PAGET examined.—Did not think that the standard of examinations was too low. The London College of Surgeons examines in pathology and anatomy, but not in chemistry, materia medica, and midwifery. The College of Surgeons in Ireland examines in midwifery, which he considered a great advantage. He considered that the Council had failed in its object through want of powers. He believed that the average English practitioner is more competent than those of any other country, without excepting even Ireland. If in his consultations with them he had met ignorance once he had met knowledge twenty times. His opinion on direct representation entirely coincided with the paper which had been forwarded by Mr. Simon. There would be no harm in having representatives if they could be elected by any other means than that of a general election. His objection to a general election lay in the expense that it would entail, and the personal influence that might perhaps be exercised by the medical journals. It would be a great advantage were the Crown to elect the members. He thought that no man should hold the post of examiner for more than five years. The medical men of the United Kingdom are at present, generally speaking, highly educated. Not only have they practical knowledge, but also that scientific knowledge which always urges a man to study. All the Council of Medical Education can do is to see that a man knows enough to make him a safe practitioner. Precautions should be taken against allowing men to pass by "cramming." It would be a great impediment to medical education if any facilities were to be afforded for "cramming." If a school has a large proportion of its men rejected for a few successive years, it of course loses its reputation. Teachers have, therefore, a pecuniary, as well as professional, interest in the success of their pupils. A wholesome competition thus exists. The result of examinations held at present is far more satisfactory than that of those held some years ago. Some years ago complaints were made that the Medical Register was not accurately kept, but that has improved of late years. He thought that the conjoint system can be introduced into this country without the assistance of Parliament. The Conjoint Scheme would place England in a disadvantageous position in respect to other countries. Fees have very little to do with inducing people to go to particular schools. Few men will be deterred from going to a particular school by the fact of its fees being a little higher than those of another. The cost of a medical education in England is from 90 to 120 guineas. The rivalry which exists between the different teaching establishments is a great advantage to the student. The London College of Surgeons grants its licence on payment of £20. In every school about 15 per cent. of confirmed idlers is met with, besides a large number who will not do an iota more than is rendered absolutely necessary by their examination. In England dead bodies are not introduced into examinations, for the large number of candidates present would preclude us from having a sufficient number of subjects. Considered 120 guineas a very moderate sum to pay for a medical education, considering that for that sum lessons are received from the best men for four years.

The CHAIRMAN.—The conjoint scheme would be a source of economy?

Sir JAMES PAGET.—Yes, I think so. When the visitors have made an unfavourable report in connection with an examining body, it usually has the effect of exciting it to new exertions. I have heard it said that some of the examinations in Ireland and Scotland are not so high as they ought to be, but still they are not so low as to be unsafe.

THE ROYAL COLLEGE OF SURGEONS, IRELAND.

In reply to Dr. O'LEARY.—The examinations of the Irish College of Surgeons are public, inasmuch as any medical man can obtain admission to them. In the Irish College of Surgeons there are two examiners, one of them sitting as an assessor. In Ireland more courses of practical anatomy must be attended than in England and Scotland. The Irish College of Surgeons examines both in chemistry and midwifery. A year more of lectures is necessary in Ireland than in England. Chemical tests and dissection of the dead body are employed in the examination of the Royal College of Surgeons in Ireland.

The Committee then adjourned.

MEDICAL CORONERS.

WE learn with astonishment that the Select Committee on the Coroners' Law, which is sitting, has adopted, upon a division, the following clause:—"A person shall not be qualified to be a coroner for a county or borough unless at the time of election he is either a barrister in actual practice of not less than five years' standing, or a solicitor of the Supreme Court of Judicature in actual practice of not less than five years' standing, or a barrister or a solicitor of the Supreme Court of Judicature in actual practice who has been in practice for not less than five years, partly as a barrister and partly as a solicitor." The effect of such a clause, if it should ever become law, would be for ever to exclude medical men from coronerships, but we have sufficient confidence in the good sense of the Government and of Parliament to believe that they will see, at the first blush, the patent folly of excluding medical men from the office of deciding as to the causes of death. It will, however be well for the Coroners' Association, and those organisations which represent the profession, to be watchful and ready to act in opposition to the proposal when the proper time arrives. There is certainly something of the ludicrous in the suggestion that we should proceed to ascertain what a person died of by carefully excluding the only class who can possibly have a special knowledge of the subject.

SANITARY SALARIES IN IRELAND.

WE invite the attention of Irish sanitary officers to the fact that an agitation has arisen in many unions throughout Ireland to reduce the salaries of sanitary officers, the movement being prompted by the "hard times," the necessity of making a retrenchment somewhere. The well-known disposition of the sanitary authorities throughout the country to impede sanitation, and the patent fact that very little good work is, in many instances, returned for the salaries. The policy of the Local Government Board, and of the sanitary authorities gradually is, in fact, recoiling upon the sanitary officers, who are in danger of disestablishment, because it is felt that in many instances they can be done without, if matters are to go on as hitherto.

The fact is, that the working of the Public Health (Ireland) Act has been completely defeated by the policy of Sir Alfred Power, as head of the Local Government

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Board, and the indisposition of the country guardians to enforce cleanliness. When the Act became law, the medical officers were ready and anxious to perform their sanitary duties, but they were, at the outset, given to understand by the guardians that they would be paid almost nothing, and that their activity would be regarded as a nuisance, and, so far from combatting such a policy, the Local Government Board chimed in and aided the sanitary authorities in defeating the law. Many of the sanitary medical officers thought it their best course to accept the hint and draw a nominal salary for less than nominal duties, and, as a consequence, they are now threatened with total disestablishment. The whole system is breaking down under the influence of a determined official obstruction, which no system could survive.

ROYAL COLLEGE OF SCIENCE, DUBLIN.

Mr. Hartley, Demonstrator of Chemistry, King's College, London, has been appointed Professor of Chemistry in the Royal College of Science for Ireland, in room of Professor Galloway.

Obituary.

MR. C. F. MAUNDER, F.R.C.S.

It is with great regret that we announce the death of Mr. Maunder, Surgeon to, and Lecturer on Clinical Surgery at the London Hospital. Mr. Maunder's name has been for long well known as an operating surgeon, and as one who invariably took a leading part in discussions at the Clinical and other medico-scientific societies. He served in his earlier years with the army as civil surgeon in the Crimea, and was the author of several useful essays, among which may be mentioned the article on "Intestinal Obstruction," and the translation of Ricord's lectures on chancre.

His name was associated with the operation of subcutaneous osteotomy, for which he suggested the use of the chisel instead of the saw. He was in full health and vigour until the recent closure of the West of England Bank, in which he unfortunately happened to possess some few shares. The failure of the bank, and the serious loss he sustained overcame his mind, and he was obliged at once to seek rest in the country. A few days ago more serious symptoms presented themselves, and he was placed under the care of a medical friend, in whose house, it is said that he, whilst unwatched, and in a moment of frenzy, precipitated himself from the window.

His loss will be universally regretted, for he had succeeded in making for himself a good name, as well as a lucrative practice.

Medical News.

Baron Rothschild's Bequests to Medical Charities.—The bequests of this nobleman, recently deceased, to hospitals, &c., are as follows:—St. George's Hospital £500; London Hospital £1,000; Evelina Hospital £500; Hospital for Sick Children £300; Bournemouth Sanatorium £50; Metropolitan Convalescent Home £50; Seaford Convalescent Home £50; Royal Bucks Infirmary £500; Hertfordshire Infirmary £150; Hospital for Women £200; and Hospital for Diseases of the Chest £100.

St. Thomas's Hospital.—The annual distribution of prizes took place on Thursday last, by Mr. Alderman McArthur, M.P., to the successful students in the Medical School attached, during the winter session 1878-9:—Entrance Science Scholarships: W. W. Hull. The William Tite Scholarship, £30: F. H. Furnival. College Scholarship, 40 guineas, W. W. Jones; College Prize, £20, C. W. Haig-Brown; College Prize, £10, Melville R. H. Jay; Musgrove Scholarship, 40 guineas, and College Prize, £20, W. A. Duncan. Physical Society's Prizes: Society's hird Year's Prize and Certificate of Honour, W. A. Duncan; Society's Second Year's Prize and Certificate of Honour, G. D. Thudichum. Grainger Testimonial: Prize £20, W. A. Duncan. The Cheselden Medal, K. Takaki. Practical Medicine: the Mead Medal, T. D. Acland. For General Proficiency and Good Conduct: the Treasurer's Gold Medal, Kanehiro Takaki.

East London Hospital for Children.—Mr. Charrington, Chairman of the Board of Management of this Hospital, presided last Wednesday at the distribution of prizes in connection with the training of nurses which is going on at this institution. The first series of lectures, which was given by Mr. Hayward, Resident Medical Officer, during the past winter, consisted of elementary physiology and chemistry, each lecture being illustrated by experiments and demonstrations. Thus, among the other subjects, food and its digestion were fully explained, and also the chemistry of air, including ventilation, and water. The lectures seemed to be highly appreciated, and at the end of the session an examination was held. Seeing how important it is that those who are in charge of the sick should understand something of the *rationale* of disease, in order the more intelligently to carry out the instructions of the medical man, we commend the authorities of this hospital for the good work they have instituted.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Henry B.—You would probably find the Baths of Harrogate, Lisdoonvarna, or Donegal as effective in your complaint as foreign springs, especially as "convenience of distance" is of importance to you. If, however, a foreign spa be preferred, Aix-les-Baines or Aix-la-Chapelle would be as good as any. Before deciding, we would suggest consultation with a physician who has made the subject his especial study; there are one or two such in your city.

Haven't Time to Read.—The man who gives as his excuse for not subscribing to a new journal, or for dropping one or more that he is already taking, "I haven't time to read so many," is, in nine cases out of ten, a poor tool. The busiest, most successful men in the practice of medicine are those who read most and write most; it is only the dawdler and the drone who "can't find time to read."—*Maryland Med. Journ.*

Mr. Freer.—We have not received previous lists, and cannot therefore insert one now sent, as it would not now be understood.

Mr. Fraser.—The Committee on the Contagious Diseases Acts is now taking evidence.

M. S. E.—The communication is more suitable for the columns of *The Analyst* than for a medical journal. Sorry we cannot find room.

Dr. Tilt.—The paper was duly received and acknowledged in our columns. It will appear shortly.

Dr. Mitchell, Paris.—There was a previous paper. There are two other communications of Dr. Tilt's yet to appear.

Mr. Lamberg.—It is not customary to pub lish editors' names to correspondents. You will have no difficulty in gaining an introduction through the ordinary channels.

Dr. John Lowe is thanked.

Mr. Spencer.—All we know of the Society will be found in our "Literary Notes and Gossip" last number. The Secretary's office is in the Adelphi.

Dr. Fenton.—An English translation of "Bright's Disease of the Kidneys," by Prof. Charcot, has just appeared. The work is a most valuable contribution to the literature of the subject. We have a critical notice in hand.

Medical Temperance Association.—A meeting of this Association will be held in the rooms of the Medical Society of London to-morrow (Thursday), July 17. The President, Dr. B. W. Richardson, F.R.S., will take the chair at 4 p.m., and will exhibit his newly-invented sphygmophone and also Professor Hughe's audiometer. A *précis* of the latest annual vital statistics of the United Kingdom Temperance and General Provident Institution will be presented by Dr. J. Edmunds. A *précis* and review of recent experimental researches on the toxic power of the alcohols, by Drs. Dujardin, Beaumetz, and Audigé, will be presented by Dr. Norman Kerr. All medical practitioners are invited to attend.

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IRISH POOR-LAW INTELLIGENCE.

QUARTERLY REPORT OF HEALTH OF DUBLIN AND SUBURBS, ENDING JUNE 28, 1879.

TOTAL registered deaths in Dublin and suburbs, 2,860; ten years' average same quarter, 2,069; excess of mortality above average, 791. Quarterly mortality of the entire Dublin district, 36·4; London, 22·4; Glasgow, 22·0; Edinburgh, 20·5.

The deaths for the last three months would thus appear to be 38 per cent. in excess of the average number for the June quarter, but in reality, although undoubtedly the mortality last quarter was excessive, it was not so to the extent indicated by these figures. In the course of the quarter, under the provisions of section 191 of the "Public Health (Ireland) Act, 1878," returns were obtained of the interments in the several Dublin cemeteries since the 1st January last. These returns enabled the registrars to effect the registration of very many deaths which would otherwise have remained unregistered, so that not only was registration much more complete than in previous years, but 286 deaths which occurred in the first quarter of this year and nearly all of which, but for the burial lists would have escaped registration, were discovered, and are included in the 2,860 deaths recorded last quarter. However, this derangement of the registration statistics is only a temporary disadvantage, and is far outweighed by the improvement in the registration of deaths that must be effected through the burial returns, which will be regularly furnished in future.

The deaths north of the Liffey registered last quarter were 38·9 in every 1,000; south of the river, 36·6. In the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown, 26·3 in every 1,000.

Diseases.—Dublin Registration District.—The number of deaths from zymotic diseases registered last quarter is 521, being 149 less than in the first three months of this year, but 111 over the average number for the second quarter of the ten years 1869-78. Omitting 19 deaths of persons admitted into Dublin hospitals from localities outside the Dublin Registration District, the seven principal diseases in this class proved fatal in 393 instances, being equivalent to an annual mortality of 5·0 per 1,000 inhabitants, the deaths consisting of 118 from small-pox, 81 from scarlatina, 77 from fever (20 typhus, 51 typhoid, and 6 simple continued fever), 60 from measles, 29 from diarrhœa, 21 from whooping-cough, and 7 from diphtheria.

In the preceding quarter the deaths from small-pox numbered 251; last quarter the total number was only 125, of which 45 are chargeable to the North City Districts, 52 to the South City (where 165 occurred in the previous quarter), 13 to Rathmines, 8 to Donnybrook District, and 7 were hospital cases admitted from without the Dublin Registration area.

At the close of the March quarter there were 117 small-pox cases under treatment at the various Dublin hospitals; during the thirteen weeks now ended, 462 new cases were admitted (being 296 less than in the preceding quarter), 395 patients were discharged, and 91 died, leaving 93 under treatment on Saturday, 28th June. In the first four weeks of the quarter 107 new cases were admitted; in the succeeding five weeks 214, and in the last four weeks 141; the weekly number varied from 20 in the weeks ending 12th April to 63 in that ending 24th May; 24 cases were admitted during the last week of the quarter.

Deaths from diseases of the respiratory organs were much above the average for the June quarter; they amount to 607, comprising 447 from bronchitis, 112 from pneumonia, 5 from pleurisy, 4 from asthma, 1 from laryngitis, and 38 from lung disease undistinguished. The deaths in this group form 21 per cent. of the mortality from all causes, and are equal to an annual rate of 7·7 per 1,000 of the population.

The number of deaths ascribed to convulsions is 242, of which 238 were amongst children under 5 years of age, being 27 per cent. of the total deaths of that age.

Heart disease caused 121 deaths, aneurism 6, and pericarditis or inflammation of the heart's covering 4.

Forty-seven deaths were referred to paralysis, 42 to apoplexy, 30 to cephalitis, 29 to insanity, 22 to epilepsy, 23 to other diseases of the nervous system; 4 to hepatitis, 1 to jaundice, 27 to "liver disease," 2 to spleen disease; 12 to Bright's disease, 4 to nephritis, 4 to cystitis, 1 each to diabetes and stone in the bladder, and 16 to kidney disease undistinguished.

Phthisis caused 359 deaths, or 12·6 per cent. of the deaths from all causes, mesenteric disease 47, scrofula 25, hydrocephalus 60, cancer 44, and gout 6.

Forty-one accidental deaths, 2 cases of homicide, and 2 of suicide were registered.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JUNE, 1879.

JUNE 2nd.—Ryan, Joseph Aloysius; Simmons' Court, Donnybrook, County Dublin; Lic. R. Coll. Surg. Edin 1877, Lic. Apoth. Hall, Dub. 1875.

3rd.—Peyton, Andrew Dillon; Ballaghaderrine, co. Mayo; Lic. R. Coll. Surg. Irel. 1876, Lic. K. Q. Coll. Phys. Irel. 1879.

4th.—Burgess, John Joseph; 9 Victoria Terrace, N. Circular Road, Dublin; Lic. R. Coll. Surg. Irel. 1878.

5th.—Kilkelly, Charles; Surg.-Major Bengal Army, and Upper Fitzwilliam Street, Dublin; Lic. 1853 and Fell. 1855, R. Coll. Surg. Irel., M.B. Univ. Dub. 1854.

6th.—Quirk, Patrick Joseph; Tullamore, King's Co.; Lic. Fac. Phys. and Surg. Glas. 1879.

6th.—Allan, William; 18 L. Gardiner St. Dublin; Lic. R. Coll. Surg. Irel. 1879.

7th.—Daly, Fredk. Herbert; 225 Stretford Road, Man-

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chester; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

9th.—Lentaigne, John Vincent; 1 Gt. Brunswick Street, Dublin; Lic. R. Coll. Surg. Irel. 1879.

9th.—Emerson, John, Joseph; 1 Belgrave Park; Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1875, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

10th.—Carr, John Mitchell; Tullamore, King's Co.; Lic. R. Coll. Surg. Edin. 1878.

14th.—Heffernan, Wm. Francis; Mocklestown House, Clonmel, co. Tipperary; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

16th.—Horsford, Benjamin; Bandon, co. Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

19th.—Wray, James, Stewart; Rockfield, Castlefinn, co. Donegal; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

19th.—Legge, Richard John; Clonmel, co. Tipperary; Lic. Apoth. Hall. Dub. 1879.

21st.—Stokes, Henry George; Pelham Vicarage, Canterbury, Kent; Lic. R. Coll. Surg. Irel. 1878.

23rd.—Oldham, Geo. St. John; 3 Albert Terrace, Douglas, Isle of Man; Lic. R. Coll. Surg. Irel. 1879.

27th.—Burke, Julio Page; Abbey View, Killaloe, co. Clare; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

28th.—Barton, James Robert; Farnderg, Dundalk, co. Louth; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll Phys. Irel.

28th.—Battersley, John; 44 Stephen's Green East, Dublin; M.B. 1879, and B.Ch. 1879 Univ. Dub.

ATHY UNION.

CONSULTATION FEES.

A LETTER requesting payment of £2 2s. from Dr. O'Neill for assisting Dr. Kilbride in consultation and in operation in a difficult midwifery case, was brought before the board, some of the guardians considering the fee too high.

Dr. O'Neill—You will find the rule under the head of the Duties of Relieving officer. He is bound to call in a second medical man when requested to do so by the dispensary doctor.

Chairman—But the relieving officer has no power to regulate the sum.

Dr. O'Neill—My ordinary fee is two guineas, and during the time I was acting as dispensary doctor I have been paid it at least ten times.

Chairman—I think, Doctor, they pay such sum as they consider reasonable under the circumstances of each case.

Dr. O'Neill—I think not; I looked upon myself as acting in my private capacity as a medical man, and not acting for the guardians. It is to the relieving officer I will look for my fee.

Mr. O'Beirne—If we are legally bound to pay the bill, we must do so; but if we have power, we ought to cut down the bill. These medical gentlemen have no regard for the rates.

Dr. O'Neill—I was engaged from three o'clock in the morning until ten o'clock.

Chairman—In that case I do not consider the fee too high.

Dr. O'Neill—When I am acting in my private capacity, if I do not see the guardians disposed to pay me my ordinary fee, I will decline to go again when called on. The guardians can send some person else.

Mr. Redmond—Let the opinion of the Local Government Board be had on the matter.

Chairman—In this particular instance I do not consider the sum too high.

Mr. O'Beirne—I think not either; but I do object to Dr. O'Neill's doctrine that no matter what the case was he would charge two guineas.

Dr. O'Neill—I wish the board to come to a distinct understanding, and say if they refuse to pay me, and I will not attend in future.

Chairman—We could not bind any action a future board may choose to take.

Dr. O'Neill—Failing to elicit the opinion of the board, I now state that the dispensary doctor will not have my assistance in future for less than a fee of two guineas.

Chairman—Let that go on the minutes exactly as the doctor says it.

[The independence evinced by Dr. O'Niell is worthy of every approval. The fee claimed by him is quite reasonable, and there is no reason whatever why he should accept less from the guardians.—ED. M. P. & C.]

WATERFORD UNION.

PAYMENT OF MEDICAL OFFICERS' TEMPORARY SUBSTITUTE.

THE following letter was received from Lord Charles Beresford, M.P.:—

"SIR,—Having inquired into the subject upon which you have written in your letter of June 15th, I find that I cannot move in the matter, as it appears that the statement made by the Board, viz., that there is no provision in the parliamentary grants for the payment of temporary substitutes for medical officers, is a correct one. I am, therefore, afraid that I cannot help you in this matter.—With much regret, I am, sir, yours faithfully,

"CHARLES BERESFORD."

Mr. Fisher said that the object of the Board was that Lord Charles Beresford might call the attention of the House of Commons to the necessity of the provision. He would suggest that he be therein requested to ask the Chancellor of the Exchequer if any provisions could be made.

The Clerk, in reply to the Chairman, said that he had written to the other members also on the subject, addressing all the letters to the House of Commons.

Letter read from the Local Government Board, enclosing one from Mr. Fisher, respecting the provisional relief.

"SIR,—Several cases came before the Board of sick persons, one of whom is costing the electoral division per 7s. 6d. week for maintenance, and 5s. per week for a nurse, and in these cases, as well as in that of Conolly, the dispensary medical officers decline to certify that they are fit cases for removal.

"In most of these cases the sick poor would be greatly benefited by being removed from wretched ill-ventilated rooms to the Workhouse Hospital, and the rates would be saved; but the medical officers do not wish to run the risk of censure in case of fatality—though in their opinion improbable—should ensue, and I fear the course adopted by your Board in other cases has been detrimental to the poor and injurious to the ratepayers, and I think a less arbitrary course would be beneficial to both.—I am, sir, yours respectfully,

"JOSEPH FISHER."

"Local Government Board,
"Dublin, June 19th, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 14th inst., referring to certain cases of poor persons in Waterford Union where out-door relief and attendance have been provided by the Board of Guardians, and in reference thereto the Board desire to state that all of the cases referred to by you, appear to be those of sick persons, and it is therefore lawful for the Board of Guardians to afford relief either in the workhouse or out of the workhouse, as to them shall appear fitting and expedient in each individual case. The Local Government Board are not aware what is the course to which you refer as having the effect of interfering with the removal of fit cases to hospital.—

"By order of the Board,
"B. BANKS, Secretary."

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"Waterford, June 21st, 1879.

"SIR,—The last paragraph of your letter surprises me. I thought your Board had some knowledge of the working of the Poor-law, but 'where ignorance is bliss 'twere folly to be wise.' Its order of 1869 requires dispensary medical officers, when called on, to give a certificate as to the fitness or unfitness of removal to hospital. This is only an expression of opinion, and is not an order. The removal, if it takes place, is not his act, but if death ensues with forty-eight hours, he is virtually put on his trial. If death takes place within the same period without removal, there is no inquiry. With such unfairness to the medical officer, is it any wonder that the poor are left in unwholesome, ill-ventilated rooms, at very great additional expense to the ratepayers, who though they maintain an hospital for them, are also taxed for nurses, for food, and for medicine, under the out-door relief system?

"I am, sir, yours respectfully,

"JOSEPH FISHER."

The Board resolved that the Local Government Board be informed that the cases referred to by Mr. Fisher were those in which the relieving officer had afforded provisional relief, and not those in which it was ordered by this Board.

KEADY DISPENSARY.

LETTER received from Dr. John Leeper, resigning the charge of the Keady Dispensary from ill-health. The Committee of Keady Dispensary unanimously join in expressing their deep regret at Dr. Leeper's resignation, and strongly recommend to the favourable consideration of the Board of Guardians that he should be allowed the fullest retiring allowance, he having served thirty-four years, faithfully, attentively, and with extreme kindness to the poor.

CARRICK-ON-SUIR GUARDIANS.

AN IRISH GUARDIAN ON THE ITCH.

READ letter from the Local Government Board, as to an epidemic of scabies in the workhouse.

Mr. Lalor said he had been speaking to a gentleman in Waterford on yesterday about this matter, and he had been informed that a bath was not a necessary thing. Diseases of that kind were treated successfully by breaking in some way the pustules, *and making the person scrub themselves*. Then there was an ointment which was applied, after which the patient was put to bed for twenty-four hours.

PILTOWN DISPENSARY.

RESOLVED that leave of absence be given to Dr. O'Meara on account of ill-health. Dr. Thos. Martin, of Portlaw, was appointed substitute at £3 3s. per week.

Mr. Wilson thought the fee too high. Dr. Wall in Carrick had acted for £2 2s.

Mr. Richardson said the committee were satisfied to pay £3 3s. per week. The board should remember that the situation was only temporary.

The Chairman considered it would be sufficient to pay £2 2s., which would be about equal to the pay of the permanent medical officer. If the latter thought that sum too small a remuneration for his substitute, he could supplement it himself.

The board expressed an opinion that the proposed fee should be only £2 2s.

BALLYMAHON UNION.

REDUCTION OF SANITARY SALARIES.

MR. O'ROURKE said:—

The Sanitary Act may be necessary for towns and cities that are thickly populated, but in the country where the dwellings and people are much separated the Act is unnecessary and uncalled for; had it been required the way it has been carried out is a mere farce. A few people connected with the union and workhouse have monopolised all the situations accruing from it, some holding several different sources of remuneration at large salaries, to the exclusion of many equally well entitled, who would be glad to get even one. While we cannot repeal or amend the Act, still it is in our power (as guardians) to fix their salaries, which I will endeavour to do as low as I can, owing to the destitution I daily witness of the poorrate payers, who are obliged to pay those big salaries, which must be got whilst they have the smallest value left. By looking over the accounts, I find that six officers have been paid £706 10s. 5½d. since the Sanitary Act came into force in October 1874, and were this sum now to our credit, what a relief it would be to the poor of our union. Finally, I ask my brother guardians who have much more experience than I could be expected to have, to join me for the sake of their constituents, as well as their own interest, to put a final stop to such a state of affairs.

1. Mr. O'Rourke proposed that the office of consulting sanitary officer be abolished, seconded by Mr. O'Brien.

A long discussion ensued, in which several of the guardians took part, after which a vote being taken, there were nine for, and nine against, the votes being equal, the motion was lost; the chairman did not vote.

2. That the salaries of the sanitary and executive officers be reduced one-half. A vote being taken, it had the same effect.

3. That the salaries of the sub-sanitary officers be reduced to one-third the sum now paid them. A vote being taken, the motion was lost.

THOMASTON UNION.

UPON consideration of Mr. Blake's notice of motion that the salaries of the sanitary officers of the union be reduced, read a letter received from Dr. Johnstone, medical officer of the Inistioge dispensary district.

"SIR,—Having read Mr. Blake's proposed motion respecting the reduction of the salaries of the sanitary officers of the union, and the statement he made of there being no sanitary work to be done, I beg to inform you that there is more now to be done than ever, and more real work is done by me, although I have not reported a sanitary case for some time past, except it was reported to me by the sanitary sub-officer or any other person. I conscientiously discharge my duties, which are by no means pleasant or small, often by house to house inspection; and always when I see a nuisance to be abated I have done it by pressing the matter on the party. I find it saves time and a great deal of ill-feeling to do so. For instance, if I inspect a house, say on Saturday, and go through the regular routine of reporting the case to the board of guardians, which would not meet till the following Friday, then two or three more days would be lost before the nuisance would be abated. I am glad to say that the people of my district, in general, are anxious to do what is right in all sanitary matters, when properly spoken to; and I flatter myself that my work has improved the health of my district. Therefore, I respectfully protest against any reduction of my salary as medical officer of health.—I remain, sir, your obedient servant,

"C. A. JOHNSTONE."

Mr. MacCartan next read a rather lengthy statement drawn up by himself, enumerating the various duties performed by him under the Sanitary Act, with the view of showing that his salary as executive sanitary officer of the union admitted of no reduction.

The chairman then called upon Mr. Blake to proceed with the motion of which he had given previous notice.

Mr. Blake—Mr. Chairman, I consider the salaries paid under the Sanitary Act very badly spent indeed. The

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history of the Act is a very short one. It was originally passed with the ostensible object of bettering the sanitary condition of the poor, but really to increase the salaries of shamefully underpaid dispensary doctors. However, as a Sanitary Act pure and simple, it has lamentably failed, and we are just as dirty as ever (a laugh). Week after week passes here, and the sanitary business is *nil*. I therefore beg to propose that the salaries of the sanitary officers be reduced by thirty per cent. I have always referred to the minute-book. Now, what do I find by it? From the month of July to the month of October, 1878, there were no sanitary reports made to this board; from April of this year to June last there were no reports, but it is a very remarkable fact that, when I gave notice of my intention to bring forward this motion, quite a large crop of sanitary reports have been sent in to this board.

Mr. R. R. Burtchaell, J.P.—I feel it my duty to second Mr. Blake's proposition, but I must say that in my opinion it is not the fault of the sanitary officers that more work has not been done under the Act. It is rather because the Act itself has failed to work. I have much pleasure in seconding Mr. Blake's proposition — not pleasure, indeed, because it is not a pleasure to me to second a motion for the reduction of any man's salary, but I have felt it my duty to second this motion. As the Chairman has said, the medical officers of unions in Ireland are shamefully underpaid. For those reasons principally, I believe, the Sanitary Act was passed in order to supplement the salaries of medical officers. It was thrown out here on a former occasion that sanitary cases were intermittent. I do not think so at all. I rather think they are chronic, and that there is plenty of sanitary work yet to be done, and it ought to be done. The relieving officers, in my opinion, are the people to blame for not having more sanitary work done and brought under the notice of this board, and that being so, I do not think that such a sweeping reduction as that now proposed should be made in the salaries of the sanitary officers of this union.

Mr. Blake's motion was passed *nem. con.*

At a subsequent meeting the following was read :—

Local Government Board,
Dublin, 3rd July, 1879.

Sir,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the board of guardians of Thomastown Union on the 27th ult., containing a resolution that the salaries of the several sanitary officers of the union be reduced by 30 per cent; and in reference thereto the Local Government Board desire to state that they do not find that any reasons are given for the reduction of the sanitary salaries, which appear to them to be only fair and reasonable remuneration for a satisfactory discharge of the duties of the several officers, and the Local Government Board must therefore decline to entertain the present proposal.

By order of the Board,
W. D. Wodsworth, Assistant Secretary.

Chairman—I thought the Local Government Board would not sanction the proposed reduction, and I said so last board day.

Mr. Hamilton—I think the remuneration paid to sanitary officers is too high for the duties they have discharged, but there can be no doubt whatever but that the medical officers of unions are under paid.

Chairman—And the real object of the Sanitary Act was to supplement the salaries of medical officers.

Mr. O'Donnell—I was one of the guardians who fixed the salaries of the sanitary officers, but at the time those salaries were fixed the country was in a more prosperous condition than it is now. However, there is no work done for the salaries we pay.

Chairman—I think the relieving officers are to blame for not being more active. There can be no doubt whatever but that there is plenty of sanitary work to be done in the country, and the relieving officers should be instructed to be more active and energetic in bringing nuisances, wherever they may be found to exist, under the notice of the board.

The subject was then allowed to drop.

CORRESPONDENCE.

PAYMENT OF SUBSTITUTES FOR DISPENSARY DOCTORS.

TO THE EDITOR OF THE IRISH TIMES.

Sir,—I avail myself of the opportunity afforded by your editorial observations upon the action of the Waterford Guardians towards their medical officers—they having resolved never to pay the *locum tenens* for any of their dispensary medical officers who might become incapacitated from duty by ill-health. I am surprised to observe how unacquainted are both the guardians and the doctors as to the law and rule of this matter, especially as it was sometime since distinctly set forth in a circular issued by the Irish Medical Association. The 22nd article of the dispensary regulations is in abstract as follows :—"If a Medical Officer be temporarily incapacitated, by illness or other cause, from performing his duties, he shall immediately communicate with the Hon. Secretary of the Committee, and shall recommend a medical practitioner qualified to perform his duties. A special meeting of the Committee shall be at once called for the purpose of appointing a temporary substitute for the Medical Officer; and the Committee shall report the circumstances to the Guardians, who shall determine the amount of remuneration, if any, to be paid to the temporary substitute." Now it appears that, in case of "illness or other cause," the medical officer has simply to notify his incapacity to his committee, and recommend a qualified *locum tenens*. This done, the guardians have no power whatever to refuse to pay the medical officer, but they may, if they please, refuse to pay the *locum tenens*, and they have done so in many instances. No resolution passed before or after the occasion is of the least validity as debarring the medical officer from his remuneration; but, if the *locum tenens* is unwise enough to trust himself to the honour of the board, it is quite likely that he may be refused any fee whatever. The fact is, that the Dispensary Committee, in most cases could not be brought together for several days, and therefore the sick doctor—anxious that the poor of his district should not be left without medical care—steps outside the regulation, and makes himself morally liable to the *locum tenens* for his fees, and the guardians are not at all above availing themselves of this indiscretion to save the rates and "stick" the doctor. The Council of the Irish Medical Association states the case as follows :—"The practitioner who acts as *locum tenens* should recollect that his acting for the medical officer is irregular until he has had a definite appointment from the responsible officer of the Dispensary Committee, and that he has no claim whatever for remuneration, except on a definite arrangement on the subject with that officer. He should remember also that if he omits to obtain, at the hands of the committee or its responsible officer, a definite appointment and a definite understanding as to payment, he in undertaking the duties does so at his own risk. The Dispensary Medical Officer who complies strictly with the terms of the regulations is entitled, as a matter of right, to receive his salary during the continuance of his illness, and it is not within the power of the Guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens* or for any other purpose."

I beg your permission to place these facts before your readers, in the hope that they may serve to deter Boards of Guardians from accepting the services of a professional man, and afterwards making use of a legal technicality to avoid paying him.—I am, Sir, yours respectfully,

Archibald H. Jacob, M.D., F.R.C.S.I.

23 Ely Place, Dublin.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 23, 1879.

CONTENTS.

Original Communications.

THE DIPHTHERIA OUTBREAK OF LAST SPRING IN N.W. LONDON. (a)

By T. MORTON, M.D. Lond., &c.

(*Continued from page* 20.)

If we are really to exclude all such possibilities as these, there remains nothing to fall back upon but some morbid, or at least morbific, condition of the cows themselves, or, which amounts to much the same thing, of their food; which is certainly a hypothesis fitting in better than any other with the facts we have reviewed. The common ownership of the farm and the sheds regulated not only the supplies of food, but also the movements of the stock at both places, and the stock in such a business is constantly being changed. For instance, some of the hay consumed at both places was grown on meadows at Muswell Hill which are subject to irrigation with Hornsey sewage, a fact of which Mr. Power seems to me to have hardly made enough in his report. It is conceivable, though we have no right to assume it, that this might affect the cow's health or the properties of her milk in such a way as to produce disease in the consumer, and cows whose milk was capable, from this or some other cause, of setting up Diphtheria, might very well have been transferred from Muswell Hill to Kilburn to meet the ever-varying exigencies of business. If such a transfer could have been traced it would have been a cardinal fact in the case, but the results of inquiry were negative on this point. Transfers of this kind did occur, but none were remembered or had been recorded.

Under these circumstances Mr. Power very wisely reported to his official superiors to the effect that the diphtheria had certainly been disseminated by means of milk, and that under circumstances which seemed to point to the poison having resided in the milk itself as drawn from the cow, though the evidence attainable was not sufficient to establish this.

The inquiry, in fact, broke down just at the point where such inquiries constantly do and must break down, the point, namely, of contact between cause and effect which has been traced back to it. Mr. Power spent, I believe, a morning or two in witnessing the milking operations at Mr. X's, but a man would need to reside on such premises for a month to become really cognizant of all the ins and outs of practice prevailing there, anyone of which might supply the last link wanting in the chain of evidence.

The track is lost amid a multiplicity of petty details, or there is, very frequently, someone, perhaps some obscure underling conscious of irregularities, whose interest it is that the inquiry should fail, and who is in a position to thwart it by withholding or falsifying information.

Nevertheless, a very considerable advance towards the truth has evidently been made, and the position attained is, as I think you will all admit, fortified in a very remarkable way by the facts of an outbreak which occurred at Weybridge last year, and which, by the courtesy of Mr. Jacob, medical officer of health for Surrey, I am enabled to read to you in anticipation of his report.

"On July 22nd, ten persons living in eight houses in the village were attacked with diphtheritic sore throat, and fresh cases occurred daily in these and in other houses till July 31st, when the epidemic suddenly stopped. During that time about sixty persons (nearly half of whom were adults) living in thirty houses, came under medical treatment for this affection. One of the earliest sufferers was a young man lodging in Baker Street, who was removed to the Workhouse Hospital, where he died. Only one other case terminated fatally. The infected persons were living in all parts of the village, and principally in houses of the better class, most of which had a separate water supply and system of drainage. The only discoverable circumstance, which they had in common, was that they all had their milk from one dairy in the village.

(a) Read before the Harveian Society of London, April 3, 1879.

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This dairy supplied about 150 households, of which 30 (or 20 per cent.) were attacked, while the remaining 350 families in the parish which were supplied with milk from three or four other sources entirely escaped the disease. This very unequal incidence of the throat affection upon the two groups of consumers, also pointed very strongly to milk infection as the cause of the epidemic. Moreover, among the customers of this dairy there were eleven families at that time which had stipulated for a supply of milk every day from the same cow. To meet their requirements, the milk of two or three particular cows was set aside and distributed separately under the name of nursery milk; the surplus, if any, of such milk, being added each day to the bulk of the supply. Out of these 11 families, 9 (or nearly 82 per cent.) were attacked with the sore throat, while of the remaining 139 families which drank the rest of the milk from this dairy, 21 (or only 15 per cent.) were attacked. There was, therefore, a special incidence of the affection upon the consumers of the nursery milk—a circumstance favouring the idea that this portion of the milk had especially, if not solely, acquired infective properties, and that the admixture of the surplus of it with the general mass of the milk, explained the illness of those who did not stipulate for nursery milk.

"Among those who suffered from the throat illness, were the dairyman, his female servant, the wife of his cowman, and one of the milk-carriers, the young man who lodged in Baker Street with the cowman. The illness of the milk-carrier commenced on July 22nd, and ended fatally at the Workhouse as already stated. The other three cases began on the 24th, and were extremely slight. Careful inquiry failed to elicit that any case of sore throat had occurred among those employed at the dairy, or in any of their families prior to July 22nd, when the disease appeared suddenly in eight houses. Neither could it be shown that the houses to which the milk had been distributed by this particular carrier had especially suffered.

"The water in use at the dairy was derived from a well on the premises, and was found to be much contaminated with sewage matters. There was no evidence that the specific poison of diphtheria could have got into the well before the outbreak, and no suspicion that any of the impure water had been added to the milk.

"In the yard at the back of the premises, where the milk cans were cleaned and left to drain, was an untrapped inlet to the house-drain, and in the floor of the dairy was a gulley leading to an unventilated drain.

"On July 28th, the cows were all examined by a veterinary surgeon, and pronounced to be in excellent health; none of them had been recently purchased, and no change had been made in their food. In the meadow, however, where they fed, was a pool of water which received some of the sewage of the village.

"The result of my inquiry into the causes of this epidemic, may be briefly stated as follows:—It was due to milk-pollution, but there was not sufficient evidence to justify any conclusion as to the nature and origin of the pollution."

Mr. Jacob writes me that he has traced to the agency of milk two other outbreaks of diphtheria, one at Sutton, and the other at Leatherhead. Of the latter I have no particulars. The former, which occurred in 1877, deserves notice as being the earliest recorded account of such an occurrence, though it required the events of last year to draw due attention to it. The facts are as follows:—

"Between the 14th and 16th of June, fifteen persons living in eleven houses were attacked with diphtheritic sore throats. The houses were in all parts of the town, and ten of them were of considerable size. Nearly all had good sanitary arrangements. All of them were supplied with milk from one dairy, and this circumstance naturally excited some suspicion that unwholesome milk might be the cause of the outbreak. I, therefore, visited the dairy, but did not learn anything there which threw light on the question. Its water supply was good, the cows were healthy, and had had no change of food lately, no cows had been recently added to the stock, and no extra milk purchased from other dairies. The dairyman, his servants, and their families were, and had long been, all well. It may be added that there were five or six other milk supplies to the town, and that the number of families attacked in this instance was about one-tenth of the dairyman's customers."

The circumstances connected with the nursery milk in the Weybridge outbreak are extremely suggestive of some affection of an individual cow as underlying the outbreak, and many of you are aware that Mr. Power, in a paper read before the Pathological Society, has gone a step further still, and raised the question whether the affection, which clearly must be something not evidently interfering with the general health of the animal, may not reside in the milk-secreting apparatus, and be one of several mammary disorders included by farmers under the name of "garget," one of which there seems already some reason to believe, is capable of being propagated from cow to cow as if of a specific nature.

The whole matter is now in the hands of a Committee of the Pathological Society, so that we may confidently expect more light in time.

For myself, I confess I have great difficulty in accepting the garget theory. Since the publication of Mr. Power's report, a German gentleman residing at Lübeck, has written to him to say that he himself has for ten years been convinced, from his own observation, that diphtheria arises from drinking the milk of cows suffering from what he terms "perlspeck" disease, which, judging from his account of the symptoms, would seem to correspond to miliary tubercle. He appears, however, not to be a scientific man, but a former chemist now engaged in farming, and I doubt if much weight should attach to his opinion.

I was myself struck by the fact that both at Sutton and at Weybridge there seems to have been a family affected by diphtheria—which did not then spread—about three months before the outbreak; and it would certainly seem easier to reconcile what we already know of diphtheria as a human disease, with our newly acquired knowledge of its liability to be conveyed by milk, if we suppose that its germs, infesting the cow's food or drink through the medium of sewage, are capable of passing through her system in a form which does not destroy their activity, than that they are being constantly manufactured *de novo* in the udder.

At all events we should be wrong to allow our new knowledge to blind us to the importance of what I still believe to be the regular and most common mode by which diphtheria is constantly kept alive in our midst. I mean direct infection from case to case. Our knowledge of this is about the most certain thing we have got in the etiology of diphtheria, but it needs working out more completely. The most conflicting statements are current as to the conditions under which it is infectious. The incubation period is pretty well made out, though not to the satisfaction of everybody; but we dare not affirm with any confidence that infection may or may not hang about the room, the attendants, or the clothes, points which affect materially many practical questions of prophylaxis. It cannot be doubted that our knowledge with regard to milk explains many instances of the defeat of elaborate precautions, and so strengthens the view, to which I confess I am inclined, that the poison of diphtheria is very inapt to be conveyed by formites.

There is no infectious disease so uncertain in its activity, and my own belief is that the two great sources of difficulty in tracing the fresh case to the parent one are the very various degrees of severity with which diphtheria occurs, and the no less various degrees of susceptibility of different persons to the poison. I think, in fact, that the very mild cases, of which little or no notice is taken, are frequently the parents of well-marked ones. The common English grasses and weeds, as you find them sometimes on the top of some thinly-capped and wind-swept cliff, are so stunted that you hardly recognise them, but transplanted

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to some moist and sheltered spot they may give rise to a luxuriant vegetation. The common endemic diarrhœa of this country is said, I believe on good authority, to have been much more fatal in this country since the first visitation of cholera, and cases of diarrhœa are exceptionally met with, in years when there is no suspicion of the presence of Asiatic cholera, which are fatal with symptoms that cannot be distinguished from those of cholera.

I do not know whether our indigenous catarrhs acquired any additional virulence after the visits of their formidable congener, influenza, about forty years ago; but you will understand that what I wish to suggest is that diphtheria, cholera, and influenza, may be specifically the same with some much slighter indigenous complaints, but have acquired elsewhere in some more congenial soil a luxuriance constituting them new, and what florists call "giant," varieties; which, however, merge again sooner or later in the native variety. If this could be established it would go far to clear up one, and not the least important, of the interesting questions concerning the essential nature of diphtheria and its relation to other diseases.

(To be continued.)

ARSENIC AND ARSENICAL DOMESTIC POISONING.

By JABEZ HOGG,

Consulting Surgeon to the Royal Westminister Ophthalmic Hospital, and the North-West Hospital for Women and Children.

NEARLY a quarter of a century ago public attention was earnestly directed to a subtle form of domestic arsenical poisoning, which, at that time, was believed to be on the increase. Looked at as a question of public hygiene, the extensive use of arsenical pigments cannot be too severely condemned. The persistent use of arsenical pigments has naturally produced considerable anxiety, especially so, since it has become known that a variety of articles administering to the material comforts of life, inclusive of many varieties of wall-papers, chintzs, silks, muslins, ribbons, stockings, gloves, artificial flowers, American cloths, lamp shades, candles, playing and trade cards, ornamental boxes and wrappers, children's toys, and even sweetmeats, that first attract the eye on entering the shop of the draper, the stationer, the perfumer, the chemist, the grocer, the toy-dealer, the sweetmeat seller, &c., are the means by which deleterious articles of a seductive appearance are disseminated and brought into our homes.

The almost universal use of poisonous pigments in the arts and manufactures is known to be productive of a two-fold noxious influence; first, upon the work-people employed in their manufacture; and secondly, on a very much larger number of persons who purchase them, and who, being quite ignorant of their nature, adorn and surround themselves and their homes with the elements of disease. If in 1875 it appeared just and right of the Legislature of the country to enact that the sale of adulterated articles of food and drinks should be made a penal offence, it is certainly of equal importance to the community at large that similar restrictions should be placed upon the manufacture and sale of goods impregnated with a dangerous poisonous material.

Notwithstanding the humane efforts of men of science, chemists, and physicians, nothing whatever has been done by Parliament to lessen the evil, and spare the infliction of disease and death upon innocent people. It is now many years since the Prussian Government set an example, which, I think, it would have been wise of our Government to follow. It forbade the sale of all articles coloured with arsenical pigments. In France the manufacture and sale of arsenical wall-papers is also wholly prohibited. In Bavaria, the country of the celebrated Liebig, an edict was passed in 1845 prohibiting the manufacture and sale of arsenical pigments. A year or two afterwards, and at the instigation of manufacturers who declared that the enactment was injuring trade, some relaxation took place, but this soon led to greater abuses. Professor Hoffman, who was ordered to make inquiries into them, reported that he had met with a great many cases of chronic poisoning from wall papers, even when they were glazed. Upon this the Government reverted to its original edict, and at once ordered the removal of all Schweinfurt green papers, paints and distemper colours from the walls of public buildings, schools, hospitals, &c.

The increasing danger of arsenical poisoning was directly brought under the notice of a select committee of the House of Lords in 1857, at the time the Sale of Poisons Bill was framed. Irrefragable evidence was educed by Prof. Dr. Alfred Taylor and other chemists of eminence, of the danger to health from the use of arsenic in various manufactures, but to very little purpose, for when the Act to regulate the sale of arsenic became law, it was seen that whilst it placed restrictions on the sale of this poison in small quantities, it opened the door wide enough to the wholesale purchaser, and it is now the boast of the wall-paper manufacturer that he uses tons of arsenic per week. It is said that if the Act of 1857 were put in force against the wholesale buyer, the trade would be injured—that to prohibit the use of arsenic would involve many of them in difficulties; but these difficulties, whatever they may be, should not be allowed to stand in way of the public health. Besides, evidence is not wanting that harmless pigments of proved utility and durability are already prepared to replace arsenical colours, and a firm, Messrs. Cooke, of Leeds, I am aware, take every precaution to prevent the slightest introduction of arsenic into their factory, buying all colours used in printing with a guarantee that they are perfectly free from arsenic. Such firms as Messrs. Cooke's are, I believe, quite ready to co-operate with those members of the profession who, being thoroughly conversant with the extent of the evil, desire to see restriction placed upon the employment of arsenical pigments in every shape.

In treating of arsenical poisoning, it might appear necessary to inquire first into the action of arsenic as a remedy, and in what particulars the symptoms of poisoning as produced by an overdose differ from those observed in wall-paper poisoning. Secondly, whether any greater activity or virulency of the poison is the result of the inhalation of the arsenical dust; if so, whether this is chiefly due to the form in which the poison is presented and absorbed:—*a.* As finely divided crystalline particles. *b.* As evolved arseniuretted hydrogen gas; or *c.* As the combined action of dust and gaseous matter.

The Remedial Action of Arsenic.—Arsenic has long been regarded as one of the most remarkable therapeutical mineral substances. It has not inaptly been described as a poison in health, and a remedy in disease. Although this description may be regarded as a somewhat curious anomaly, it is nevertheless perfectly true. Nearly all the compounds of arsenic are actively poisonous, the trioxide, which is very extensively employed, being the most active. On the other hand, the compounds of arsenic have long been regarded as valuable remedies. As a medicine, arsenic exerts a certain controlling power over morbid actions, and its curative nature may be accepted as of three kinds. First, it is a potent antiperiodic, a very useful one, in ague, in chorea, and in epilepsy. Secondly, it is a nervine tonic of value in the intermittent forms of neuralgia and gastrodynia. In larger doses it has another action, that of a blood poison, or nerve disturber, as seen in its partial arrest of nutrition, and in the production of various local disorders, skin affections.

In the treatment of ague it was at one time believed to possess advantages over quinia, as it may be given with perfect safety during a paroxysm; and should the cinchona cultivation fail us, it is not at all unlikely that arsenic may once more become the fashionable remedy it was in our forefathers' days, and again find favour as a "Tasteless Ague-drop."

In intermittent neuralgia and gastrodynia, arsenic acts

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as a nervine, or, more properly, a nervine tonic, for it soothes pain, promotes assimilation and secretion, and thus improves the appetite. In some instances it excites both the nervous and muscular functions of the stomach, and thereby digestion is materially invigorated. In intermittent neuralgia, nerve debility, it is beneficial. In this affection its peculiarity is noticed. Although an active poison, it exercises a decidedly antagonistic action, a controlling agency, over other poisons, as in intermittent fever and convulsive disease. It is, nevertheless, an agent quite foreign to the blood, and if no attempt be made to eliminate it from the circulation, it becomes a poisonous irritant, and by a rough and ready method of its own, works its way out of the body. If not carefully watched, it will produce nerve disturbances, inflammation of the skin, headache, dermitites, giddiness, lassitude, shifting pains, and impaired sensibility of the extremities. It certainly exerts a specific action over the heart and other vital organs, as the lungs and salivary glands, as evinced by the local pains, the irritative cough, and the occasional ptyalism.

Dr. Darwin, the father of the present eminent philosopher, was probably the first to notice the specific action of arsenic over the nervous system and heart. He administered a saturated solution of arsenious acid in a case of heart disease with surprising effect. Full doses of the more soluble preparations of arsenic produce retardation of the heart's action, an effect said to be due to paralysis of the motor ganglia, or rather to a limiting action of the remedy, which renders the muscular tissue of the heart less irritable. From nerve disturbance and interruption of nutrition, we have certain cutaneous diseases, termed generally by Dr. G. Kichgassen *arsenicum*; by Mr. Hunt, *pityriasis arsenicalis*, herpes, eczema, and conjunctivitis.

In the treatment of the true squamous or tubercular type of skin diseases, arsenic is undoubtedly a valuable remedy. In lepra vulgaris, psoriasis, and in other forms of disease nearly allied, impetigo, porrigo, &c., it is given with benefit. In lepra, unassociated by a syphilitic taint, arsenic exerts "an almost omnipotent influence" (Hunt). If in the hands of some practitioners it fails to be of use, this arises from one of the following causes:—1st, overlooking the syphilitic complication; or 2nd, the administration of the remedy during the inflammatory or febrile stage; or 3rd, forgetting that it should not be given on an empty stomach; or or lastly, prescribing it in too large doses, and long intervals (Hunt). From not observing one or other of these practical rules, arsenic has acquired the reputation of being a cumulative poison. It is found, however, that the danger of accumulation may be entirely obviated if a watch is kept over the mucous membranes. The outer coat of the eye is an unfailing guide, as in ninety-eight cases out of a hundred an increase in the vessels of the conjunctiva takes place, and the irritation, "hot-eye," warns us that it is time to suspend the remedy. The arsenical conjunctivitis thus induced is usually of a mild character, and quickly subsides when the remedy is suspended. The affection is unaccompanied with any great amount of general disturbance; is, in short, a trivial nature. Arsenic applied externally, as a paste or salve, is a powerful irritant. It is also an escharotic; one that quickly destroys the skin. Its caustic action led to a belief that it would prove a specific for cancer and lupus; but from its destructive nature it fell into disrepute, and was abandoned in the treatment of these diseases. The remarkable nature of the chemical change induced by arsenical paste on the living tissues, is not perfectly understood, and, therefore, cannot be explained. Arsenic, if applied as a dry powder to the surface of the skin, is scarcely less caustic in its action. A most painful example of this fact occurred not long ago at Stoke Newington, where no less than thirteen infants were most cruelly sacrificed to the culpable greed of adulteration. A chemist anxious to undersell his neighbours, put up a mixture of starch, white arsenic, and some other ingredients, and sold the poisonous compound as violet powder. This was merely *dusted* over the skin in quite an ordinary manner, and produced first an eruptive sore, then excessive ulceration, and sloughing of the cuticle, of so severe a nature as to cause death in the course of a few days. A mixture of arsenic, soft-soap, and tar-water, is largely used in agricultural districts for killing tick in sheep, and has been known to cause death in some instances, the animals dying from the usual symptoms of acute arsenical poisoning. A mixture of arsenite of potash, is also a good deal used by farmers; of a no less dangerous nature, even to sheep, unless very carefully used (Taylor).

The action of arsenic, however, like that of other drugs, is variable; but the extreme susceptability, idiosyncracy, exhibited by some persons to its toxic qualities, is quite as remarkable as is the perfect indifference to large doses shown by others. As an instance of indifference to its action, I may point to the people of Upper Styria, who regard it with feelings somewhat akin to the tobacco-smoker or chewer. These people believe that it increases strength, enables them to carry heavy loads with less fatigue. Professor Roscoe took some trouble to verify the statements made with regard to arsenic-eating. A woodcutter, he tells us, was seen by a member of our profession to eat a piece of crude arsenic weighing upwards of four grains. Another ate a piece much larger. Arsenic is given to horses in considerable quantities, and is believed to increase the appetite and the activity of the older and feebler animals. Grooms give it largely for other purposes; as that of improving the coat of the horse, and as a remedy in skin disease. This was the use Mr. Bravo's groom was said to make of arsenic found in his possession at the time of his master's tragical death.

There are, however, only a very few cases on record in which the medicinal preparations of arsenic have been known to destroy life. A case was published some years ago, of a woman who took half an ounce of Fowler's solution of arsenic, and died from its effects. There was no vomiting or purging, and in this particular the symptoms differed from those of the following extraordinary case of poisoning by arsenic lately reported to have occurred at Huddersfield. A woman, who had been in the habit of taking prepared chalk to relieve heartburn, was attacked after taking a dose, with sickness and abdominal pains, which were not relieved by the administration of remedies. In five days the woman died, and a post-mortem examination revealed the fact of arsenical poisoning. It was then discovered that the powder sold by the druggist was "French chalk," in mistake for prepared chalk; and that this French chalk contained as much as 40 per cent. of arsenic.

(To be continued.)

Clinical Records.

MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

Brief Notes of Cases of Operation.

Under the care of Mr. LAMBERT H. ORMSBY, F.R.C.S.

(Notes taken by Mr. JOHN F. MULLEN, Resident Pupil.)

CASE 1.—*Removal of Two Large Sequestra from Right Tibia.*

The patient in this case, John G., living in a country district, gives a history dating back eight years, and blames a kick received while playing football for his subsequent ill health, and almost useless limb. He got the kick in front, about six inches above the instep, and the first indications of serious consequence was a stiffness about the ankle-joint. The stiffness getting worse, and being accompanied with pain, he consulted a quack, who

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used, the patient says, strong liniments, and when the part became denuded some strong caustic, applied by a feather, to burn away any flesh the appearance of which he considered unhealthy. Three years having elapsed, and his health rapidly failing, the patient called in a qualified practitioner, who found him lying in bed and greatly debilitated. Under careful treatment he slowly recovered his health to some extent, and at the end of three months was again able to leave his bed. In the meantime, his legs became greatly swollen, poultices being constantly applied to the affected limb. When the swelling subsided, the patient himself noticed a great enlargement of bone in the hurt leg. A piece of bone first came away, two years after the injury, and according to the patient's estimation, more than fifty pieces of bone, some being, in size and shape, like a large pea, but rough on the surface, others scaly, and varying in size from a small fish bone to pieces three and four inches long, and half an inch in breadth. Of the large sized bones only four or five came away. The bones came from the internal, anterior, and external surfaces of the limb. Finally, the patient decided on coming to Dublin for advice, and entered hospital on June 2nd of this year.

On examination, Mr. Ormsby found the probe passed fully four inches deep, and easily detected necrosed bone. After some time the patient consented to an operation—his health having greatly improved from the date of his admission into hospital.

Operation performed on July 9th.—The patient was anæsthetised by ether, the operator's inhaler, made by Coxeter, London, being used. Esmarch's bandage being applied, a vertical incision was made on the antero-external aspect of the limb at the junction of its upper and middle thirds, over the seat of the sequestra. On cutting down upon the diseased part and following the cloacæ, an irregular, elongated piece of bone was easily extracted, although lying at some considerable distance from the surface, but owing to the vascularity of the greatly enlarged tibia and degenerated bone tissue, and from the fact that the Esmarch was powerless to control by pressure the flow of blood seated in the hard tissue, the blood freely welled up, and increased the difficulty of exploring the cavity. However, after some time and patient examination, a second piece of bone was found nearer the surface, and situate towards the upper end of the incision. This portion of bone being skilfully extracted, and the hæmorrhage controlled by lint, and a bandage applied round the limb, from the toes to some distance above the incision—the operation was complete. The patient appears to have suffered but little from the shock of the operation, and at present is progressing favourably.

CASE 2.—*Removal of a Sequestrum from the Tibia of a Healthy Boy, æt.* 8.

In this operation the same anæsthetic was used, which seemed to please, rather than disturb, the patient. An incision was made, about three inches in length, in the axis of the limb, and the sequestrum being in the hard peripheral bone-tissue very little difficulty was experienced in the removal of the necrosed bone. But on removal of the sequestrum the bone beneath was found to be quite soft, so much so, that it could be scraped away by the finger nail of the operator. It was forcibly pointed out by Mr. L. H. Ormsby how necessary it was to preserve the periosteum with its osteo-genetic layer, to ensure the laying down of bone to repair the loss. In this operation very little blood was lost, and it was completed by simple dressing, and a bandage applied from the toes to some distance above the upper end of the incision.

CASE 3.—*Circumcision in a Case of Phymosis, with Chancre.*

The patient, a strong, healthy man, was put under ether as in the other cases, Ricord's forceps was used, and it was plainly demonstrated how much quicker the operation of circumcision may be completed by the aid of this instrument, than by the ordinary method. The operator, Mr. Ormsby, showed how, by a single passage of the needle a double stitch was made, and in the absence of any anæsthetic, the patient was saved a good deal of unnecessary pain. In raising the ligatures after the prepuce was detached, the necessity of keeping in the middle line to catch them up, by means of a hook, was clearly pointed out, whereas, by going slightly to either side the mucous membrane only might be caught up. The hæmorrhage was but slight, and simple dressing sufficed to complete the operation.

CASE 4.—*Removal of Exostosis.*

This was an operation for exostosis growing on the inferior surface of the os calcis, deeply seated beneath the long plantar ligament, close to its origin. The history of this case is peculiar and interesting. The patient, L. B., a young girl, æt. 18, on the morning of Sept. 3, 1878, the house in which she slept being on fire, in the town of Ennis, co. Clare, and all other means of escape being cut off, jumped from a window, forty feet high, into the street. She was taken up insensible, and carried to hospital in the town in which the accident occurred, and remained there for some months, her recovery being pretty slow. So far as the patient recollects, during the first fortnight of her being confined to her bed, she was continually screaming, and she is not aware of any bones being broken. Of two other females who, to save themselves from being burned, jumped the same height, one, æt. 60, was killed instantaneously, and the other, a young girl, having been placed in hospital, slowly but permanently recovered. The patient herself first felt the bone in hospital, a month or so before she left. On going to her friends she could only walk by leaning on a companion, or by the aid of a stick, and would feel great pain if pressure were brought to bear over the seat of exostosis. The patient being desirous of improving her condition, gained admission into the Meath Hospital, on June 17th. On digital examination, Mr. Ormsby found a prominence beneath the soft tissues, on the under surface of the os calcis; the patient consented to have it removed.

Operation performed on July 9th.—The anæsthetic used in this case was the bichloride of methylene, kindly administered by Mr. Macnamara, in the most satisfactory manner. On making an incision through the soft tissues, in the axis of the foot, the exostosis was reached, and found to be growing directly from the calcaneum beneath the long plantar ligament, close to its origin. The periosteum being carefully preserved as far as possible, the exostosis was removed with a chisel and gouge, and its place of origin scraped and smoothed so as to remove any remains of the growth. There was but little blood, and the operation was completed with simple dressing.

Mr. Ormsby then drew attention to the nature, origin, and causes of exostosis. The one removed was very hard, approaching in compactness to the ivory form of exostosis. He also said that it was most remarkable that a girl could fall a distance of over 40 feet into the street, without sustaining any further injury.

Department of Lunacy.

PSYCHOLOGICAL LITERATURE.—III.

Ninth Report of the Stirling District Lunacy Board.—This report dates from 15th February, 1878, to 15th February, 1879; on 15th February, 1878, there were 290 patients, of whom 135 were males, and 155 females. During the year 121 were admitted—the greatest number of the admissions being in the months June and July, and the smallest in September. There are 111 discharged from the asylum, and out of this number 58 recovered. The average resident during the year was 295, being an increase of 18 over last year. On the cumulative nature

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of the insanity in the district, Dr. Maclaren, the Medical Superintendent, says, it "is a matter of grave interest to all concerned. I am not well enough acquainted with the history and circumstances of each parish to discuss the question of how much of it springs from actual increase of lunacy, and how much from other causes, which lead to asylum accommodation being more taken advantage of than formerly. Whatever theory may be adopted, the plain fact remains that our admissions now as compared with the early years of the Asylum are growing steadily larger. This increase, too, is not in any way fitful or apparently due to any one kind of insanity preponderating over another. There are simply more cases of all kinds, and there is nothing whatever in their nature or history to point them out as in any way exceptional, or of a kind that may not be constantly occurring in the district. Neither is there any reason for hoping that the flow has reached its full height.

We give with the greatest pleasure, *in extenso*, remarks made on the cause of insanity, as being of interest to those engaged in the treatment of the insane.

"In going into the cause of insanity, among the admissions, intemperance and intemperate excesses meet one in a proportion far exceeding any other one cause or series of causes. In fact, the more one studies individual cases closely, the more is one struck with the fact of what a preventible disease insanity might frequently be were certain laws of mental health more generally known, or when known, more generally observed. In many cases, as one traces step after step in the downward career, it is impossible not to see how easily mental health might have been regained at a certain stage had some special undermining indulgence been stopped, or some particular course of life avoided; and were people but as careful of their brains as they are of most of their other organs, there seems no reason why much of this might not be done. The same remark applies to all other classes of cases. Were, for instance, toiling literary men, or men of business, but to realise that the pains in the head, the confusion of ideas, and partial loss of memory, and other similar symptoms which follow upon overwork, are as sure evidences of approaching brain disease as would pain in the chest, and cough after exposure to cold, be of an attack of some form of lung complaint, they would surely be as careful to avoid further work and worry, and to take the necessary rest, as they would in the other instance to refrain from going out of doors unless well wrapped up, or doing anything that could aggravate the threatened mischief. It is to be regretted that some of the more simple laws of mental health are not inculcated on the people with their earliest education, so that they might realise that certain bad results will inevitably follow certain breaches of them. Even the most ignorant know that sitting with wet feet, or leaving a hot room suddenly, will almost certainly bring on a dangerous cold. How few know, and still fewer remember, that any tampering with the more delicate organ will inevitably be followed by even more dread results. And yet many of the laws of mental health are as obvious to common sense, and nearly as easily followed, as those which govern our material well being."

The Report is worthy of careful study, contains well drawn up statistical tables, and is written in a very clear manner by its able superintendent, Dr. Maclaren.

The friends in Dublin of Staff-Surgeon Longfield, of H.M.S. *Tenedos*, will be glad to see that his gallantry and services at the action of Ginghilevo have not been unrecognised by the authorities. Last Friday's *Gazette* announced that Staff-Surgeon Longfield, who was severely wounded at Ginghilevo, has been promoted to the rank of Fleet-Surgeon.

THE GENERAL MEDICAL COUNCIL.

The first sitting of the General Medical Council was held on Thursday, July 17th, at two o'clock, p.m., the President, Dr. H. W. Acland, F.R.S., in the chair. The minutes of the last meeting having been confirmed, the President delivered the following address;—

THE PRESIDENT'S ADDRESS.

The President said—The Council has been necessarily summoned at this time, since to-morrow my term of office will expire. Several other matters require your attention. Returns from some of the licensing bodies will be laid before you in answer to your inquiries made in March last concerning the study of ophthalmology and of gynæcology, including obstetrics. These returns, together with some other papers, notably a communication from the Branch Council of Ireland, and a resolution to be proposed to you concerning preliminary education, will tend to raise again the whole subject of the duration and manner of medical teaching in all departments. Many who took part in the former discussions on this subject are not with us. Brodie, Stokes, Green, Syme, Lawrence, Parkes, Rumsey, all gone—Quain (the surgeon), Allen Thompson, Lister, Cæsar Hawkins, George Paget, Sharpey, Embleton, yet with us, and several others who were prominent in the older elaborate discussions on education, cannot now state their views in Council. It will not then be surprising if the present members of Council should desire, at this or an early opportunity, to consider what has been the result of the recommendations, which occupied the attention of the Council for so many years up to the present time. Various correspondence regarding colonial and foreign practitioners will remind you how urgent it is that the Government should come to a conclusion with reference to this subject, already delayed ten years. The letters and reports from the Governor-General and the Privy Council of Canada, and one from the University of Adelaide, demand especial attention. A person convicted ten years ago of a grave misdemeanour and removed from the Register seeks to have his offence condoned and to be replaced. The case of one now on the Register, but expelled from the licensing bodies to which he is attached for circumstances of the gravest character, will come before you for judgment. This induces me to say here that, though some exceptions are still made to the general in its relation to the local register, we are assured by the registrar that the various errors which had crept in some years ago are wholly corrected and removed. The Dentists' Register comes into operation in August. A list of various minor registers, showing that part of the present work of the office, will be submitted to you. [After a brief allusion to the sittings of the Select Committee of the House of Commons, the President continued:—] A question has been much discussed whether the Council should exercise direct and absolute control over the details of the general, scientific, and practical education, as far as regards medicine, in all the universities and all the medical corporations and schools in the country. This question is often too lightly put and too hastily answered. We may take a single instance. Thinking men are not even now decided whether the average general practitioners—that is, by far the largest number of the profession—will best begin their difficult studies with a private practitioner or in a complete medical school. May not both both ways be good! Is not contact with the daily life of a skilful upright man a discipline of itself, in some respects the best a student can have? Yet is there not a risk of his falling into the hands of one neither skilful nor upright, and of acquiring low views of his profession for life? And with regard to so-called medical schools, is the standard and tone of all (metropolitan or provincial) on at all the same level of culture, of science, and of practice? Are we under these circumstances to seek to force the several methods of preparation and of study into one precise groove? or shall we allow and even encourage that diversity which is promoted by freedom, by opportunity, by national taste, and even personal interest, so long as it stands the supreme test of a good final examination of fitness in respect "of the knowledge and skill requisite for the practice of the profession?" I am well aware that these plain and often reiterated questions may appear to some persons outside the responsibility of the Council too commonplace for calm inquiry and careful decision. Some would settle them at once by a majority of votes, and

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would impose the verdict of that majority on the leaders of thought, whether in our universities, in our great colleges of surgery and of medicine, or in the great private schools attached to hospitals, Royal or self-supported. But those who have paid attention to the modern changes and the great progress of the science and art of medicine and surgery know full well that general education and medical knowledge are in a state so transitional that they will long require constant watchfulness and care, and much interchange of thought and experience between the teachers and examiners of various schools of this and of other countries. The Reports of the Council on Professional Education in the year 1869, and the Report of the Teachers' Association in the year 1870, and the increasing demand that more time shall be devoted to great and special subjects, such as experimental physiology or ophthalmology, are quite sufficient to prove this. Looking indeed at the subject matter of medical education, at the difficulty, extent, and yearly growth of biological research, at the largeness of the interests of the national health, the extent of preventive and legal medicine, at the problems connected with the natural history of disease, at the vast array of fact in the domain of modern pathology, at the improvement in the means of diagnosis, and of the apparatus of therapeutics, even the knowledge we are obtaining of the need and results of good nursing and training required for it, one cannot but feel that a future of the deepest interest lies before this Council as a great educational institution if only it can be saved for some years to come from the distractions forced upon it from without, such, I mean, as is caused by discussions on the machinery for performing its duties and on the merits of its own constitution, with which clearly it has, as long as it exists, nothing to do, and by which it has been disturbed and hampered in its deliberations for a period as long as the siege of Troy. It would ill become me to trespass on your time with further observations in this direction. In the circumstances under which I address you they will be perhaps thus far pardoned. It has seemed well that we should all be reminded how vital it is for the cause of medical education that the Legislature should pronounce, without further delay, whether there is or is not to be a system of combined examination approved by this Council, or whether each one of the existing licensing bodies is to feel that its present examining board is to be permanently maintained, with the corresponding responsibility of securing by some means a complete pass examination. Every other educational question pales in importance before this, for in the present state of public opinion examinations necessarily guide the average, and to a great extent the higher education. When we look back on the first few years of the existence of the Council, and compare them with the latter years, we cannot fail to be struck with the great advance made towards a complete and comprehensive view of the needs of society in relation to medicine, and of the extent to which special interests are subordinated to national wants. The progress of natural science, the addition to the resources of healing, and the abolition of unnecessary restrictions engage the common thoughts of the medical profession, and a new and constant diversity of suggestion and endeavours maintain among us a vigorous life. The whole profession of the present day, its teachers and examiners, and, indeed, its actual students, are keenly alive to the misfortune which attaches to the instances, happily more and more rare, of men who are able to evade by ingenious contrivances the regulations of the licensing bodies and the recommendations of the Medical Council. Though, in a country like ours, diversity of opinion is sometimes too loudly expressed, yet that very diversity has here, at least, tended to create a harmony of aim and a unity of spirit before unknown, and a genuine desire for the advancement of sound knowledge and beneficent practice in medicine equally throughout the British dominions.

The following committees were then elected :—

Business :—Drs. Andrew Wood (Chairman), Leet, Haldane, Pyle, and Aquilla Smith.

Executive :—Drs. Aquilla Smith (Chairman), Andrew Wood, Quain, Pitman, Humphry, and Mr. Simon.

The Registrar having read the report of the executive committee, this was after a short discussion adopted.

Elementary Education.

Mr. Simon moved that—"The subject of elementary mechanics of solids and fluids, meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics, be no longer recommended by the Council as an optional subject of preliminary education, but be recommended as one of the subjects without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered." A very lively discussion on the point ensued.

The Rev. Dr. Haughton, while agreeing with Mr. Simon that a knowledge of mechanical principles is essential to the student of physiology, and eminently so to the surgeon, regretted to see Greek—a subject he considered equally important—relegated to an inferior rank with mechanics. He deemed the Council to have failed in its duty by neglecting to make Greek a compulsory subject, and thought it ridiculous to expect any man to become acquainted with the elements of mechanics as a science, apart from actual laboratory practice. He ridiculed the introduction of the term *hydraulics* into the motion, and declared the framer of it could have no actual knowledge of the meaning of the word to include it in *elementary* education, since its study involved intimate acquaintance with the higher mathematics. He moved an amendment to the effect that a committee should consider whether Greek ought not to be made a compulsory subject of the preliminary examination, Mr. Macnamara seconding.

Sir Wm. Gull protested against the question being submitted to a committee, and asserted that Dr. Haughton could know nothing of practical physic to give utterance to the sentiment he had; whereupon Dr. Haughton retorted that he knew a "good deal of practical physic," this evoking from Sir Wm. Gull the remark—"Then he knows a good deal more than I do." Continuing, he endorsed Mr. Simon's opinion of the importance of physics in the medical preliminary curriculum, and urged the adoption of his motion.

Dr. Rolleston pointed out that the practical issue is whether the subject shall be introduced *de rigueur* into the first professional examination, and he was strongly of opinion that chemistry and physics with mechanics should have equal recognition therein. For the purpose of securing a good linguistic training he thought two languages sufficient, of which Latin is an essential one. He advocated the appointment of a committee.

Some further remarks having been made by Mr. Turner and Dr. Humphry, Dr. Haughton was willing to withdraw his amendment, since he had not rightly comprehended Mr. Simon's intention. He had feared that a special branch of knowledge had been intended to be favoured by the motion at the expense of other equally important studies, but having the assurance that this was not so he would not press his amendment.

Dr. Fergus desired to see the preliminary education of the student *extended*, but not *diluted*, and would have him left to pass, at his option, the examination which should test his acquaintance with the subjects included in it. He wished to see botany and physics among those subjects, and the general scope of the test widened. He suggested that in place of the costly visitations, each examining body should periodically return to the Council for its consideration the questions set by it, and specimens of the replies given by candidates.

Dr. Pitman and Mr. Teale having spoken on the motion, the President reported the state of business.

Mr. Simon then sought permission to add to his motion—"It being understood that the examination in this branch of knowledge be passed at the option of the candidate" and the motion, thus altered, was carried subsequent to the withdrawal of two amendments, each proposed and seconded by Dr. Rolleston and Dr. Hudson respectively, to the effect that elementary mechanics be made a compulsory part of the first division of the professional examination; and that chemical physics be made compulsory in the same examination. It was resolved to leave to the common sense of the executive committee the omission or alteration of the term "hydraulics," objected to by Dr. Haughton.

Answers from Medical Licensing Bodies.

Dr. Storrar moved that "consideration of the answers of medical licensing bodies to a letter sent to them by the executive committee in regard to the preliminary education and examination of medical students, adjourned from the last meeting of the General Council," be postponed to the next meeting.

Dr. Haughton thought this continual postponement of business a dangerous precedent, but was reminded by Dr. Andrew Wood that the present session was convened for a special purpose, and thought it would be wise to delay till the next session the whole question of medical education.

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Eventually Dr. Storrar withdrew his motion in favour of a substantive motion from Sir Wm. Gull, seconded by Dr. Rolleston, to the effect that replies from the licensing bodies should be collected and forwarded to the branch Councils in each division of the kingdom. That these should report thereon at the next session of the Council, in order to a full consideration of the whole question then.

Royal College of Surgeons, Ireland.

A long and somewhat animated discussion on certain alleged irregularities on the part of the Royal College of Surgeons of Ireland now ensued, the contention being that the College habitually admits candidates to examination for its licence, who have not passed the prescribed time subsequent to showing evidence of an adequate preliminary education. Sir Wm. Gull believed that the Irish College opened its doors to men unfit to enter the profession; and was met by Mr. Macnamara's assertion that no student is permitted to sit at the professional examination without either passing a satisfactory preliminary test, or adducing proof that he has already done so elsewhere. Sometimes, however, cases arise requiring special adjudication; and on all such cases the College jealously preserved its own right of deciding, refusing to resign into any other hands powers conferred on them by Royal Charter. He defended the action of the College in permitting men to pass the preliminary examination at any period of study.

Dr. Fergus desired to know if any Royal Charter can override the Act of 1858; and also whether the Royal College of Surgeons admits men to its examination who have not been registered forty-five months?

Mr. Macnamara reiterated that no Act of Parliament can exert superiority over a Royal Charter, but the Medical Council, he granted, could, in face of the Royal College of Surgeons refusing to adopt its recommendations, report the delinquent to the Privy Council; but here it ended; for the Privy Council even would not interfere with the rights conferred by Royal Charter on the governing body of the College, who are consequently actually independent of all influence. The College, he added, demanded from candidates for its licence proof of four years' professional study, and pointed out that it required more numerous courses of lectures in anatomy and surgery than are recommended by the General Medical Council.

Mr. Simon considered the College had erred, and the question involved one of vital importance, for the whole efficiency of the General Council entirely depended on the compliance of examining bodies with the recommendations it issued from time to time.

Dr. Haughton believed the offence less serious than appeared at first sight. Licentiates of the Royal College of Surgeons, Ireland, undoubtedly do get forty-five or more months of medical training, the only laxity being as to date of registration. He proceeded to express his contempt for the "cramming" resorted to in the schools and colleges, and averred that he had little faith in the adequacy of the preliminary examination as a test of knowledge.

Mr. Macnamara said the Royal College of Surgeons, Ireland conscientiously rejected the "recommendation" of the Council, on the preliminary examination, believing their duty to their students required such action from them; and further, they considered the Council would accept the rejection in the spirit it was made.

Sir Wm. Gull suggested that the secretary of the Council of the Royal College of Surgeons, Ireland, be communicated with, and a request made that the non-compliance of the College with the recommendation of the General Medical Council be reconsidered.

Mr. Simon having commented on the importance of the question at issue,

Sir Dominic Corrigan agreed with him, and pointed out the anomaly existing at Trinity College, Dublin, where medical students could, he said, claim to be registered on payment of a five-shilling fee, and he would, therefore, include Trinity College in any motion involving the Royal College of Surgeons.

Dr. Haughton replied that an old Act of 1801, the last passed by the Irish Parliament, enacted that a medical student might register *since* examination, on payment of five shillings, but that for sixteen years, and since the recommendation issued by the General Council, no single student had thus matriculated.

Dr. Andrew Wood declared the motion under discussion the most important ever before the Council. They had been twitted with unwillingness to act, but now was their occasion. The glory of the Council was that it had established a preliminary education and a register of medical students. The regulations as to these had been loyally complied with, and now, for the first time, instances of evasion are cropping up. In Scotland exceptional cases are dealt with by branch Council, and he could see no reason for a different course in Ireland. Should the Irish College continue its refusal, the case should go before the Privy Council. If this be not done the General Council would be abdicating its functions.

Some time was occupied in proving to Sir Dominic Corrigan the false impression he laboured under respecting Trinity College, Dublin, and it was shown to him that the matriculation of a student did not mean his registration. Finally, a motion, put by Sir William Gull, to the effect that the Royal College of Surgeons of Ireland be requested to reconsider its action in respect of the recommendation of the General Council concerning the laxity in its admission of candidates for its license, was carried, after the standing order had been suspended. Previously, Mr. Macnamara thanked Sir William Gull for the courteous language in which the motion in his name had been couched, and stated his conviction that the College would accord the clearest consideration to the question.

Second Day, Friday, July 18th.

The minutes of the preceding meeting having been duly passed, there arose a lengthy discussion on

Compulsory Attendance at Lectures.

Mr. Macnamara proposed "that it be the duty of the branch registrars in the several divisions of the kingdom to register, at the commencement of each session, the names of all students, and the hospitals and lectures for which they may have entered; and that it be strongly recommended to each of the licensing bodies not to accept any certificate for attendance on hospitals or lectures, unless such shall be certified to them by the branch registrars as having been duly entered on these registers on or before the last day fixed in each division of the kingdom for the commencement of the session." He said he had much pleasure in introducing the motion after the previous day's experience. He insisted that the Irish Royal College of Surgeons was anxious to make the medical education as complete as possible. Certain differences existed between the practice of that body and the English schools. The session commenced on the 1st of November, though the dissecting rooms were open to students throughout October. In Dublin there are six medical schools, (four private and two public), and in none had any difficulty been experienced in fulfilling all the conditions of registration, &c. Each student who has completed the required attendances on lectures received a certificate to that effect, but much laxity existed in the observance of this particular, not alone in Ireland; and he would venture to say that at some places men had been known to present themselves at lecture early in the session, and subsequently, without any further attendance thereat, duly received certificates of having fulfilled the conditions formally set out in the recommendations of the Council. To suppress this evil he had brought forward the motion in his name.

Dr. Haughton seconded the motion because it went in the direction he desired, but not nearly far enough. At Trinity College, Dublin, he said, no student was admitted to attend the lectures for any session after November 25th, on which date the books were closed to all new entrants.

Dr. Andrew Wood thought that reform should be initiated where the evil is found. The authorities in Ireland ought to secure that the certificates issued by them, and on which other corporations act in perfect good faith, are *bonâ fide* registers of work done. In Scotland, regular attendance on lectures was obtained by means of a regulation which required that in every class a roll should be called twenty-five times (at intervals unknown to students) in a course of six months, and twelve times during a three months course. More than a minimum number of absences disqualified the absentees from obtaining signatures of attendance. This plan, he urged, was a sufficient guarantee, and if followed generally would render the necessity of a new recommendation, moved for by Mr. Macnamara, unnecessary.

Dr. Rolleston drew attention to the report of the Medical

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Teachers' Associatiation, published in 1869, wherein the illusory nature of all such regulations as were being proposed as demonstrated. He believed the truest remedy lay in the healthy competition of the schools, and that the periodical issue of a "pluck and pass list" was the best guarantee for thoroughness of education. Dr. Andrew Wood's elaborate Scotch scheme he considered a farce, delusion, and snare. He desired to see a student *profit* from lectures; and these should therefore be good in themselves, to secure the mental attention and profit of the auditors. He insisted on the importance of competition and an adequate examination as the proper means of securing the end sought to be attained by the motion.

Sir DOMINIC CORRIGAN was of a similar opinion. He cited his experience of lectures in proof that these were little more than periods of recreation, in many instances the men attending them making use of the opportunity to read novels or do anything rather than attend to the subject of the discourse. The roll-call system he deemed entirely fallacious; and called attention to the fact that in Germany no such system of enforcing a student's presence is known. He should oppose the motion.

Dr. AQUILLA SMITH saw no hope of ensuring either regular attendance at lectures, or accurate returns of such attendances. He agreed in the main with Sir Dominic Corrigan, and believed that a good lecture would always be well attended. He considered the many obstacles in the way of efficiently carrying out the provisions of the motion made it valueless and impracticable.

Mr. TEALE considered that Mr. Macnamara sought to make the General Council responsible for the shortcomings of the licensing bodies. His personal experience of the roll-call was satisfactory, but possibly this arose from the peculiar circumstances in which the students at Leeds were placed, most of them being resident with medical men, who would accept attendance at lectures as a proof of regular conduct.

Dr. QUAIN felt convinced that a stringent examination would best secure a good education, not such fadding arrangements as roll-calls, &c.

Dr. STORRAR thought the only requirement sought should be the proof of a student's having spent a period of time at an appropriate educational centre, this to be followed by a stringent examination.

Sir WILLIAM GULL declared that his experience of students had been to show that they readily enough attended valuable demonstrations; and he urged that all professional examinations should be *practical*. The forced attendance of students at lectures, often of no value, he stigmatised as cruel.

Mr. MACNAMARA replied on the discussion, that the real point of his motion had not been touched on. He sought to have a man's *entrance* on medical studies at a proper time certified. He agreed, however, that voluntary attendance on *good* lectures could be relied on; and also that there was but small value in the roll-call, as such. He hoped the vote of the Council would be on the subject of the motion, and that it would not be influenced by the interesting discussion they had listened to on compulsory lectures.

The motion on a division was lost.

PRECAUTIONS AS TO EFFICIENCY.

Dr. HAUGHTON next moved "that the Council do proceed to inquire what precautions are taken by the several medical authorities and corporations to secure that the certificates accepted by them from the several medical schools and hospitals guarantee a definite amount of attendance on the part of the holder on lectures, dissections, laboratory work, and hospital work; and are not merely receipts for money paid without inquiry into the actual attendance of the holder of such certificates." He said that his fifteen years' experience in Trinity College, Dublin, convinced him that some such provision should be adopted. He felt grateful to Sir William Gull for his intelligent exposition of examination aims, with which he fully agreed. Nothing, he was sure, could replace the *living teacher*, whose direct influence on the student might not be over-estimated. Many subjects could not be taught by books, and such elements of knowledge were only acquired by direct contact with the teacher, the source of information. Trinity College, Dr. Haughton continued, had minimised lecture attendances, but the lectures that were retained sufficed to give the student all the essentials of material knowledge. He felt sure the multiplication of lectures was productive of evil, and could mention that there were two regular classes of certificates obtained by means of them. The first was a mere money receipt, and was no guarantee that the holder had undergone regular instruction, although it was received by licensing bodies in evidence of education. The other class, were certificates endorsed by lecturers, on which alone, he urged, could any reliance be placed, although even abuses of this system were not unknown, as was pointed out after. Dr. Haughton reminded the Council that the abolition of roll-calls meant the suppression of fees paid for lectures, which would be taken up by no students save on compulsion.

The motion having been seconded by Mr. Macnamara, Sir DOMINIC CORRIGAN said he agreed generally with Sir William Gull that a practical examination is desirable; with the motion, however, he must express disapproval, for he was convinced that the examination test is the truest guage of a man's attainments. Adverting to the charge brought by Dr. Haughton, he expressed assurance that every hospital in Dublin would be obliged to yield both classes of certificates, should they be insisted on by the body of students, since the existence of the hospital as a teaching centre, was wholly dependent on the student patronage it received.

Dr. AQUILLA SMITH, while desirous that the attendance of students at lectures should somehow be secured, deprecated the useless multiplication of *recommendations* issued by the Council, especially since compliance with them could not be enforced.

Dr. STORRAR denied that the Council's recommendations were sometimes laughed at, as Dr. Smith had asserted. Dr. Smith, however, repeated his assertion, adding that he was certain of the truth of his statement.

Sir JAMES PAGET said he thought no rule could be made in reference to certificates of attendance, which might not be evaded. The rectification of the abuses complained of can only be hoped for through the action of the honourable and gentlemanly feeling of the whole profession, students included. He should regret to see the motion converted into a recommendation. He urged that examinations should be in the *principles* of knowledge, rather than a test of mere acquisitive capacity. To this end a practical examination is not possible; only by personal interview and oral questioning, supplemented by paper work, can such information be extracted. The Council, he added, had to decide as to methods of education, and he thought it ought not to go forth to the public that it regarded attendance at lectures as unnecessary. It behoved them to act with extreme caution in deciding on any point of this nature. He preferred to place implicit trust in the honour of teacher and student, as a means of effecting the result sought to be attained.

Prof. HUMPHRY thought it impossible that examination alone could be a sufficient test of knowledge. Even the London University examinations were after all only minimum tests, and any man might be examined to pass them. He was sure that the *principles* defended by Sir James Paget were the essential bases of education. It had, he considered, been too freely admitted that lectures were a valueless means of communicating information. Students should be induced to cultivate *personal* relations with their teachers, as thus would they glean the most valuable kind of knowledge. He believed that compulsion to attend lectures pressed most heavily on the careless and indifferent men. His personal experience was that voluntary high-class lectures were well attended by the best students, and he strongly advocated frequent *class examinations* as an aid to study.

Dr. QUAIN was sure that if lectures were attractive they need not be compulsory. At Dr. Sharpey's lectures, for example, sitting room for all who flocked there could not be found, as many as 400 attending. He endorsed Prof. Humphry's opinion as to class examinations.

Dr. ROLLESTON would remind the Council that there were good examinations and bad examinations, and drew attention to the "Staats examen" of Germany, the whole time occupied in examination being four months. The test is intensely practical, and as a means of proving a candidates knowledge, in every way adequate. He would like to see such examinations, or an approach to them introduced into this country, as by means of so complete a system the elimination of every fallacy might be ensured. He reminded the Council that they had had before them, ten years previously, a document (Report of Council on Medicel Education, with three Appendices) which virtually trod the ground they had been over that day.

Sir WILLIAM GULL advocated the *intellectual test* of every candidate for entry into the medical profession. Such test must of necessity exclude 33 per cent. of the candidates; since so many, he felt sure, would if properly tried, be found

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fitted only for mechanical pursuits, and in no way mentally equipped for the medical life. He added, that the present examination system in this country is unfair to candidates.

Mr. SIMON thought the discussion had been the most discursive he had ever listened to in that place. Though he disliked the wording of the motion, he must agree in its general principle, and was guided to such decision by a private communication made to him, during the adjournment, by Dr. Haughton.

Dr. HAUGHTON, replying, said he had personal knowledge that certificates had been issued to men for attendance on lectures, who had never been present at a single lecture of the course, and hoped the knowledge that such do exist would influence the whole of the Council on his motion, which sought to remedy so glaring an abuse.

The motion was lost, the numbers being 6 for, 12 against.

THE CASE OF ADAM ADDISON.

A motion was put from the Chair, that the name of Adam Addison, who was convicted at the Old Bailey of the murder of Ann Robinson, and sentenced in May last to penal servitude for seven years, be erased from the Register, and was carried without discussion.

THE CASE OF PATRICK JAMES MURRAY.

This was the case of an appeal from Mr. Patrick James Murray against the action of the Colleges of Physicians and Surgeons of Ireland, in removing his name from the roll of licentiates. And a further prayer was read from him that his name should not be removed from the Register; thereupon some discussion ensued as to the power of the Council to act in this matter, and the opinion of the Council's legal advsier (who was present) having been given, to the effect that the name of a disqualified practitioner could not be legally retained on the Register, the motion from the chair, that the name of Patrick James Murray be erased from the Register, was carried.

ELECTION OF PRESIDENT.

Dr. ACLAND was re-elected for a term of five years.

THIRD DAY—SATURDAY, JULY 19TH.

The minutes of the preceding day's business having been confirmed, Dr. ROLLESTON rose to add an explanation to the remarks he had made on Friday bearing on the German "Staats Examen." Dr. Andrew Wood had asserted that considerable alteration had been made in the scheme as described by him (Dr. Rolleston), and had mentioned Mr. Turner as his authority for the statement. Dr. Rolleston was glad to see Mr. Turner present now, and that gentleman would bear him out in the statement that the alteration mentioned was one of the most trifling nature, having no bearing on the examination itself, but having reference merely to the dress of the officialf who superintended it. He again referred to Billroth's excellent treatise on the "History of Medicine" in support of his statement; and to the Report of the Educational Committee, laid before the Council ten years ago.

The PRESIDENT then announced that Mr. Simon found it impossible to serve on the Executive Committee, of which he had been elected a member. Sir James Paget, continued the President, had reconsidered his decision not to accept a place on the Committee, and was ready now to undertake the duties should the Council be desirous of conferring the honour of re-election on him. A ballot then took place, and Sir James Paget was declared unanimously elected to fill the seat on the Committee vacated by Mr. Simon.

Dr. AQUILLA SMITH being in possession of the house at the adjournment on Friday evening, now continued his speech on Mr. Macnamara's motion :—

"That in all questionable cases, where persons whose names have been removed from the Register under Section xiv. of the Medical Act (1858) seek restoration, the Executive Committee, before complying with the request, shall put themselves in communication with the medical authorities whence the qualifications were originally derived."

Dr. Smith spoke at considerable length, dwelling on certain cases of malpractice (including that of Patrick James Murray) and defended the action of the Executive Council, which had been blamed for not at once communicating to the respective licensing bodies the information they possessed as to the irregularities of conduct on the part of such bodies' licensees.

The PRESIDENT also defended the Executive Committee, and declared it to have discharged its duty in full, and faithfully; and speaking personally, without lending his utterance any official weight, he was strongly of opinion that the motion ought not to be carried.

Dr. ANDREW WOOD thought it right the Executive Committee should communicate the knowledge they had of irregularities to the corporations which were interested therein through the acts of those holding their licenses. But he would remind the Council that Clause 14 of their Act compelled the insertion of a duly accredited name on the Register. He hoped Mr. Macnamara might be induced to withdraw his motion, and leave future cases to be dealt with by the good sense of the Council.

Dr. ROLLESTON trusted the motion would not be withdrawn. The English law, he said, coupled together rogues and vagabonds, and, as in one of the instances quoted by Dr. Aquilla Smith, the suspected person was a vagabond in consequence of his possessing no known abiding place, he was therefore, by implication a rogue, and any motion which would apply to this class of men must be a desirable one.

Considerable discussion then ensued of a more or less conversational kind, but was chiefly a repetition of the argument already employed. There engaged in it Drs. Quain, Humphry, Andrew Wood, Sir Wm. Gull, and Sir Dominic Corrigan, the latter entreating Mr. Macnamara to withdraw his motion, which he considered nonsensical. The outcome of the discussion was the alteration of the motion to read as follows :—

"That in all questionable cases, where persons whose names have been removed from the Register under Section xiv. of the Medical Act (1858) seek restoration, it is desirable that the Executive Committee should, without delay, put themselves in communication with the medical authorities whence the qualifications were originally derived."

Mr. Macnamara having accepted the motion as amended, it was carried in this form.

IRREGULAR PRACTICE AT HOSPITAL SCHOOLS.

Dr. PITMAN wished to be permitted to interrogate Dr. Haughton concerning the charge brought by him on Friday against a medical school which had been guilty of uttering certificates falsely testifying to the attendance of the grantees at lectures, and on hospital work. Dr. Pitman urged that his position on the board of the corporation he represented made it imperative on him to ask for this information, since he might, unknowingly, be in the habit of receiving, in his official capacity, testimonials which were valueless, and through faith in which the candidates presenting them might be admitted to privileges they were not rightly entitled to.

Dr. HAUGHTON said his reference on the preceding day had been to a hospital and school in Dublin, which he was informed on direct and unimpeachable authority had been guilty of the practice he had condemned. His informants were students from this school, who had come before him as candidates for the degree in medicine conferred by the Dublin University, but he felt bound to withhold the names of the gentlemen, and also of the body who had committed the irregularity. The confessions, that these students had obtained certificates of attendance at lectures by a mere money payment, were made to him confidentially.

Sir DOMINIC CORRIGAN raised the objection that no question was before the chair, and Mr. Simon expressed regret at this interference, since the subject under consideration was one of the most vital importance; but Sir Dominic Corrigan repeated his objection that there was no question before the chair.

Sir WM. GULL thought the Council could not permit the matter to rest here, and moved that the Branch Council for Ireland should have its attention drawn to the reported fact that some Irish School does grant certificates of attendance in cases where no such attendance is given. Such a motion would, he urged, be a becoming evidence that the Council was duly alive to the responsibility that rested with it, and in no other way could they fitly take cognisance of the irregularity.

Sir DOMINIC CORRIGAN suggested that the motion be altered, so that it should read "the report that," instead of "the reported fact that," since the evidence necessary to substantiate a fact was not forthcoming.

The motion was formally worded in accordance with this suggestion, and having been seconded by Mr. Simon, was carried.

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Sir Dominic Corrigan and the Select Committee.

Mr. Bradford wished to ask Sir Dominic Corrigan if the representations he was reported to have made to the Parliamentary Select Committee on the Medical Acts Amendment Bill, concerning the constitution and alleged defects of the General Council, were truly detailed in the medical journals of the day.

Dr. Haldane rose to order, and urged that the Medical Council should take no notice of this question, to which Mr. Turner agreed. Sir Dominic's evidence, he said, was extra-Parliamentary as far as their body was concerned, and it would become them best to take no direct notice of it.

The President thought it well that the question should be withdrawn. As a mere inquiry concerning a fact it was a perfectly harmless demand. Still, he was of opinion that any discussion in that place as to the theories of members of the Council would be exceedingly undesirable and dangerous.

Dr. Humphry thought the question ought not to be read, since if it were it must go forth as an unanswered query.

The President then ruled that the question be not put.

Progress of the Medical Acts Amendment Bill.

Mr. Simon was about to draw attention to the present position of the Medical Bill, when

Mr. Turner asked if any motion was before the house, and whether it was competent to a member of Council to introduce a motion, without having previously given notice thereof.

The President considered that the subject of the Select Committee's proceedings ought to be referred to at the Council, and gave Mr. Simon leave to continue his observations, on condition that he concluded with a motion.

Mr. Simon, having endorsed the Presidential opinion that the Council could not rightly dissolve without taking some notice of the Parliamentary proceedings, Mr. Turner said the Council must first decide if it wished to hear the motion.

There spoke in succession the President, Dr. Storrar, Sir Dominic Corrigan, Sir William Gull, and Dr. Andrew Wood, the latter objecting to the reading of the motion since reference to it had been omitted from the programme of the day.

Dr. Rolleston and Mr. Turner were followed by the President, who ruled that the motion should be handed in to the Business Committee for consideration, but remarking that expedition of business was a desirable thing, he further decided to seek the immediate decision of the Council on the advisability of hearing Mr. Simon's motion.

Dr. Andrew Wood strongly objected to such a course being taken, but eventually Dr. Aquilla Smith, and other members, having expressed their opinions, Mr. Simon read his motion, which was to the effect that the subject matter referred to the Select Committee is too extensive for its consideration. Further, that as the Bill would in all probability never become law, and as the Lord President's Bill contains many desirable suggestions, that, therefore, the Government should be urged to pass the clauses on which general opinion is unanimous. He thought, too, a provisional Act ought to be passed requiring in future from candidates for registrable qualifications, evidence of adequate knowledge in medicine, surgery, and midwifery. Should the Business Committee think it unadvisable to deal with the motion during the present session of the Council, added Mr. Simon, he would not press its consideration.

Dr. Andrew Wood thought it was decidedly inconsistent, and that the introduction of the motion would protract the deliberations of the Council to a great length of time, possibly to as much as ten days.

Mr. Simon was bound, he said, to submit to the judgment of the Business Committee, and would withdraw his proposal, though he still thought the Council should take up the subject.

Registration of Dentists.

The following communication from the Royal College of Surgeons in Ireland (under date April, 1879) in answer to a letter sent pursuant to the General Council's Resolution 21 of the meeting on March 26, 1879, was read by the Registrar:—

"With reference to the Dental Curriculum, this Council have agreed to accept the General Regulations as laid down by the General Medical Council, but they cannot accept that portion of the regulations relating to the examination of candidates, *sine curriculo*, up to August 1881, whereby the examination of candidates for their license would be confined to residents in Ireland. This in their opinion could not be justified by what has hitherto been, and still is the practice, in regard to medical and surgical qualifications, or which obtained in England at the time the qualification in dental surgery was instituted by the Royal College of Surgeons of England."

Dr. Andrew Wood thought the same privileges as were accorded to England should be extended to Ireland and Scotland, and moved that the words Ireland and Scotland be omitted from the regulation.

Sir Wm. Gull did not fully gather the effect of this, and considered that the registration of practitioners should be in that division of the kingdom in which they had their practice; for he contended it was a dubious proceeding on the part of a candidate for a diploma to seek it from a foreign source.

Dr. Andrew Wood pointed out that Sir Wm. Gull ought to hail with pleasure the readiness of the English College of Surgeons to open its doors to any candidate whithersoever he comes, and whatsoever his knowledge, provided only he passed a stringent examination, since Sir Wm. Gull had only the day preceding expressed the opinion that the examination test was the paramount one.

Mr. Simon said the Royal College of Surgeons had for years been granting dental licenses. Facilities had now been given to the Colleges of Scotland and Ireland to act similarly if they saw fit to exercise the power, and a common dental title had been made. He regarded with great suspicion the migration of candidates from one country to another, diploma-hunting.

Dr. Humphry was followed by Mr. Macnamara, who urged that the original motion sought to deprive the Royal College of Surgeons of Ireland of a privilege, and that body naturally resented the attempt made to curtail their powers. The College insisted on a sufficiently stringent examination, but refused no one admission to it. If such a regulation is to be made as to dentists, it ought to be applied to all other branches of the profession. He trusted the omission suggested by Dr. Andrew Wood would be agreed to, the more especially as the Council could not insist on the adoption of its recommendations.

Sir Wm. Gull regretted the feeling which led men to seek degrees abroad, and he would move that the College of Surgeons (of England) should be requested to reconsider its determination not to examine candidates for its diploma in dentistry, who come to it, *sine curriculo*. It was most unbecoming to drive men to Scotland and Ireland for degrees in the power of the English College to bestow.

The motion of Dr. Andrew Wood having been read from the chair, Dr. Fergus moved as an amendment that the Council adhere to the original regulation of March 26th last. He thought it wise to restrict as much as possible all honorary titles, for by multiplying them the entry of undesirable candidates into the profession was aided. It being pointed out, however, that the proposed amendment amounted to a proposition negative to the motion, the latter (Dr. Wood's) only was voted on, and carried.

Sir Wm. Gull then introduced, and Dr. Haughton seconded, a motion to request the College of Surgeons (England) to reconsider its decision not to admit candidates for its dental license, *sine curriculo*.

Mr. Teale feared that this must lead to a degradation of the standard of the dental license.

Mr. Turner believed such fears groundless. Since a stringent examination would be the only portal by which candidates would be enabled to enter the body of licensees, the motion might be safely carried.

Dr. Quain pointed out that the introduction of the *sine curriculo* principle by the English College would remove the excuse men now had to go elsewhere for their license.

Dr. Storrar spoke at some length. He deprecated the year of grace which had been accorded in the regulation, and thought the new plan could not operate too quickly. The introduction of a stringent examination would be good, but he quite believed the action of the College up to the present had been productive of benefit.

Mr. Simon said the College of Surgeons had acted very deliberately in pursuing the course it had adopted. The motion affected the delicate question of the internal administration of the College. Formerly men had been admitted as dentists *sine curriculo*, but of late a special curriculum had been demanded. The candidate who had been required to fulfil this condition might, he contended, feel naturally aggrieved if now the restriction were withdrawn, and *their*

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diplomas thus reduced in value, and diminished in prestige. He would assure the Council that the Royal College of Surgeons always most carefully considered its action. He was not prepared to say whether the recommendation would be adopted, but felt, for his own part, that the College, while fully respecting the General Medical Council, might still adhere to its own opinion on the matter. It was not prepared to debase its currency.

Dr. ANDREW WOOD reminded Mr. Simon that in the part he referred to there was neither dental curriculum nor register. Under the altered circumstances, he thought the College should reconsider its determination.

Sir WM. GULL pointed out to Mr. Simon that the whole circumstances were changed in recent times. The Council being called on to construct a dental register, should do its best to make it as good as possible, and his motion would do something to that end, if carried.

The motion, on being put, was agreed to.

On the motion of Dr. Humphry, seconded by Dr. Storrar, it was agreed that the application of a number of foreign institutions to have their certificates registered in the "Dentists' Register," be not granted.

A number of votes of thanks to officers of committees, and having been passed, the proceedings of the session terminated.

Special.

THE MEDICAL TEMPERANCE ASSOCIATION.

THE first annual meeting of the Medical Temperance Association took place last Thursday, at the rooms of the Medical Society of London. A numerous gathering of members of the profession supported the President of the Association, Dr. B. Richardson, F.R.S., who occupied the chair. The proceedings commenced with a short and interesting account by the President, of the construction and method of employing his new instrument, the Sphygmophone. He showed in what way it could be made a useful auxiliary to other methods of diagnosis in the case of heart disease, arterial tension, and so forth. The beatings of the radial artery were made perfectly *audible* to those sitting at the most distant part of the room, and to the extreme astonishment of those who probably were not familiar with the earlier performances of the phonograph. Professor Hughes' Audiometer, with modifications suggested by Dr. Richardson, was next explained. This instrument promises to be useful in determining the acuteness of hearing, and it is quite apparent that both instruments are destined to become valuable accessories to the *adjuvanta* of the physician.

Dr. Richardson's demonstrations were followed by Dr. Norman Kerr, who gave an able *resumé* of recent investigations on the "Toxic Action and Power of the Alcohols." The greater part of the results lately obtained must, however, be regarded as confirmatory of Dr. Richardson's researches, made some fifteen or sixteen years ago, and communicated to the British Association, rather than as anything perfectly new. Nevertheless, it must have been gratifying to this original and able investigator to find his early researches in this field of inquiry, confirmed in almost every particular by the independent researches of skilled and capable chemists. The practical outcome of such work is quite obvious, it affords us a fuller insight into the action of the ethyls, especially in combination with the essential oils and other products of fermentation, and it also makes us better acquainted with their precise action in the human economy. It is, we need hardly say, of very great importance in practice, and in the administration of a drug, and we suppose Dr. Richardson will not deny alcohol a place amongst remedial agents or drugs,—to know that this or that wine or spirit contains a certain quantity of a toxic agent, in combination with, to most patients, an agreeable and palatable drink, and must, therefore be prescribed with caution in the sick room. We must confess to some disappointment on finding that glycerine must be classed amongst the toxic products of distillation, but such unfortunately is the case, and the fact should be known to those who prescribe it largely in certain affections, and often as a substitute for cod liver oil. The lesson to be learnt from Dr. Kerr's paper is, that when we may deem it advisable to employ alcohol, we should order alcohol pure and simple, and not in the form of wine or spirit—of the composition of which we are, for the most part, utterly ignorant.

As to the object this newly-formed society has in view, it appears to ourselves to be praiseworthy. Its chief aim is to advocate and advance the practice of total abstinence in and through the medical profession, and to promote further investigations as to the precise action of alcohol in health and disease. It also aims at being a bond of union amongst medical abstainers scattered throughout the country. It admits as members all registered medical practitioners, who may be regarded practically as abstainers from all alcoholic drinks. It admits as Associates medical students, who are likewise expected to abstain, and we are glad to see that a number of medical students have already enrolled themselves members of the Association. Neither members nor associates are, it appears, required to sign any pledge.

We would, in no carping spirit venture to say to those who desire the complete success of the movement, that an essential element in this direction will be to see that good wholesome drinking water is provided as a substitute for the various intoxicating drinks in use amongst all classes. The poor of London, in particular, are badly off with regard to water; and, month after month, we find it reported on the authority of Professor Dr. Frankland and Colonel Bolton, that the water supplied, by the various metropolitan water companies, "is quite unfit for dietetic purposes on account of excessive pollution with organic matter."

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

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*** Post-office Orders and Cheques to be drawn in favour of—

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SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, at the *Medical and Surgical Reporter* Office post free in advance, six dollars (£1 3s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-office Order

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 23, 1879.

ABOLITION OF VIVISECTION.

FEW people, whose zeal in any cause is tempered by discretion, will be surprised that, after the discussion which took place on this subject in the House of Lords,

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the Bill for the total abolition of vivisection was rejected by a majority of 81, only 16 voting for it.

The scriptures say: "Be not righteous over much," and, judging from the way in which this agitation against experimenting upon living animals has been all along conducted, and the length to which its supporters would go, it is possible, it would appear, to be also "*humane* overmuch." We heartily sympathise with the feelings of those who are horrified at any wanton cruelty being practised upon the lower animals, and who wished that some restrictions should be placed upon a method of investigation, in which it was just possible that such cruelty might be inflicted. But that a certain custom or habit is liable to abuse, is no reason why it should be absolutely given up, but that it should be so regulated as to bring the possibility of such abuse within the narrowest compass.

It is difficult to imagine on what grounds the supporters of the Bill could insist upon the total abolition of a practice which, in this country, was confined to a few physicians and physiologists whose humanity is perhaps as irreproachable as that of the pharasaical anti-vivisectionist himself. What, then, were the arguments adduced by the noble Lords who moved that the Cruelty to Animals Bill be read a second time? That a requisition to this effect has been signed by many thousands; that the measure which has been passed by the Government did not effect the object in view; that vivisection was a cruel and immoral practice; that the great discoveries in medicine and surgery had not been made by vivisection; that there were thousands who believed that all restrictions were a failure; that under the ægis of the present Act, Dr. Rutherford had performed some cruel experiments, the practical utility of which was open to much doubt; that a French physiologist had been guilty of the most barbarous cruelty; and that learned treatises had been published denying altogether the value of vivisection—these are the kind of arguments, and all the arguments, which we could discover in the respective speeches of the Earl of Shaftesbury and Lord Truro. The reader will at once see that while many of them are only applicable to the placing of some restriction upon the practice, a question which was not under discussion, the rest were, indeed, very weak arguments in favour of its total abolition.

That memorials and petitions have been signed by thousands upon thousands we do not for a moment doubt. The enthusiastic anti-vivisectionist has taken good care of that. Nor has he been at all scrupulous as to the means he employed to inflame the mind of the public on this subject. These means are too well known to the profession to necessitate our describing them in this place, and Earl Beauchamp was partly alluding to them when he contrasted the temperate and straightforward conduct of the Society for the Prevention of Cruelty to Animals with the extraordinary secrecy and mystery adopted by Anti-vivisection Society. "This society," he said, shrank from affording proper facilities for duly testing the assertions and opinions they uttered;" and well they might shrink, considering that most of the cruelties they describe existed only in their imaginations, and that they had made the most groundless and wanton assertions on the subject. As the Earl of Carnarvon, remarked "it became those who supported the Bill to show that the Act of 1876 was a failure." This they were unable to do, for so far from showing vivisection has been extensively and cruelly practised in spite of that Act, the returns showed that the practice was not so largely adopted as the anti-vivisectionists led people to suppose. One return showed that only 48 licenses were granted in 1878, of which 18 were not acted upon, another, that of 481 cases only 16 were accompanied by appreciable pain.

Some of the other arguments brought forward last Wednesday had little to do with the question at issue. It does not follow that because certain French physiologists have performed some very cruel experiments, we should do the same. It does not follow that, because Dr. Rutherford's experiments are open to criticism, therefore all experimentation on living animals should be abolished. That vivisection is, in principle, "cruel and immoral," is a creed from which many will withhold their consent, and what, moreover, may be true of a practice that is placed under no license or restrictions whatever, may not be equally true of the same practice when placed under such restrictions as will avoid those abuses to which it is said to be liable.

But while little can be said in favour of putting a stop to vivisection altogether, there are very good reasons why medical men and physiologists should, under certain conditions, have the opportunity of practising this method of investigation, and why the passing of such an Act as that proposed would not only be making, as the *Times* said, humanity appear ridiculous, but would not even attain the object which the abolitionists have in view. For were such an Act passed, those who were actuated by a thirst for knowledge would pursue those operations in privacy and without due securities against abuse, or we should have some of the most intelligent and promising of our students and physiologists driven to other countries, or we might even find, as the Bishop of Peterborough remarked, that such an Act would lead to virtual experiments on human subjects. Very little consideration will show that it would be almost as difficult to prevent private experimenting on living animals as it would be to prevent private betting, and that, moreover, one result of vivisection, in any shape or form, being made illegal, would be that many enthusiastic votaries of science would be tempted to do secretly and in their own way what the law prohibited them from doing openly. And thus, what with the secret practice of vivisection in this country, and the increase in the practice abroad (consequent upon British experimenters resorting to other countries for the purpose of carrying out their researches with more freedom), the animal world would be no better off, and the cause of humanity not in any degree furthered by such a Bill as Lord Truro has just tried, and still threatens, to pass through the House of Lords. Again, the Bill was directed against cruelty to animals, but as the Bishop of Peterborough very justly remarked, everything depended upon what was meant by the world "cruelty." It might be defined as the infliction of unnecessary pain. "If, however, the object for which pain was inflicted could be justified, and if the pain was not in excess of its object, it could not be properly characterised as cruelty." Now,

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as a matter of fact, the aggregate degree of pain inflicted on these occasions by English experimenters amounts to very little. As we have just noticed, out of nearly 500 cases only 16 were accompanied by appreciable pain. Nor could we expect otherwise. Englishmen are not, as a rule, remarkable for their inhumanity; they do not approve, any more than the anti-vivisectionists approve, of the cruelties that have been practised by some foreign investigators, whilst in chloroform and other anæsthetics the experimenter has not only one agent which will render nearly all his operations painless, but the very action of which facilitates the performance of his experiment, thus giving him a direct interest in maintaining the animal vivisected under the influence of anæsthetics.

Although Lord Truro found so few in favour of his Bill, we are still threatened with renewed attempts to put a stop to all experiments on the living animal. We feel it, therefore, our duty to remind those members of the profession who are engaged in original research that it rests in a great measure with them whether these unreasonable and fanatical humanitarians shall gain the object they have in view, and whether the time will come when the physician or physiologist will have to lay down his scalpel and trust to such accidental experiments as Nature may present to him in the course of his practice. It is unfortunately true that Dr. Rutherford did perform several experiments which were open to the criticism not only of the anti-vivisectionists, but also of his professional brethren; and that, moreover, some of these experiments were, as the Earl of Shaftesbury stated, ridiculed in the Hunterian Oration delivered by Dr. Moxon in 1877. Now it is very undesirable that we should do anything that would in the least degree fan the agitation that is still likely to exist on the subject of vivisection. If the physiological or therapeutical investigator is not to be further hampered than he is at present, and if the law is to be made less rather than more restrictive than it is now, he must show that his humanity is quite equal to his thirst after knowledge and his zeal in the advancement of science; and before performing his experiments he should, both from motives of humanity and for his own credit's sake, consider whether the conditions under which they are performed are or are not such as might involve some fallacy in the inferences drawn from them, or even whether the results obtained are likely to be sufficiently reliable to warrant a severe and perhaps "cruel" operation. Not that the failure of a vivisection experiment is any proof that it should not have been made; as of course such a result cannot always be avoided. The very nature of an experiment is such that the outcome of it may be of an entirely negative character. Or the result may be still more unfortunate—it may be fallacious, and lead to error instead of truth. Nevertheless, this fact is a very unfair argument to use in favour of abolishing the practice of vivisection altogether. Were no experiments made except those that were almost certain to prove successful, nothing would be found out. If, however, the anti-vivisectionist, persist in making use of such argument, all we can do is to exercise as much discretion and humanity in the performance of these experiments as circumstances will admit of. The rest we must leave in the hands of the State, and trust that before long a more rational and enlightened public opinion will induce the Legislature to diminish, rather than to increase, the restrictions that are now placed upon scientific research.

COUNTER-PRESCRIBING AND DOCTOR DISPENSING.

The chemists and druggists were, some time since, transported to that paradise which is not supposed to be the habitation of wise men by a decision half-favourable to their right to prescribe across the counter given in the case of one Shepperley, of Nottingham, who was prosecuted by the Medical Defence Association for acting as a medical practitioner contrary to the English Apothecaries Act. The gratifying sense of security, into which the counter-prescribers were thus lulled, has been rudely broken by the decision of Mr. Motteram, Q.C., the Judge of the Birmingham County Court, in the prosecution of the Apothecaries Co. *v.* Harrison. The judgment was an elaborate written review of law and precedent bearing upon the matter, and may be taken as the fullest review of the legal aspect of the question which has yet been given. The facts were quite simple. A woman went to the chemist and described her ailment; she swears that he looked at her tongue, felt her pulse, made inquiries as to uterine troubles, and, in fact, did everything that a doctor could do short of a vaginal examination. This testimony the druggist to a certain extent denied, seeking to make it appear that he made no investigation of the disease, but simply made up a tonic.

After a review of the facts, the judge said, in reference to the method in which the business of chemist was pursued in 1815, *i.e.*; before the passing of the Apothecaries Act—

"The evidence on this point undoubtedly shows that chemists, in carrying on their business before the year 1815, did something (lawful or otherwise) beyond selling medicines, and if the present, instead of being a case of a serious character, as I find it from Dr. Suffield's evidence to have been, it had been of the trivial nature of those referred to in the evidence, the second part of the defence would have arisen and would deserve serious consideration; but the evidence convinces me that, though chemists before 1815 might have advised in trivial cases, they were not in the habit of advising and prescribing, as the defendant had done, in a case of the serious nature of the present, but would have sent such a case to the apothecary. If, however, it be correct, that before 1815 some chemists were in the habit, in trifling cases, of advising as well as supplying persons with medicines, it does not in the least follow that they ever had the legal right to so advise and supply the medicine, or are protected by the 28th Section of the Act in case they do. I think it is very probable that some chemists before 1815 did act as some do now; but if they did, I believe they had no legal right to do so, and were usurping the rights of those who had. What business therefore the section provides is not to be affected by the Act, and what might be carried on notwithstanding the Act, would appear to be not that trade of a chemist as carried on by him in the 'advising and selling medicines,' but only as he carried it on in the buying, preparing, compounding, dispensing, and vending his drugs. So it is this trade or business of a chemist so described, not the enlarged or extended one, that the Act permits him to carry on, and protects him in doing as fully as he might have done before the passing of the Act. The legislature would appear not to have known (if, indeed, it existed) of

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this extended business of a chemist as now contended for; or if it did, it appears to have ignored it as no part of the legitimate business of the chemists, and declined to protect them in the exercise of it after the passing of the Act. I have made these few observations for the consideration of the defendant, and those associated with him; they form no part of my judgment, which is in no way founded upon them, for, as I have already said, I find the present case was of a serious if not a dangerous nature, and in that view of it I don't understand that even the defendant's counsel would contend his client had the right to treat it as he has done. Verdict for plaintiffs £20 and costs."

This decision, though conclusive that chemists and druggists never had, and have not now, any legal right whatever to advise and prescribe, is altogether unsatisfactory, because it is based upon the fact that the disease prescribed for in this particular case was of a serious, *not* a trivial nature. It would seem to be inferred that a chemist may legally advise and prescribe for any patient who, at the time, is not "seriously" ill. Such a judgment is a *reductio ad absurdam*, for how could either patient or prescriber form a decisive opinion as to the gravity of the illness; and a *fiction*, how could any jury subsequently say whether the patient was "seriously" ill when the chemist was consulted, or, on the other hand, was either convalescent from serious illness, or only in the first stage of dangerous disease? and how could the chemist himself draw a line between the "trivial" cases for which he might legally prescribe, and those more "serious," which he might not touch.

It really seems to us that the only way out of the present most objectionable and most dangerous system of doctoring by unqualified and ignorant persons, is the complete dissociation of pharmacy and medicine. We hold the opinion that the vending of drugs, tooth-brushes, and pomatum by duly educated and qualified medical men is as much a prostitution of their legal rights as the treating of sick people by poison-vendors is of theirs. We cannot blame the druggists for persisting in the pursuit illegally of a practice of which they are ignorant, when we find that a vast number of medical practitioners pursue a trade of which they never knew much, and which is totally outside their professed business. A decided advance to the severance of pharmacy and medicine was made recently by the Rochdale Chemists' Association, the report of whose proceedings we find in the *Chemist and Druggist*. That Association appointed a committee to take steps with a view to an arrangement for the dispensing of medicines to be done by the chemist instead of by the medical man as at present. The first thing that was done was to make somewhat extensive inquiries in different parts of the kingdom as to the practice now in use, and as to the effect, so far as the interests of the medical man and the public are concerned.

Expressed briefly, the following were the results of the investigation:—In 16 large towns in England, the practice of medical men dispensing their own medicines is either not known or little followed. In 15 less pretentious cities, there are many medical men who do not dispense. In 14 others the practice largely prevails, but it is not universal; and in 27 minor towns the doctors do all their dispensing, with but rare exceptions. After this, the whole of the medical men of Rochdale were invited to meet the committee. After this, another meeting with the medical men was arranged, when the following document was submitted to the meeting for the purpose of convincing the medical men:—

It is argued by medical men that if patients are not supplied by them with medicine they will have to charge a reduced fee, the loss of which will not be covered by the saving in drugs and charges connected with dispensing.

The loss the committee considered would be more than covered by one extra visit per day in each week of six days, or one visit more per day throughout the year would more than cover the loss, and pay for the few drugs which would be kept for emergencies.

How would the poor and the very poor pay for their medicine?—A standard price being adopted for general use, exceptions would be made as follow:—The prescription might be marked with the letter P (poor) by the medical man, if he thought any case deserving of such a distinction, when the chemist would charge one-half or one-third the ordinary sum; and, where the patient was very poor, the mark might be V.P., when no charge would be made for the medicine then supplied, but this would be followed by the chemist giving a recommendation to the dispensary, or he would refer the case to the Charity Organisation Association (if formed), or an arrangement might be made with the guardians to pay one-half or one-third the standard charge, for those in receipt of parochial relief.

What about counter-prescribing?—Ever since the incorporation of the Pharmaceutical Society, chemists generally have discouraged prescribing in the hope that they would ultimately have the duty of dispensing the prescriptions of medical men. Where this practice prevails there is no prescribing done by the chemists, except for such simple ailments as the medical profession do not care to treat, or the public do not think of asking their advice about. The result may be thus briefly summed up—the more dispensing by chemists, the less prescribing; the less dispensing, the more prescribing.

After the reading of the above document, there appeared to be a dead stand at the first difficulty, viz., that of pecuniary loss to the prescriber. On the whole the result was negative, save that the question was raised with a prospect of eventual settlement.

We may, perhaps, give some strength to the movement by pointing out that the experiment of a complete separation of pharmacy and medicine has been tried on a gigantic scale with perfect success. In Ireland, but very few practitioners in the large cities ever think of dispensing their own medicines; and, in the country districts, no one does so who can possibly supply his patients with their medicines in any other way; and yet the Irish practitioner is, on the whole, quite as well off, and occupies a much higher social position than his English or Scotch *confrère*.

The time and freedom of mind which he gains by tabooing personal connection with the apothecaries shop more than compensates, in earning power, for the profits which he would make by making up mixtures, lotions, and pills, which the patient does not want, and he enjoys as his balance of profit to credit of the Irish System—the advantage of getting his fees cash down, keeping no books, furnishing no Christmas and Easter bills, and ranking as a gentleman if his demeanour deserves it.

Utopian as the inspiration may be, we cherish the hope that eventually the medical practitioner will devote his skill to the consummate use of the tools which the pharmaceutist places in his hand, and that the pharmaceutist will content himself with producing those agents of the very best attainable quality, the Republic of Medicine being

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thus a co-operative compact between the parties who are now injuring themselves and each other by an unmeaning contention.

Notes on Current Topics.

Sanitas.

On Friday we had the opportunity of seeing how this excellent disinfectant and antiseptic was manufactured. About 150 gentlemen, among whom were the Marquis of Exeter, Lord Alfred Churchill, Dr. Farr, Dr. Sedgwick Saunders, and several others interested in sanitation, had been invited to inspect the Sanitas Company's Works, in Three Colt Lane, Bethnal Green. The Duke of Manchester was to have presided on this occasion, but as illness prevented him from being present, an able substitute was found in Major Wood, who, after the company had partaken of a substantial repast, told them in an appropriate speech the object for which they had assembled. Mr. Kingzett also explained the theory of the process by which this disinfectant is manufactured, the construction of the apparatus used for the purpose, and the advantages which Sanitas has over all other preparations of the kind. He showed that the manufacture of the article chiefly consisted in blowing a large volume of air through turpentine floating upon water, by which means this turpentine was partly decomposed, with the formation of peroxide of hydrogen and camphoric acid. These products are taken up by the water, which on completion of the process, is drawn off and constitutes the "Sanitas" of commerce. Several experiments were also shown illustrating the valuable disinfectant and antiseptic properties that had been claimed for this substance. We need not tell the reader that in a sanitary point of view the efficacy of peroxide of hydrogen and camphoric acid can scarcely be overrated. That Sanitas contains these agents in large quantities, that it is perfectly innocuous, and of an agreeable odour, are circumstances which make it more valuable, and which will doubtless command for it a greater sale than any other disinfectant we are acquainted with.

Brompton Consumption Hospital.

There is perhaps no other charity in London which has more claims upon the sympathy and support of the public than this excellent institution. It is, therefore, with much pleasure we notice that the Prince of Wales laid, a few days ago, the foundation stone of a new building opposite the existing hospital in the Fulham Road. His Royal Highness was accompanied by the Princess of Wales, the Prince and Princess Christian, the Duke of Cambridge, the Countess of Macclesfield, and Lord Suffield. The approaches to the site of the new building were decorated with the flags, banners, and other marks of welcome usual upon such occasions. Among the ladies and gentlemen on the platform were the Duchess of Westminster, the Marchioness of Londonderry, the Earl and Countess Cadogan, Sir Julian Goldsmid, M.P., and Lady Goldsmid, Mr. Otto and Madame (Jenny Lind) Goldschmidt, Lord Ernest Bruce, Lord Ranelagh, General Macdonald, Sir Leopold and Lady M'Clintock, and Mr. S. C. Hall. The Prince and Princess of Wales were received by a guard of honour of the Queen's (Westminster) Rifle Volunteers, by the Earl of Derby (President of the Hospital), the Vice-Presidents, the Committee of Management, Sir Philip Rose (the Hon. Secretary), the Chaplain, Medical Officers, and Mr. H. Dobbin (the Secretary). After the Earl of Derby had given a statement of the present position and requirements of the hospital, the Prince of Wales made a remarkably able and appropriate speech, and this was followed by a special form of prayer from the Bishop of London, compiled by himself for the occasion. The Royal visitors were afterwards shown over the old hospital on the other side of the road, where their Royal Highnesses signed an illuminated copy of the scroll deposited in the glass vase, to be hung up in the board-room side by side with the scroll signed by the late Prince Consort upon his laying the foundation stone of the existing hospital in 1844.

Mr. Simon on Medical Reform.

In the fifth annual report of the President of the College of Surgeons, which has just been issued, Mr. Simon laments the present chaotic state of medical legislation and the difficulties in the way of effecting those reforms about which so much has now been written and said. He is very doubtful whether these difficulties will be surmounted in the course of the ensuing year, and, with regard to the formation of the one-portal system, he says that, if matters are not soon brought to a favourable termination, the College should give up all idea of conjoint action, and seek to perfect its own organisation independently of the other corporations. We should not wonder if the College acted upon the suggestion thrown out by Mr. Simon, for it has not only consented to great sacrifices in order to join in the proposed scheme of a Conjoint Examining Board, but has taken a very active part in making arrangements for the practical working of that system. Its patience and good intentions must now be almost worn out, but, should the conjoint scheme come to naught, the College will have the satisfaction of knowing that nothing was wanting on its part to bring about such a desirable reform.

Bloodless Tracheotomy.

W. W. Dawson, M.D., Professor of Surgery, Medical College of Ohio, strongly advocates the use of a blunt instrument for tearing through the subcutaneous tissues lying between the skin and trachea when performing this operation. By doing so all danger of hæmorrhage is avoided.

In making the skin incision he pinches up the integument in a fold, transfixes with the knife, and cuts outwards. For cutting through the trachea he uses a *curved double edged sharp-pointed bistoury;* with this he catches up the trachea as with a tenaculum, and finds less force necessary in its introduction than is the case with the ordinary knives, thus avoiding the danger of transfixing the wind-pipe. He advocates the skin incision to be made as high up as possible, and also a very free incision throughout tracheal rings.

In the course of his clinical lectures, he warned the

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students that so far from this being one of the easiest and simplest operations in surgery, as might be inferred from the text-books, it is in reality one of the most trying, and one that requires great care and skill on the part of the operator. The following are his words, and will justify his judgment;—

"You imagine the case is simple, the neck long, the patient lean, and expect to find easy access to a superficial trachea. After dividing the integument you cut into the cellular tissue, and to your surprise and horror you find the trachea low down, and covered by a mass of veins, rendered thick, turgid, and almost varicose by impeded respiration. You cut, tie, and tear your way along, and when you hope to open into the trachea, find yourself at the bottom of a deep bloody well, with a constantly moving tube to open." Those who have performed this operation, or have been present at its performance will recognise the truth of the picture. He lays proper stress upon the necessity for the operator keeping strictly to the median line.

Speaking of his experience in connection with this operation, he says: "I have performed tracheotomy a great many times, have never lost a patient when I operated for foreign bodies, *and have never saved one when I operated for the difficulties attending croup and diphtheria.*"

Most certainly it is incumbent upon every one about to perform this operation to enter upon it with a mind duly impressed with the dangers and difficulties likely to be met with, and not with a rash confidence in the simplicity of the operation, as performed upon the dead body, his own skilfulness, or the likelihood of a successful result.

The Staats Examen.

At the meeting of the General Medical Council on Friday last Prof. Rolleston called attention to the Staats Examen of Germany and Austria and urged the introduction of a similar system of examination into this country. He pointed out that a comparison of the account given by Drs. Hermann Biegel and Bruce at p. 25, etc., of Appendix ii. of the General Medical Council's Report on Professional Education, 1869, with that published in 1876 by Billroth, of the German and Austrian Staats Examen, would show that no difference of importance as regards the duration of the Staats Examen has been introduced between the two dates. Hence, the inference that the system is productive of good results is natural and allowable, else material modification would have been found to be necessary. Some members of the Council seemed to consider the duration of the Staats Examen, which extends over four months, too severe a strain on the enduring powers of candidates. But the actual and continuous examination of the candidate does not proceed without a break, any more than the treatment of the hospital patient who is under his care for test purposes. Human nature could in neither case hold out under such a *tentamina physica*. But our readers will see that the German Staats Examen are examinations not only of students but also of teachers and teaching establishments. They are not only inspections of students but inspections of schools. Their duration may be carelessly spoken of as amounting to prolonged torture, but in reality it secures the students on the one side against unjust rejection, and the public, on the other, against ignorant or inefficiently qualified practitioners.

The New Irish University.

The profession is not very much concerned in the controvery which has arisen over the proposal of Lord Cairns to supersede the Queen's University by a new cosmopolitan institution which would embrace all comers without distinction of locality, religion, or nationality. In the abstract the scheme is obviously worthy of approval, for every one will admit that it is in the highest degree desirable to place university degrees within the unfettered grasp of all. But whether the new University will be good for the country or not will depend altogether upon the standard of education which it demands from its graduates. If it follows the example of the London University and guards with the utmost strictness the portals of the learned professions against the ingress of half-educated persons, then it will fulfil its avowed object in the encouragement of learning; but if, on the contrary, it purchases popularity and monetary independence by selling its degrees at a low educational price, then it would be better if the University had never existed. As to the course it will pursue in this matter we are bound to assume the best, but the Bill gives us no guarantee. The Governing Body may grant its degrees on what terms may—at their absolute discretion—please them, and it is possible that they may think it well to follow the lead already set them by one Irish University, and proceed to get graduates at any price, either by purchase or by cheap sale of degrees. The fear that this may be the policy of the new University seemed at first to be warranted by the terms of the Bill which in its 7th clause ran in the following words :—

"The charter shall provide that the University shall confer a degree upon every person who, having matriculated in the University, and complied with such conditions as to his subsequent education and the passing of such examinations as the senate may prescribe, satisfies the senate that he is qualified in point of learning to obtain the same. No residence in any college, *nor attendance at lectures, or any other course of instruction in the University shall be obligatory upon any candidate for a degree.*"

That University degrees in medicine or surgery should be issued without an hour's attendance of the candidate at hospital, or in any other place of study, appeared so daring, that the Council of the Irish College of Surgeons at once addressed to Lord Cairns a remonstrance against such a proposal, and apparently with good effect, for when the Bill was committed the Lord Chancellor moved to add the following words :—"Other than a degree in medicine or surgery." So far this concession relieves our minds, but we shall look with great anxiety to the terms of the Bill as it may be modified in the Commons, in the hope that we may find therein some assurance that the degrees in medicine of the University will be granted only upon the authority of a high-class education, and a stringent and thoroughly practical examination.

Dr. Acland, F.R.S., was unanimously re-elected President of the General Medical Council, on Friday last, for a further term of five years.

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The New Charter of the Irish College of Physicians.

The bye-laws adopted by the King and Queen's College of Physicians to regulate the new grade of members, in accordance with the provisions of the Supplemental Charter of December, 1878, have been submitted, for approval, to the Lord-Lieutenant of Ireland. The members of the College alone are to be eligible to the fellowship, and are to enjoy certain privileges, but will not be members of the body corporate. All licentiates of the College admitted before December, 12, 1878, are entitled to be admitted members without payment or examination on complying with certain conditions. Every candidate for the membership must be twenty-five years of age; must be a licentiate of three years' standing of the College or of the Royal College of Physicians of London or Edinburgh; or a licentiate of one year's standing and a graduate of arts of a university in the United Kingdom; or a licentiate of one years' standing, and a registered practitioner of seven year's standing; and, of course, must produce satisfactory testimonials of good character, &c. Every candidate for examination will have to produce proofs of a certain degree of extended professional education, and will be required to translate into English a passage from a Latin author, or to show that he possesses a knowledge of Greek, or French, or German; and he will have to pass an examination in "pathology, medical anatomy, histology, medical chemistry, principles of public health, (including climatology and meteorology), psychology, forensic medicine, and clinical medicine."

An Operative Method to Combat Commencing Pyæmia.

H. Kraussold in v. Langenbeck's Archives, xxii, page 965, says (*Centralblatt, Cin. Lancet*)—"In a man, 29 years of age, at the Erlangen clinic, amputation was performed just above the knee-joint, on account of a badly united fracture complicated with an aneurism of the posterior tibial artery. Repeated and alarming hæmorrhage followed, and the manipulations necessary to control it in a manner destroyed the antiseptic precautions, so that on the fourth day pyæmia supervened with a chill. As the cause of the same was supposed to be a commencing suppurating thrombus of the vein, the latter was opened and a discoloured fluid along with the contents of a thrombus escaped. Immediately after this the vein was exposed to Poupart's ligament, ligated at two points, and the intervening part, from two to three centimetres in length, removed. The femoral artery was also ligated in order to guard against further hæmorrhage. The temperature of the body sank at once to the normal, and the patient recovered without further untoward symptoms. Ligation of the vein under similar circumstances, has been performed before with good results, and as soon as the diagnosis is established one should not hesitate to resort to it.

On reference to the proceedings of the General Medical Council in another column, it will be seen that the name of Adam Addison, who was recently convicted for procuring abortion, has been ordered to be struck off the Register.

Pilocarpine as a Remedy for Baldness.

It is announced by Dr. G. Schmitz (*Berl. Klin. Wochenschrift*, 27th January, 1879), that pilocarpine possesses, in a remarkable degree, the power of reproducing the hair on a bald surface, in certain instances at least. The cases on which this statement is based are as follows:—A man, 60 years of age, completely bald (with the exception of a few white hairs on the occiput), was operated upon for cataract. After the operation there remained in one of the pupils a fragment of membrane to cause the absorption of which the author administered, within a period of fourteen days, three subcutaneous injections of the muriate of pilocarpine. The membrane disappeared; but this was not all. At the same time the head became covered with a thick crop of hair, which grew so rapidly that at the end of four months no trace of baldness remained. The new hair was partly white and partly black. The second patient, aged 34, suffering from an affection of the retina, presented on the crown of his head a perfectly bare patch, as large as an ordinary playing card. Two injections of the same substance not only cured the ocular affection but produced an abundant growth of hair on the bald part of his head. Unfortunately, Dr. S. gives no information as to the nature or causes of the baldness in his two patients.

Decrease of Medical Practitioners in France.

The *Journal de la Société de Statistique*, giving the official statistical return of the number of all persons engaged in the medical profession during 1876, has just been published, and it is of interest to compare it with the official list for 1866:—

	1866.	1876.
Population . .	36,469,866	36,905,788
Doctors of medicine .	11,457	10,743
Officiers de santé .	5,582	3,633
Pharmaciens . .	5,726	6,232
Midwives . . .	12,314	12,847
Herborists . .	950	983

This diminution is not of recent date, for, taking account only of doctors and *officiers de santé* these numbered 18,099 in 1847, and 18,052 in 1853, while in 1866 their number was reduced to 17,039, and in 1876 was only 14,376.

A Counter-prescribing Prosecution.

Mr. Motteram, Q.C., Judge of the Birmingham County Court, gave judgment last week in the case of the Apothecaries' Company against Harrison, chemist, Birmingham. The action was brought to recover £20 damages, by way of penalty, under 55 Geo. III., cap. 194, sec. 20, against the defendant for prescribing medicine to one Julia Caddick, in November, 1876. The case had been postponed pending the decision in "Shepperley's case." The defendant took refuge under a proviso of the 28th section of the same Act, and counsel on his behalf contended that he had a right to prescribe medicine in a case like that under the notice of the Court. In giving judgment, Mr. Motteram said he found from the evidence that the defendant had clearly and unmistakably acted as an apothecary, and the proviso relied upon afforded, in his opinion, no defence in such a case as that. The verdict,

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therefore, would be for the plaintiffs for £20 damages and costs.

Murder of a German Physician.

THREE months ago a very tragical and mysterious occurrence took place in Germany. D. Mulhäuser, a well-known physician, was murdered, as is supposed, by his own servant, who also lay dead at a short distance. There were traces of a struggle, and death had in both instances resulted from wounds inflicted by a knife. It is supposed that the servant man, who had been at one period confined as a lunatic, had been seized with an attack of homicidal mania, and after murdering his master had committed suicide. The whole affair is shrouded in impenetrable mystery, and, as may be supposed, has given rise to a great deal of gossip and speculation.

British Practitioners in Canada.

THE local medical authorities of Canada have hit upon an ingenious method of defeating the law which authorises all duly registered British practitioners to practise in the British Colonies.

At the late meeting of the Ontario Medical Council a bye-law was passed making a general registration fee of 400 dols. and granting a rebate of 350 dols. to Canadian graduates. This is intended to prevent British graduates and Canadian M.D.'s possessing British qualifications from practising in Canada, except on payment of a registration fee of 400 dols. The *Canadian Med. Journal* expresses great doubt whether such an arrangement will hold water, and believes it is *ultra vires*. The Act provides that all who have received their qualifications prior to the 1st of July, 1870, shall be admitted on payment of a registration fee of 10 dols., and no differential registration fee was contemplated.

"We would not," says our contemporary, "have alluded to this subject, as a matter of a very great moment, were it not for the fact that such a policy on the part of the Council is likely to destroy all hope of obtaining reciprocity in medical registration between Canada and the mother country."

A Well Deserved Reward.

AT a meeting of the Committee of Council of the British Medical Association, held on Wednesday, July 9th, Alfred Carpenter, M.D., President of the Council, in the chair, it was moved by Dr. Sieveking; seconded by Surgeon-General Maclean, and resolved unanimously—

"That in consideration of the extraordinary professional services rendered by Surgeon-Major James Henry Reynolds, M.B. Dub., V.C., at Rorke's Drift, Zululand, South Africa, on the 22nd and 23rd January, 1879, in his constant attention to the wounded under fire, in consideration of his eminent bravery in voluntarily conveying ammunition across an open space under a heavy cross fire, and also of the remarkable intelligence, coolness, and tact evinced by Surgeon-Major Reynolds under circumstances of great danger, the Gold Medal of the British Medical Association 'For Distinguished Merit,' be, and hereby is, awarded to him."

M. Koeberle's Ovariotomies.

M. KOEBERLE communicated to the Strasburg Medical Society the statistics of his recent ovariotomies. In 1878 he practised seventeen with only one fatal result. Besides these he had four other gastrotomies—viz., extirpation of a fibro-cystic tumour from the broad ligament, two extirpations of fibrous tumours of the uterus, and an exploratory incision in a case of hæmatocele followed by chronic peritonitis, the hæmatocele recurring six months afterwards, and being again treated successfully by exploratory puncture. Of these four cases only one proved fatal. During the last four years M. Koeberlé has practised 100 ovariotomies with eighty-nine recoveries and eleven deaths. He ascribes some influence on the results to his practice of cleansing the peritoneal cavity with carbolised water.

The Medical Acts Amendment Committee.

THE Parliamentary Committee, under the chairmanship of the Right Hon. Mr. Forster, is still sitting and taking evidence, but on account of the meeting of the General Medical Council, we are compelled to suspend our Reports. We left off in our last with the examination of Sir James Paget, and regret that the length of the proceedings of the Medical Council precludes our giving the evidence of Sir Dominic Corrigan, and other witnesses since examined. Readers will, however, have gathered the drift of the Committee, and the fears expressed in our last as to the chances of the measure passing this session are unfortunately more than justified by what we have subsequently learned.

MR. PATRICK JAMES MURRAY'S petition to be reinstated on the Register was, at the same meeting, refused. Mr. Murray has before appealed with a similar result.

WE are glad to announce that Dr. John Harley has been elected Physician to St. Thomas's Hospital *vice* Dr. Murchison, deceased.

THE Council of the Pharmaceutical Society of England has negatived a proposal to proceed against co-operative stores for infringement of the Pharmacy Act by the sale of poisons.

THE German Sanitary Association will meet in Stuttgart, September 15th-17th. The subjects to be discussed are—Rules for Disinfection; for Preventing Epidemics; Hygiene of Restaurants and Lodging Houses; Necessity of Mortuary Houses; Public Baths.

IF the weather is excessively wet and the temperature low, there is the consolation that such low death-rates were never before registered. Last week the rates of mortality per 1,000 in the principal large towns in the United Kingdom were—Oldham 13, Brighton 13, Sheffield 15, Portsmouth 15, Leeds 16, Nottingham 16, Norwich 17, Plymouth 17, Birmingham 17, London 17, Wolverhampton 17, Edinburgh 18, Liverpool 19, Salford 20, Sunderland 20, Manchester 20, Leicester 20, Bradford 20, Bristol 21, Hull 21, Dublin 23, Glasgow 22, and the highest rate 25 in Newcastle-upon-Tyne.

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The American Laryngological Association Held its first annual meeting in New York last month, under very favourable auspices, Dr. Louis Elsberg, of New York, in the chair. A number of valuable papers were read and discussed every day. The St. Louis *Medical Journal* was adopted as the official organ of the Association, in the columns of which the Transactions will duly appear. New York was selected as the place of meeting, which occurs in 1880. The Association numbers some thirty-five members; admission to its fellowship requires the presentation of an original paper and the endorsement of its Council.

Mr. O'Donel, Dublin police magistrate, has fined a man, named Keating, £5, at the prosecution of the Public Health Commissioners, for holding a "wake" on the body of a child who died of small-pox. It was mentioned that a man was at the "wake" who had since died of small-pox.

The scheme of a woman's college undertaken by Holloway of the Pills, is making progress. Tenders have been invited and sent in for the erection of a block of buildings, the cost of which may be roughly estimated at £70,000. The whole expenditure contemplated is considerably in excess of half a million sterling, and we understand that the works are now to proceed without any further delay.

The abolition of the Customs duty on quinine was passed by the United States Legislature on July 1, and as a result, the *Chemist and Druggist* considers that the manufacture of the chemical in America is practically at an end. In anticipation of the inevitable American demand which this must occasion in Europe, a speculative movement has occurred in England which has occasioned a general advance in the market prices of all kinds.

In reference to our "Obituary" notice in last number, of the late Mr. C. F. Maunder, F.R.C.S., we have been informed, on good authority, that it was Mr. Louis Stromeyer Little, F.R.C.S., who was the first to employ the chisel instead of the saw in osteotomy. This case was operated by Mr. Little, at the London Hospital, in 1868, and was published in the Transactions of the Medico-Chirurgical Society two or three years later.

We believe that the present meeting of the General Medical Council is the shortest on record. The principal reason for its summons the second time this year, was to elect a president, as foreshadowed in Dr. Acland's inaugural address. It was essential, also, that an authoritative opinion on the action of the English College of Surgeons, as regards dentists, should be expressed, and this was done on Saturday, notwithstanding Mr. Simon's protest.

Compared with the favourable death-rate at present existing in London and other large cities in the United Kingdom, the following will be read with interest: The rates per 1,000 were—Calcutta 32, Bombay 32, Madras 27; Paris 21; Geneva 19; Brussels 27; Amsterdam 20, Rotterdam 32; The Hague 20; Copenhagen 22; Christiania 17; St. Petersburgh 39; Berlin 37, Hamburg 21, Dresden 26, Breslau 29, Munich 37, Buda-Pesth 36; Rome 23, Naples 26, Turin 26, Alexandria 36; New York 21, and Baltimore 27.

Last week the annual death-rate from the seven principal zymotic diseases averaged but 2·6 per 1,000 in the large towns, and ranged from 0·7 in Plymouth, to 3·5 in Sheffield, 4·1 in Bradford, and 4·5 in Bristol. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne and Sheffield; measles in Bradford and London; and whooping-cough in Bristol, Birmingham, and Sheffield. Small-pox caused 4 deaths in London, 8 in Dublin, but not one in any of the other large towns. The deaths referred to diarrhœa were but 54 last week, against 352, 223, and 433 in the corresponding weeks of the three years 1876-7-8.

Scotland.

(from our northern correspondent.)

Death of Dr. Maclaren.—Dr. Maclaren, of Johnstone, died on the morning of the 12th inst. The event has caused a very general feeling of regret throughout the whole district where Dr. Maclaren, during a long life-time, practised, and where he was held in universal respect and esteem. Dr. Maclaren was seized with illness during the middle of the previous week, and from the first, during his conscious moments, he expressed but little hope of his recovery. Dr. Maclaren was born in Paisley, and after completing his medical studies in Glasgow, settled in Johnstone. He was a successful student while in college, and carried off medals for midwifery and surgery. The deceased was a most genial, liveable man, and his society was greatly appreciated in social circles. He was a Justice of the Peace, and for a long period held the Government appointment as Factory-surgeon for the town.

A Medical Student charged with Murder.—An important trial has just been concluded at Glasgow. John McWhirtes, a medical student, was charged with the murder of his paramour, and acquitted on the dubious verdict of "Not proven." This trial has once again exhibited the too oft-repeated conflict of medical opinion. The responsibility of the medical witness can hardly be exaggerated in questions involving life and death; and it may safely be stated that dogmatism, on slender grounds, and cultivated reason stand in an inverse ratio. What estimate can we expect the public to form of "experts" who, on the one hand, assert that a woman "was subjected to much violence, and ultimately killed by strangulation, and further . . . that the process of strangulation was slow and protracted;" and, on the other, that "the woman had died primarily from alcoholic poisoning, but that in consequence of the presence of a ligature in the shape of a neckerchief round the neck, suffocation had also contributed to death." Surely the post-mortem appearances of death from alcohol, and death from strangulation are different. In this case the odour of alcohol remained, it is alleged by the reporters, in the contents of the stomach, thirty-two hours after death; and Dr. Littlejohn wisely remarks—"It is most remarkable that the medical inspectors should condescend on the special kind of alcohol." Exhibitions of this nature are not calculated to impress the public with a high sense of the value of medical testimony

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and medical witnesses should primarily consider that minute inferences, while they may command the admiration of the vulgar, are sometimes difficult of reconciliation with serious science, and may involve disastrous consequences to a guiltless individual.

GLASGOW ROYAL INFIRMARY.—STAFF "VACANCIES."—An advertisement appears at present in the newspapers stating that a physician and surgeon of this institution retire shortly in the course of the usual rotation, and inviting applications from candidates for these appointments. These advertisements, occuring as they do yearly, at this time demand a passing notice. Dr. J. G. Fleming was instrumental a few years ago, in modifying the old regulations as to medical appointments in the following manner :—After a term of eight years a physician and surgeon retire, but he is eligible for re-election, *ad vitam*. It was at first thought that these invitations to the profession to make application for the offices falling "vacant" were really serious ; but experience has shown that the physician and surgeon who thus "retire" are invariably re-elected, application may be made for the office, but no notice is taken of it. The farce is thus yearly performed, and our infirmary appointments are invariably life ones, much to the injury of the profession and the public. There is one man, however, in the subordinate grades for whom a struggle will doubtless be made, and some one sacrificed.

GREENOCK.—THE ADMINISTRATION OF THE FERGUSON EYE BEQUEST.—A scheme has been prepared and lodged in the Court of Session by the Provost and magistrates of Greenock for the management of the bequest left by the late James Ferguson, merchant and sugar refiner, Greenock. The trustees are to be Robert Steel Macmorland, sole surviving trustee ; and John Bain, nephew of the testator ; the Provost, and two senior bailies of Greenock ; and the Chairman, Deputy-chairman, and Secretary of the Greenock Hospital and Infirmary. The appointment of the oculist is to be vested in the Provost and magistrates. The directors of the infirmary are to provide an apartment in that institution to be used as an eye dispensary, at which the oculist shall attend and prescribe for applicants desiring treatment. The capital fund forming the bequest, shall consist of £7,300, and interest at the date of approval of the scheme, under deduction of legacy duty and expenses incurred by the Provost and magistrates, and directors of the infirmary in the action against the judicial factor of the late Robert Ferguson. The scheme also deals with the investment of the funds and other matters.

THE HIGH DEATH-RATE OF PAISLEY.—The high death-rate of Paisley, having attracted the attention of the Board of Supervision, a communication from that body was recently addressed to the Board of Police on the subject. The Board, it was stated, had observed from the Registrar-General's Returns that the rate of mortality in the town was unusually high, and they had to call on the local authority for any observations they might desire to offer on the subject, with reports from the sanitary and medical officers, with special reference to the town's water supply, the drainage system, and any public nuisance. The result of the information elicited went to show that there was an abundant water supply of excellent quality ; as to drainage they had just issued notices regarding the formation of a new scheme, and there was no evidence of any public nuisance.

HEALTH OF EDINBURGH.—During the week ending the 12th inst. there were 77 deaths, and the rate of mortality was 18 per 1,000. The zymotic mortality was lower than it has been during the previous year, no death having been reported in the New Town or Southern suburbs.

DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending the 12th of July were at the rate of 23 per 1,000 per annum, against 19 in the preceding week, and 20, 19, and 17 in the corresponding weeks of 1878, 1877, and 1876.

REGISTRAR-GENERAL'S RETURN FOR JUNE.—The Registrar-General's monthly return of births, deaths, and marriages registered in the eight municipal towns in Scotland says that during the month of June there were registered the births of 3,657 children, of whom 1,838 were males, and 1,819 females. Of these 3,348 were legitimate, and 309 illegitimate, being in the proportion of 1 illegitimate in 11·8 births, or the illegitimate births constituted 8·4 per cent. of the whole. The deaths of 2,097 person were recorded in the eight towns during June, of whom 1,075 were males, and 1,022 females. This is also the smallest number of deaths recorded during June since 1867, and, if increase of population be allowed for, is 544 under the average for the month during the last ten years. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 285 persons, constituting 13·7 per cent of the whole mortality. This rate was considerably exceeded in Paisley, where measles, scarlatina, and whooping-cough were prevalent. Fever caused 33 deaths, of which 17 were tabulated as typhus, 14 as enteric, and 2 as simple continued fever. Whooping-cough caused 80 deaths, being a decrease of 33 on the number recorded during May. One very interesting fact was to be noted, viz., that of the deaths of last year 88 were of persons sent into the hospitals from the districts outwith the burgh.

Literature.

SURGERY, ITS PRINCIPLES AND PRACTICE. (a)

In this, the second edition of the "Principles and Practice of Surgery," the author has taken great pains to bring it up to the present state of our knowledge. Whilst giving him our thanks for the benefit he has conferred on the profession by presenting it with so admirable a treatise, we cannot bestow unqualified praise on every section of the work.

The author, in his preface, condemns the "diagramatic style" of illustration, but we fail to see the advantage possessed by such drawings as those representing "A Blood-clot between the Dura Mater and the Skull," "A Cyst from the Arachnoid," and "Fracture of the Cartilages of the Larynx over those pourtraying the Anatomy of Mellities Ossium," after Billroth, and the "Operation of Lithotrity," from Thompson. It is better to give a definite idea of what is intended to be conveyed, even though it be diagrammatic in form, than to leave the reader with an anatomical or pathological puzzle, only to be unravelled by a perusal of the text.

The chapter on Accidents is, in general, fully and carefully written, but we should take exception to the statement that after trephining it is *easy* to secure the middle meningeal artery, since we believe that frequently it is very difficult, from the fact that it is usually torn from the groove in the bone, and carried onwards with the dura mater.

In the treatment of fracture of the clavicle we had hoped to have seen mentioned the plan adopted by Sayre, which is at once simple, elegant, and efficient. The description of fracture of the spine is especially worthy of commendation, as is also that of meningocele, of scrofulosis, and of aneurism ; but of all the diseases treated of, none presents so many excellencies, and though not uncombined with deficiencies, as found in the account of those of the genito-urinary organs. Stricture of the urethra is handled in a masterly manner, and

(a) "Surgery : its Principles and Practice." By T. Holmes, F.R.C.S. London : Smith, Elder, and Co.

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leaves nothing to be desired. The pathology of surgical kidney is less fortunate, however, for we are left quite in the dark both as to the seat of the thrombosis of the veins, and the real nature of the changes in the organ (interstitial nephritis).

We should have preferred in these days of advanced chemical notation, to have seen a different formula for urea, nor do we quite grasp the meaning of the repeated phrase "inflamed urine."

The treatment of orchitis is very ably discussed, and we congratulate the author on his successful refutation of the theory supporting the barbarous practice of puncture of the gland.

A somewhat fuller account of the accidents connected with lithotomy would have been acceptable. As to the relative frequency of the different malignant tumours of the bladder, since the point is somewhat doubtful, we may excuse the assertion that encephaloid cancer takes the lead in opposition to the generally-received opinion that epithelioma holds first place.

A distinct step in advance is made in the description of the relative positions of phlebitis and thrombosis, and this might advantageously have been followed up by banishing the terms "tumour" and "new growth," as applied to syphilitic gumma. In a subsequent edition we shall look for more definite information on the comparative frequency of primary cancer and sarcoma of bone, and the use of the terms medullary and encephaloid in a more restricted sense. A short account of the anatomical explanation of the greater frequency of intussusception of the bowel in children than adults would enhance the value of the present text.

We have dealt somewhat freely with what seemed to us to be defects in this justly esteemed work, defects, though small, thrown all the more into relief by the excellence of the general surroundings. The style of the writing is *sui generis*—clear, concise, classical, a model for future authors. Altogether, we do not hesitate to state that it is about the safest book to put into the hands of the student, and the most useful for the busy practitioner.

DR. ROBERTS'S PRACTICE OF MIDWIFERY. (a)

We had not the opportunity of reviewing the first edition of this book, and therefore we shall regard it as a new acquaintance. That a second edition of it has been so soon called for is not to be wondered at, considering that it forms a part of the admirable series of "Student's Guides," published by Messrs. J. and A. Churchill. A student's text-book of midwifery should, beyond all other books of the kind, be concise and practical. Obstetrical medicine is so essentially practical, that the less the student troubles himself with the literature and theoretical details of that science, the better. He requires just so much book knowledge as will instruct him in the general principles of the obstetric art, guide him in his practice, and prevent him from making mistakes that might be committed by one totally unacquainted with the subject. Dr. Roberts's manual supplies these desiderata in every respect. It is concise, clear, and practical, and while taking due notice of the more recent improvements and doctrines in midwifery, does not attach too much importance to new practices just because they are novel and supported by high authorities. Thus he discusses the treatment of placenta prævia with great judgment. He is not, in these cases, very favourable to the extraction or separation of the placenta according to the respective recommendations of Bradford and Barnes; and he gives the student clearly to understand that "version is the accepted treatment in the great majority of placental presentations." The balance of opinion tends to limit these operations to cases where the exhaustion of the mother is too great to admit of turning, &c.

His sound and practical advice may also be illustrated by his chapter on the treatment of puerperal convulsions. While strongly insisting upon the good effects of administering chloroform and chloral hydrate, he admits there are cases in which the "question of depletion ought not to be dismissed without due consideration." The following is a characteristic extract from this chapter. "To epitomise the treatment (constitutional): After attending to any special condition, as extreme cephalic congestion or alvine constipation, place the patient completely under the influence of an anæsthetic to the extent of entirely suspending voluntary muscular movement, and so to remove pressure from the vascular system. If necessary, the anæsthetic condition may be maintained for hours, until delivery is accomplished or the nerve-storm has passed away."

If we had to suggest any improvement in future editions of this little work, it would be that more consideration was given to the operations of midwifery and to the diseases incidental to parturition, and less to the purely physiological parts of the subject. Nearly a third of the work is devoted to subjects that have chiefly an anatomical or physiological interest; and although the same may be said of all other works on midwifery, we do not see why questions which properly belong to the domain of the physiologist should be too conspicuously obtruded upon the young accoucheur. With this exception, which can scarcely be called a fault, we regard the book as one of the most concise, readable, and trustworthy guides the student can have on the subject.

(a) "The Student's Guide to the Practice of Midwifery." By D. Lloyd Roberts, M.D., F.R.C.P., &c., &c. London: J. and A. Churchill. 1879.

ESSAYS ON THE TREATMENT OF DEFORMITIES OF THE BODY. (a)

When a specialist announces that he is preparing an essay, or a series of essays, on the subjects with which he is supposed to be particularly familiar, the medical public are justified in expecting to be apprised of new and original ideas. But in the case of the "Essay" now before us we must confess to be greatly disappointed. Mr. Fisher tells us nothing new, and nearly all that is valuable we have already seen in Dr. Sayre's well-known book on "Spinal Disease." "Some modifications of Sayre's plan," writes the essayist (p. 21), "have been introduced; of these the only one of practical importance is the employment of the poro-plastic felt as a material for making the jacket, in lieu of the plaster of Paris." Mr. Fisher says nothing of Dr. Walker's important modification of the plaster of Paris treatment by the many-tailed bandage, applied whilst the patient is in the recumbent posture, nor does he allude to the fact that some surgeons have questioned the need of suspension in applying rigid jackets. An essayist should at least pass in review such important departures from a generally accepted doctrine. If Mr. Fisher should carry out his intention of issuing a series of essays, it is to be hoped that the rest will be of a higher stamp than that on the treatment of *Pott's Disease*, otherwise we would venture to suggest that Mr. Fisher consider whether it is advisable for him to publish them.

THE IRISH COLLEGE OF SURGEONS AND THE MEDICAL COUNCIL.

We report to-day, in our narrative of the proceedings of the General Medical Council, a somewhat amusing effervescence of virtuous indignation on the part of the Council against the Irish College of Surgeons, which it is worth while to explain, lest the language of some of the speakers may beget a false impression that the College has been guilty of some misdemeanour deserving of the denunciatory agonies of the Council orators. The facts are these: At the last meeting of the Council a letter was read from a Mr. Bunbury Eames, who complained that he had been refused admission to examination in Glasgow because he had not fulfilled four years of medical study *subsequent to his preliminary examination*. This gentleman had been educated in Dublin, and had—for reasons which he himself understands—elected to qualify in Glasgow, and his complaint was that the Irish College of Sur-

(a) "Essays on the Treatment of Deformities of the Body.—1. The Treatment of Pott's Disease; or Angular Deformity of the Spine." By Frederic R. Fisher, F.R.C.S. London: J. & A. Churchill. 1879.

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geons did not comply with the recommendation of the General Medical Council, which advised that a student's curriculum of study should not commence to count until he had passed his preliminary, and been registered. We heartily approve of that recommendation, and only regret that the Conncil had not the strength of mind to make it an order binding upon licensing bodies. It happens, however, that they did not do so, and that the Irish College of Surgeons, in company with seven others out of the nineteen licensing bodies, ignored it, and permitted the student to pass his preliminary at any time before his first professional examination. In Ireland only one body, *i.e.*, the Apothecaries' Hall, deserves the credit of insisting on the precedence of the preliminary, and in Scotland several bodies disregard the recommendation.

Possibly, Dr. Andrew Wood, whose feelings appeared to have loosened his tongue, was unaware of this fact, and we may, therefore, do well to inform him and the Council that, the Irish College of Surgeons was prevented acting upon the recommendation, simply because to do so, in the absence of uniformity of system in other bodies, would he to throw the great majority of the students into the embrace of other colleges. If the Medical Council had done its duty by enforcing this "recommendation," the Irish College of Surgeons would have been glad to co-operate.

Correspondence.

CROUP AND DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It has been suggested that I should make some further reply to Dr. Semple. I have really little to add to my former statements. I quoted a passage, and drew an inference from it: he disputed my inference and quoted another passage. But the point raised in no way affects the views propounded in my article on Croup and Diphtheria, published in your issue for June 4, and it hardly seems to me worth discussing. My opinions on the debate at the Royal Medical and Chirurgical Society, stated in the article allnded to, are not in the least affected by the allusion I made to the Academy of Medicine of Florence. It is right, however, to say that I did not quote from memory, but from a version made at the time for another purpose.

I am, &c.,

PROSSER JAMES.

3 Dean Street, Park Lane, W.

THE SPERMATORRHŒA TRADE IN AUSTRALIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe in your issue of the 9th inst., an extract from the *Australian Medical Journal*, having reference to the resignation of Dr. Blair as a member of the Medical Society of Victoria, in which the following is stated:—"Dr. Blair, it appears, was placed in charge of the practice of Mr. J. G. Beaney during that gentleman's absence in Europe, that fact being notified to the general public by advertisements and circulars."

I have to say with regard to this, 1st. That I left no one in charge of my practice, but on the contrary told my patients they might use their own judgment as to whom they should consult. 2nd. That I am innocent of the advertisements and circulars referred to; and if such were issued it was done without my knowledge or consent. 3rd. That my house, since I left, has been uninhabitable, being in the hands of painters, decorators, &c., and only occupied in part by my coachman and his wife.

I have hitherto refrained from noticing the many aspersions (by inuendo) on my character since I left Australia, knowing the source from which they emanated. Now, however, that a direct charge has been made, I deem it my duty to give it a most emphatic denial. Trusting that your sense of propriety and professional etiquette will cause this letter to be inserted in the next issue of your journal.

I am, &c.,

JAMES GEORGE BEANEY,
Surgeon to the Melbourne General Hospital.

Shelborne Hotel, July 14, 1879.

[We willingly insert Mr. Beaney's repudiation, but we may be excused for having identified our correspondent with Dr. Blair, considering that before Mr. Beaney left Australia, Dr. Blair had already issued broadcast a circular (of which we have a copy), which stated that "during Mr. Beaney's absence his patients will be attended by Dr. Blair." Additional probability attached to this statement from the fact, that when the Medical Society of Victoria—after Mr. Beaney's dinner in Dublin had become public property in Melbourne—held a special meeting for the purpose of publicly repudiating Mr. Beaney, as in any way representing the profession of that colony in the mother country, Dr. Blair was the only active champion of that gentleman present on the occasion, and was removed by force for misconducting himself. It was somewhat remarkable that we should be the first to make Mr. Beaney aware of the existence of Dr. Blair's circulars, especially as they appear to have been issued while Mr. Beaney was yet in Australia.—Ed. M. P. & C.]

Medico-Parliamentary.

HOUSE OF COMMONS—FRIDAY, JULY 18TH.

ARMY MEDICAL DEPARTMENT.

REPLYING to Mr. C. BROWN,

Colonel STANLEY said the usual notice had been given that candidates for the Army Medical Department should come forward for examination in August. He hoped that by that time the new warrant which was under the consideration of the Treasury, and which in substance carried out a good many of the recommendations of the Medical Committee of last year, would have been issued. If that were not the case the examination would, of course, take place under the old warrant.

PUBLIC HEALTH (IRELAND) ACT.

This Act as amended, passed the second reading in the House of Commons on Friday, July 18th.

SURGEONS OF IRISH JAILS.

Mr. BRUEN—I beg to ask the Chief Secretary for Ireland whether the surgeons of jails in Ireland who were appointed by Boards of Superintendence, and who have performed the duties of their office before and since the 1st day of April, 1878, are recognised by Her Majesty's Government as "officers attached to prisons" within the meaning of s. 27 of "The General Prisons (Ireland) Act, 1877;" whether surgeons not so appointed, but obliged as surgeons of infirmaries to perform medical duties in jails, and who have performed them before and since the 1st day of April, 1878, are so recognised? And whether any salary will be paid to prison medical officers for duties performed from the 1st day of April, 1878, to the present time; and if so, whether he will lay upon the table of the House a scale of the salaries to be paid for the performance of these duties?

Mr. LOWTHER—Yes, Sir, the surgeons referred to are recognised as "officers attached to prisons," and in addition I may say that the scale of salaries proposed will shortly be laid on the table of the House.

Mr. ERRINGTON—I beg to ask the Chief Secretary for Ireland whether a memorial was presented to the Irish

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Government from the Irish College of Physicians protesting in the interests of the medical profession against the proposed amalgamation of the offices of surgeon and compounder in the Irish jails, and whether in spite of this memorial and of the strong feeling on the subject among the prison surgeons themselves it is still intended to combine the two offices?

Mr. LOWTHER—Sir, the memorial referred to by the hon. gentleman has been received. The intention, however, was not to make the amalgamation compulsory in the case of existing officers, but with regard to future appointments.

Medical News.

King and Queen's College of Physicians.—At the July examinations the following obtained the licenses in Medicine and Midwifery:—

MEDICINE.—Henry Banks, Arthur England Johnson Croly, Peter Reynolds D'Alton, William Dugdale, Thomas Fitzpatrick, Murray Mackenzie, Edward Patrick Meagher, Edward Morrisy, Charles Joseph O'Connor, William Henry Ogden, Bernard Reddy, Edmund Shackleton, Henry Lawrence Esmond-White, Vincent White, Wm. Owen Wolseley, George Harrison Younge.

MIDWIFERY.—John William Byers, Peter Reynolds D'Alton, John Singleton Darling, Constantine Richard Egan, Thomas Fitzpatrick, Charles Magill, Charles Joseph O'Connor, Bernard Reddy, Edmund Shackleton, Henry Lawrence Esmond-White, Vincent White, Wm. Owen Wolsely, George Harrison Younge.

Society of Medical Officers of Health.—At the annual meeting held on July 9, the following officers were elected for the ensuing year:—President: Dr. J. S. Bristowe. Vice-presidents: Mr. J. Liddle, Dr. G. Buchanan, Dr. T. Stevenson, Dr. C. O. Baylis, Dr. W. G. Corfield. Treasurer: Dr. J. W. Tripe. Secretaries: Dr. J. N. Vinen, Mr. S. F. Murphy. Council (metropolitan members): Mr. G. P. Bate, Mr. F. M. Carver, Dr. T. O. Dudfield, Mr. H. Leach, Mr. S. R. Lovett, Dr. J. Stevenson; (extra metropolitan members), Dr. J. Adams, Dr. F. T. Bond, Dr. G. W. Child, Dr. A. Hill, Mr. E. L. Jacob, Dr. R. P. B. Taaffe.

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. GRIFFITH.—We will endeavour to find room for your paper in our next. Proof will be sent in the ordinary course.

NAVAL APPOINTMENTS.—The next examination of candidates for commissions in the Medical Department of the Royal Navy is fixed for the 11th August at the University of London. Candidates must present themselves on the 7th August.

MR. HETLEY.—The diploma is not of the slightest value in this country: it will not enable you to sign a death certificate legally.

F.R.C.S.—Not so easy as it appears. Try again.

AN INTERESTED ONE will find his question answered on reference to our Reports of the Proceedings of the Medical Council in another column.

DR. W. H. PEARSE.—Communication "On the Geography of Devonshire and Consumption" is marked for insertion in August.

PROFESSIONAL HONOUR.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The statements appearing in your issue of July 9th, signed "Honesty" are, without exception, untrue, and therefore call for refutation on my part.

For the purpose of exposing the cunning manner in which he has sought to misrepresent the matter, I will deal with the two charges he wishes to prefer against me, and as briefly as possible.

"That I refused to pay him is nothing less than an untruth, as I offered him payment in presence of two other gentlemen, though he refused, being a little excited by a dispute we had, and he left, saying he'd make it £3 3s. now."

Every word in that sentence is a deliberate misstatement of what did occur. I never said I would make it £3 3s. A police-constable is one of the gentlemen referred to, and he was present for the purpose of assisting a commutation and to aid this gentleman in establishing a counter-claim to the £2 2s. owing to me. What can you expect from a gentleman who had a police-constable in his dispensary room to meet me and to take part in proceedings of a professional nature? Are you surprised at his striking a *hard and fast* bargain with me in presence of the chairman and others, as related to you in a previous communication?

Of course I left a "little excited," and need I add thoroughly disgusted, and, indeed, irritated also. I deny that I promised my votes to him. How very likely, and myself a candidate.

Every statement made in my former letter is perfectly correct. I now decline further correspondence with this gentleman on the subject. The public here are fully aware of our relative merits.

Faithfully yours,

PROFESSIONAL HONOUR.

[We think it better not to pursue this correspondence further.—ED. M. P. & C.]

DR. P.—It is the usual thing for a person who draws attention to abuses or irregularities to be charged with animus or interested motives; we were therefore not at all surprised to see the letter in the local paper you kindly sent us.

DR. ELLIOTT.—Received and will be considered.

RENDERING DAMAGED HAY PALATABLE AND NUTRITIOUS.—To those of our readers who boast a hay-field the following note from the *Journal of Horticulture* of Saturday last will be of interest:—"Every device which practical intelligence can turn to account has been adopted to secure the hay crop, yet when the weather proves adverse really good hay cannot be made. It then becomes a question what is the best course to pursue after the hay has been washed and discoloured by rain, and which has lost its aroma peculiar to good hay when well secured. To spice hay as it is stacked certainly tends to improve not only hay damaged by rain but also hay made from inferior pastures, where the herbage is naturally sour and coarse. The superiority of spice as compared with salt is, that it gives the hay an attractive smell as well as an improved flavour, and yet the cost is not more than 2s. 6d. per ton if Simpson's spice is used. We have abundance of evidence from practical farmers with whom we are acquainted that its use has in past seasons not only been advantageous generally, but has surpassed their expectations as to the way in which cattle and sheep have eaten the hay and made good proof upon it."

T. CAHILL.—The suggestion does not seem sufficiently practical for publication.

W. MCC.—The licence of the Dublin Apothecaries' Hall is recognised by the Medical Council as a legal qualification to practice medicine and the allied branches of the profession. We have never said anything to the contrary.

VACANCIES.

Billericay.—Medical Officer of Health for the Western District. Salary, £60. Also for the Eastern District. Salary, £50. Applications to the Clerk at Brentwood, Essex, before July 29.

Carrick-on-Suir Union, Piltown Dispensary.—Medical Officer. Salary, £100, with fees, and Sanitary Salary.

East Ward.—Medical Officer for the Brough District of the East Ward Union. Salary, £20, with the usual extra fees. Applications to the Clerk of the Union at Appleby by July 26.

Liverpool Northern Hospital.—House Physician. Salary, £80, with board, &c. Applications to the Chairman by July 24.

Shillelagh Union, Coolattin and Clonegal Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, July 25

Shillelagh Union, Hacketstown Dispensary.—Medical Officer. Salary, £100, with fees, and Sanitary Salary.

Victoria Hospital for Children, Chelsea.—House Surgeon. Salary, £50, with board, &c. Applications to the Secretary by July 16.

West London Hospital.—Assistant Surgeon on the Staff. Honorary. Applications to be sent to the Secretary before July 25.

Births.

HAYES.—On July 12, at 29 Westland Row, Dublin, the wife of P. J. Hayes, L.R.C.S.I., of a son.

MORTON.—On July 8, at Nenagh, co. Tipperary, the wife of R. Morton, M.B., of a daughter.

O'FLYNN.—On July 7, at Lismore, co. Waterford, the wife of Philip O'Flynn, L.R.C.S.E., of a daughter.

PHILPOT.—On July 20, at Cirencester, the wife of Harvey J. Philpot, L.R.C.P., of a son.

RENDALL.—On July 17, at Maiden Newton, Dorset, the wife of William Rendall, of a son.

STARKEY.—On July 17, at 7 Charleston Avenue, Rathmines, the wife of Wm. Starkey, M.D., of a son.

Deaths.

BARKER.—On July 17, at Monkstown, co. Dublin, Frederick Houghton Barker, second son of Frederick Charles Barker, M.D., Medical Department, Bombay Army.

KELSALL.—On July 6, at Dakka, Affghanistan, Henry Kelsall, M.R.C.S.E., Surgeon-Major, 1st Division Royal Horse Artillery, aged 47.

MACLAREN.—On July 12, at Johnstone, Renfrewshire, Malcolm Maclaren, L.F.P.S.G.

O'MEARA.—At Tramore, co. Waterford, M. A. O'Meara, L.R.C.S.I., Medical Officer Piltown Dispensary.

SARGANT.—On July 12, at Bletchingley, Surrey, William Henry Sargant, L.S.A.L., aged 72.

TERRY.—On July 3, on board the P. and O. Steamship *Lombardy*, Septimus Terry, L.R.C.P.L., Staff-Surgeon, aged 40.

TOLER.—On July 16, at 24 Rutland Square, co. Dublin, John Graham, only son of John Toler, M.B., T.C.D., F.R.C.S.I.

WOOD.—On July 7, at Albany Street, Edinburgh, Andrew Wood, Surgeon, formerly of the Bengal Artillery, aged 83.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 30, 1879.

CONTENTS.

Original Communications.

THE DIPHTHERIA OUTBREAK OF LAST SPRING IN N.W. LONDON. (a)

By T. MORTON, M.D. Lond., &c.

(*Concluded from page* 61.)

Is there a mild, a simple, a common membranous sore throat, distinct from slight diphtheria? Trousseau distinguishes such a disease, but his distinctions are rather shadowy, and he is obliged to admit that such cases may turn to diphtheria; that is, may have diphtheria grafted on to them, as he not over ingenuously explains it.

I do not pretend to answer the question. I will only say that the epidemic of last year made me familiar with cases which I could not doubt, from their associations, were expressions of true diphtheria, but which at any other time I should have treated very lightly, and certainly made no attempt to isolate.

We sadly want more light on this subject, and it might be of the utmost value in checking the spread of the disease.

The other diseases, the question of whose relations to diphtheria is interesting, are scarlatina and croup.

Upon the latter I do not propose to touch further than simply to state the opinion to which my opportunities, such as they have been in a large mixed practice, have led me.

I adhere very decidedly to the views—now, if I mistake not, becoming very generally adopted—which had long been grasped by the French, and which are associated here, through recent controversies, with the name of Dr. George Johnson more perhaps than of any one else. I have no doubt in my own mind that there has been one name in England for two distinct things, and that while the majority of fatal cases of croup are laryngeal diphtheria, the majority of cases are catarrhal laryngitis, which may well be fatal, too, especially if either neglected or too actively treated, but of which the great majority get well. Such attacks have a tendency to recur in the same child, which is the obverse side of the old woman's saying, that if a child has croup three times it will never die of it.

Diphtheria and scarlatina were not distinguished from one another in the death returns until the year 1860, and it is not difficult to see the reason. Few people now doubt that diphtheria, as we have seen it in this country since 1857, is a new, or, at least, a renewed, importation from the Continent; but it naturally took some time to recognise this, and though typical cases of the two diseases are distinct enough, there are not a few which are very confusing. The rash of scarlatina, as we all know, may be absent, and that in cases where the throat symptoms are the most severe; and I now fully recognise that there are cases of diphtheria, especially in certain epidemics, in which there is a rash not distinguishable from that of scarlatina. Clearly we must either admit that such a rash may be one of the symptoms of diphtheria, or a distinct false membrane one of those of scarlatina, or that cases in which it occurs are hybrids of the two diseases, just as Rötheln perhaps is a hybrid of measles and scarlatina.

The question is relevant to another point which, strange to say, does not seem yet to be quite made out, namely, whether or not an attack of diphtheria confers an immunity for the future.

Of course, if diphtheria is really capable of uniting with scarlatina to form a hybrid, it must almost certainly be a specific fever, and will behave accordingly. But this is, of course, the merest speculation. The most profitable way of stating the proposition is the converse; that if diphtheria be found at all commonly to recur in persons who have once had it, it can hardly be a specific fever, but must be relegated to another class in the company of such diseases as influenza and cholera. In this form the question is capable of solution by a sufficient accumulation of facts, which must, however, be very extensive to prove it in the negative. I have never seen an undoubted second attack, but I am cognisant of more than one. We have all of us seen second attacks of measles and scarlatina, and some of us of small-pox, and

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if second attacks should prove to be more common in diphtheria than in these diseases, it may after all be only a difference in degree, and not in kind.

The same question, of the essential nature of diphtheria, underlies the next and last point on which I shall touch. And here again theory closely touches practice. How far are we to regard the diptheritic membrane as the result of a direct morbid stimulus applied to the mucous membrane of the throat, like, for instance, the vaccine pustule or the chancre; or is it rather a specific exudation, like the cutaneous one of small-pox, or the mucous one of typhoid?

Upon our views with regard to this will greatly depend the relative value we shall be disposed to assign to local and to general treatment, or at least our practice with regard to the employment of energetic local applications designed to prevent the spread of the membrane.

This practice, to which the name of Trousseau long lent such irresistible weight, seems of late rather to be falling into abeyance, and I think rightly so, both on theoretical and practical grounds. I have never seen any good—and I believe I have seen much harm—from the vigorous application of caustics, and I do not think local applications can do much more than promote the somewhat earlier detachment of the membranes, and modify their foulness in their later stages.

ARSENIC AND ARSENICAL DOMESTIC POISONING.

By JABEZ HOGG,

Consulting Surgeon to the Royal Westminister Ophthalmic Hospital, and the North-West Hospital for Women and Children.

(*Continued from page* 62.)

The Symptoms of Arsenical-dust Poisoning.—The special symptoms of chronic poisoning produced by the introduction of arsenical pigments into our domestic manufactures, are as follows: The earliest indication of the absorption of the poison, that most frequently observed, is an excessive irritation of the whole of the mucous tract, and which is nearly always referred to a catarrhal attack. If any improvement follows the use of ordinary remedies in such a case, it is of a temporary nature; more frequently as the nasal irritation subsides, a feeling of faintness, sickness, headache, and great prostration supervenes. The patient improves in the course of the day, and tries to believe that he is not so very ill after all, although the next day he may be obliged to lay up. In other patients the first symptoms of poisoning are dyspepsia, stomach derangement, and cramp; these are referred to a bilious attack. A person sleeping in a room newly-papered, will have a severe attack of diarrhœa or sickness; awake unrefreshed, and complaining of headache, sore throat, smarting and running of the eyes, &c. It has frequently been noticed that breathing the air of a room impregnated with arsenical dust, after the servant or nurse has been dusting the room and moving about, an aggravated form of hay-fever, spasmodic asthma, or bronchitis, is experienced. In other instances, fainting fits, irritative fever, heart disease, vomiting, diarrhœa, nervous prostration, skin-eruptions, conjunctivitis, "hot eye," dimness of sight, paralysis, &c., follow in regular sequence.

The following symptoms may be enumerated as having been amongst those observed in connection with cases of wall-paper poisoning: violent fits of sneezing, lachrymation, sore-throat, short dry cough, difficulty of breathing, asthma, bronchitis, fainting fits, irregularity of the heart's action, constant headache, nausea, vomiting, diarrhœa, excessive thirst, eruptions and ulcerations of the skin, inflammation of the eye, nervous depression, general debility, prostration, cramps, colic, palsy, paralysis of the extremities, coma, death. In short, I believe that when arsenical dust poisoning comes to be thoroughly investigated it will be found that the danger to public health is quite as great as that arising from sewer gas, or impure drinking water. Many of the earliest symptoms of poisoning are shrouded in mystery, and, consequently, for every case of chronic poisoning made known, hundreds possibly pass unnoticed or unrecognised. It is, I should think, scarcely possible to adduce stronger proof, or a more well-marked example of cause and effect, than that observed on the removal of the patient from a room or house, suffering from an alarming form of illness, when an almost magical cure follows. A large number of cases, vouched for on unimpeachable authority, have been made public, and it is impossible to resist the accumulated amount of evidence of arsenical poisoning. A few instances will suffice to show this—a member of Parliament was known to suffer for months from a painful eruption of the feet, the symptoms were severe, and confined him to the house and the couch. At length the disease was clearly traced to the fashionable socks he was wearing; on abandoning which he quickly recovered. Several Californian miners actually died from wearing boots lined with a bright green flannel; the colouring matter was Scheele's green. A strong, healthy-looking tradesman suffered intensely from wearing a bright maroon flannel shirt next his skin. Poisoning has been known to occur from wearing paper collars, glazed and stiffened with size white lead, and containing arsenical pigment; from coloured calico shirts, from gloves, coat-sleeve and hat linings. A lady suffered from a painful form of skin disease, from constantly carrying about a yellow purse in her hand, whilst another suffered from the dye which came off a black crape dress she was wearing. Five or six members of a family were made severely ill by the chintz window curtains, and the bed furniture of the rooms in which they slept. Another family from green Venetian blinds, from which, during the heat of summer, arsenic was given off. A lady suffered many weeks from a troublesome eruption of the skin of the head from wearing artificial flowers in her cap and bonnet. Illness in a number of young children was brought about by the cloth lining of perambulators; eye diseases in a number of compositors from the green gas-shades distributed about the composing room. The distemper colour on the walls has been known to seriously affect the health of the office clerks.

The pigment known as arsenite of copper is a good deal used in colouring confectionery, chocolates, gelatines, &c. In one instance, the subject of a criminal trial, it was employed to give a fine green colour to the blanc-mange served at a public dinner, and caused the death of a gentleman who partook of it. The cook, supposing the green colour was merely an extract of spinach, produced a dish more pleasing to the eye than the stomach. Arsenical pigments are used as colouring for pomades, producing serious scalp eruptions. It may be stated, however, that the symptoms of wall-paper poisoning present scarcely more than one or two in common with those of arsenic administered as a remedy. We might almost say the symptoms in common are those of certain forms of skin disease; but here, again, this can scarcely be relied upon, and we are in danger of falling into an error of diagnosis for another reason—that comparatively harmless drugs will produce irritative cutaneous affections. For instance, work-people employed in the manufacture of quinine suffer from irritation and inflammation of the eyes, catarrh, and eczema of the hands and arms. Patches of pustules also appear from the same cause, ulcerate, and produce much discomfort. The irritative skin affection set up by this and other substances is generally attributed to the mechanical action of the needle-like crystals of the substance, this will not explain the cause of of bakers' eczema, nor the dust of the linseed meal, which produces in the grinder the symptoms of chronic asthma.

Pigments Employed in Paper-Staining.—Of the several arsenical preparations employed in wall-paper printing, the most dangerous, because the most extensively used, is the trioxide. This is a principal ingredient in

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Scheele's green, a fine green powder composed of one part of arsenic trioxide, and two of cupric oxide. Schwienfurt, Brunswick, Vienna, or emerald green, is an aceto-arsenite of copper, a preparation rather extensively employed by paper stainers, both unmixed and mixed with zinc oxide in various proportions, and which imparts the more delicate tints of green. Another pigment is composed of chromic and ferric arsenate, whilst arsenious acid is used on a large scale in the preparation of aniline flyes, and of red anilines in particular. Sodium arsenite is almost exclusively used in calico-printing, and alumina arsenate for fixing colours. In every case the arsenical pigment is mixed with size or organic matter of some kind, and in this way it is made to adhere to the surface of paper and fibres of which muslins are composed; the consequence is, that after it becomes thoroughly dry, the colour cracks and peels off if only gentle friction is applied. Then, again, arsenic in many of its more potent forms is extremely volatile. At a moderate heat it passes from the solid to the gaseous state, and may be detected by its yellowish colour and alliaceous odour; and although the colour and smell might not attract the attention of the ordinary observer, it is, nevertheless, a fact that an appreciable quantity of gaseous and solid particles of arsenic will be separated and diffused by the action of the air of an ordinary sitting room, especially in the summer time when the air is damp or moist. It may be thought that the quantity given off is too small to produce symptoms of poisoning. But this is a hasty conclusion to arrive at for on analysis Dr. A. Taylor found that from each square foot of arsenical paper, he was able to produce from fourteen to seventeen grains of arsenic; and from certain papers printed with a peculiar pigment he obtained as much as fifty-nine per cent. of arsenious acid.

Beside this "devil's dust," there is the arseniuretted hydrogen evolved by the decomposition of the organic matter mixed in with the arsenic, and which is absorbed more rapidly than the dust, by the lungs and the whole cutaneous surface. Arseniuretted hydrogen contains one grain of arsenic in each cubic inch of gas, and is known to be a most deadly poison. On the whole, then, arsenical preparations are of a very volatile nature, and this renders them more virulent; Dr. Tidy tells us, that "volatility and virulency usually go together," and we seem to have the fact exemplified in arsenical poisoning from wall-papers and other articles. With regard to colour it is very generally believed that only green papers are dangerous. This is a fallacy, a number of other colours are quite as poisonous. Blue, mauve, red, brown, and even white papers have been found, on examination, to be arsenical. Only a short time ago French colour makers introduced into England a variety of attractive arsenical colours for the especial use of manufacturers. These colours were all more or less poisonous, and, as usual, the more attractive yellows, reds, violets, mauves, browns, greys, besides every shade of green, the fixing agent being oxide of chromium, a most dangerous addition to any pigment. The public should be put on its guard against French imported articles of domestic use, dyed with these colours. It is considered by some persons to be somewhat doubtful whether white papers contain arsenic, and I have endeavoured to clear up this point. On careful inquiry, I have ascertained that arsenic finds its way into almost all papers, often quite independently of the surface colour, in this way. The size used for fixing the pigment on the paper is very prone to decomposition, to prevent this, makers introduce arsenic. This size is also largely employed by paper-hangers — first, for preparing the walls, and secondly, for hanging the paper. Arsenic is likewise much used by white-washers, in all distemper colouring of walls and ceilings of rooms. With regard to the colour of wall-papers, I have the authority of Prof. Heisch for saying that samples of French greys and whites have been carefully tested by him and are very arsenical. Furthermore, that a paper-hanger, largely employed, assures him that the men who work with him suffer more whilst hanging grey papers than almost any others. Prof. Dr. Hodges, of Belfast, informs me that he has discovered arsenic in very many other papers beside greens. He adds: "I have seen a number of cases of poisoning from variously coloured arsenical papers. One lately impressed me very much. It was that of the daughter of a clergyman who for years had been a great sufferer from headache, throat irritation, &c., which resisted all treatment. Her bedroom, as well as other rooms in the house, were covered with papers (not green) containing a large amount of arsenic; on their removal her health rapidly improved, and she was soon quite restored." Another lady, Mrs. Stelfox, writes Dr. Hodges: "I can scarcely describe the peculiar nature of the symptoms experienced by myself. But with regard to my child, she was rendered utterly sleepless; waking every few minutes through the whole of the night, and always with a sharp piercing cry. The nurse's impression was, that the child was choking, as she always, on waking up, asked for drink. The whole of the unpleasant symptoms ceased when, on your recommendation, she was removed to another room. This was, of course, after the nursery paper was tested by you and found arsenical. I therefore hope something will be done to put a stop to this dreadful system of poisoning." Miss Osborne, of the Sydney Hospital, in a letter, dated March, 1879, writes: "I was speaking to the foreman of the largest firm of painters and decorators here on the subject of arsenical wall-paper poisoning, and he quite confirms all you say of the deleterious nature of the substances used in wall-papers and paints." He also adds, "Confectioners come to our shop for large quantities of colours, some of them harmless enough, others poisonous enough, for colouring lollies (sweets), and the quantity of these sweets consumed by young and old in the colony is something marvellous." (a)

The animal creation has not escaped the evils of arsenical wall-paper poisoning, for Mr. Fred. Greeves, of Emneth, Cambridgeshire, complains of having recently lost three beasts from this cause. It appears that, in course of cleaning, some green paper was torn from the walls of the house in which he lives, and thrown in the yard where the stock got at it. Three beasts seem to have eaten a portion of the paper and were seized with illness. A veterinary surgeon was called in, two of the animals died, and on being opened, it was discovered that the arsenic in the paper was the cause of death. A third has since died from the same cause.

Late investigations have, I venture to think, brought to light a few important facts in connection with the subject of arsenical domestic poisoning, the symptoms of which certainly differ from those observed in the administration of arsenic as a remedy.

First, then, there is the danger arising from the microscopic arsenious acid crystals, which being separated from the paper by the action of currents of heated air, float about are inhaled and absorbed by the mucous membranes and the skin; secondly, there is danger from gaseous products, arseniuretted hydrogen, liberated by decomposition of the organic matter mixed with the pigments, and which are likewise inhaled and absorbed by the vascular surfaces of the lungs, air-passages, and cutaneous surface. The danger to the public health will not be met by simply contenting ourselves by warning the public, Parliamentary action must be evoked in the matter, and manufacturers and sellers of a poisonous material must be placed under the Adulteration Act and made answerable for the injury done to health and life.

(a) For other cases of poisoning, with a detail of the symptoms, see my paper read at the Medical Society of London, and printed *in extenso* in the *Sanitary Record* of April 25th. After the reading of which a committee was formed to collect further evidence on this important subject. See also *British Medical Journal* of June 14th.

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ON THE UNITY OF POISON OF SCARLATINA, TYPHOID, PUERPERAL FEVER, DIPHTHERIA, ERYSIPELAS, &c., &c.

"If a man be content to begin with doubts, he shall end with certainties."—BACON.

By DR. G. DE GORREQUER GRIFFITH,
Senior Physician to the Hospital for Women and Children; Consulting Physician-Accoucheur to St. Saviour's Maternity.

FROM the facts connected with these affections—clinical and pathological—embracing as they do, the etiology, the history of origin, progress, interchange, and intercommunicability and mode of propagation—we cannot avoid arriving at the conclusion that these ailments may be generated *de novo from one common source;* or may be spread from one individual to another, being, in a person hitherto uninfected, generated by communion with one already suffering, or with some secretions, excretions, or something, or person, that has been in contact or communication with the sick.

That there are two forms of scarlatina is distinctly manifest—a fact thoroughly established on evidences from which there is no escape. There is, first, that contracted from a scarlatina patient, or from some one or thing, that has been in contact with, or in communication with him; and second, that generated *de novo*, from noxious drains, sewers, imbibition or ingestion of pernicious articles of drink or food, such as tainted water, milk, cream, decomposing animal or vegetable substances, or from deleterious matters, absorbed, or otherwise passed into the blood, and thence into the tissues of the body, more or less generally. As an example of what I mean, I shall give the following particulars:—

At one of the recent meetings of the Harveian Society, the President brought forward a case which he termed "Simulative Scarlatina from eating Tomatoes," in which occurred all the symptoms of scarlatina, except that there was no desquamation; and for albumen in the urine no search was made.

In passing, however, I may observe again—I have made the same remark elsewhere—that desquamation is no proof whatever of the existence of scarlatina; and its absence, no disproof of scarlatina having attacked a patient; for, high temperature of the skin, arising from any causes—and they are various—setting scarlatina aside altogether—will occasion such rapid cell changes, that the surface cells will be thrown off in larger or smaller quantities and masses, according to the height to which the temperature has run, will be in fact shed wholesale, being effete; thus arises that process which we call desquamation: while in some undoubted cases, of what we must term scarlet fever poisoning, so as to make ourselves understood, there may be only slight exaltation of temperature, or so transiently may it take place as to escape detection, and not produce the cell changes and exfoliation of the cutis, which constitute desquamation; or, it may even be altogether absent some think, owing to the great depression of vitality produced by the immense dose in the system, or the suddenness of its invasion. With this absence of high temperature, desquamation will also be absent. Nor is albumen in the urine a pathognomonic of scarlet fever poison pervading the system.

In how many conditions and affections of the body other than those demonstrating the existence of scarlatina will not albumen be found? "There is nothing unusual in the fact that inflammation of an important surface should be attended with albuminuria," says Mr. Jonathan Hutchinson (see *British Medical Journal*, May 3, 1879, page 665, under head of "Discussion at Medical and Chirurgical Society, on report of the Committee on Croup and Diphtheria").

Here, in the person of the patient brought before us, was undoubtedly a case of scarlet fever symptoms, generated as far as could be traced by the eating of tomatoes; no source of contagion or infection having been discoverable, these fruits setting-up certain changes in the system which were sufficient to produce a general poisonous effect, that demonstrated itself in phenomena or symptoms—the majority of which, or the entire—in the aggregate, leading us to say that person has got scarlatina.

Bearing upon this case, I adduced an instance wherein the symptoms of scarlatina were all so marked, that I thought it specially applicable, and fully corroborated the President, in showing that ingested materials will, at times, induce symptoms so closely resembling scarlatina, as to be undistinguishable. How then does the attack differ from scarlatina which has been contracted from a scarlatina patient, or some one or thing that has been in communication with him in one way or another? And, wherein does scarlatina consist?

In my case the symptoms arose from eating very high game; and though not proceeding from eating tomatoes, it is relevant; first, because in all points it was one of simulative scarlatina—a name I was the first to use some years back; or, as it might be really termed, of true scarlatina; second, because it arose from a similar, though not the same, cause, ingested material; and thus, third, was an answer to the query propounded—Were the symptoms in the instance read to us due to eating one of the Solanaceæ order? inasmuch as it shows that causes, other than the active principle of that order, produce such symptoms, even while holding and admitting that the active principle of the tomatoes may in this particular patient have directly originated the symptoms, and been the source of the illness.

A second case which I adduced bore strongly on the same; so strongly indeed, that, as it had been published in 1875, I thought it better to read it than to quote it from memory, that I might not lay myself open to the suspicion of coining it to tally for the occasion. It also was to the point:—First, because in symptoms it was identical; second, was what would be termed "simulative scarlatina;" and third, showed that these symptoms may arise even from *animal* poisons passing into the system *in a way other than by the mouth*—viz., by the womb—in contra-distinction, though not in opposition, to the case submitted to our notice. Thus again answering the question directly, by showing that the simulative scarlatina symptoms are not necessarily dependent upon the ingestion of solanin, since they would be produced by animal irritants, or poisons absorbed into the system, not through and from the mouth alone, but in other ways also. I will here relate the case, and conclude with some remarks bearing upon it and upon the entire subject:—

The conditions alluded to, and which are identical with scarlatina, or are the same (I now consider), having their origin not from scarlet fever contagium, that is from a scarlatina infected person, or some one or thing belonging to such a patient—there never having been any exposure to scarlatina in that way—but from the putrescing and offensive matter in utero and vagina, the resulting phenomena being indicative of the concealed cause, the latent mischief that, without careful observation, might pass unnoticed. With the train of symptoms to which I refer, who practising obstetrics is not acquainted? The chilliness or shivering, the sickness, the dreadful headache, and the congested eye-balls, from which the paining light must be veiled, or even shut off altogether; the sore throat, crimson with inflammation; the hot, pungent skin, that so rapidly sends up the mercury, and is dyed with the unmistakeable rash, with which is a tinge of jaundice—yellow, here and there more noticeable; the delirium, the oppressed heart and breathing, and later on the diarrhœa. What are these symptoms to be termed? Not "*simulative* scarlatina" surely, since they are not simulative at all, but are exactly the same as obtain in scarlatina contracted from a previously infected person or source? What then are they? Symptoms of what for contra-distinction' sake, I would term *toxæmic* scarlet fever; but assuredly, as true scarlatina as the other form, though not generated in the way, but

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germinated *do novo* in the woman herself, and the outcome of the condition of blood-poisoning, existing, *not* from the introit of a *specific virus*, but of noxious elements taken into the system from putrefying animal matter in utero. In a scarlet fever epidemic such a group of symptoms happening to the lying-in would be set down to scarlet fever poison, contracted from another affected with it, or from some one or thing belonging to, or that has been in contact with, such an infected ;—for it is not yet generally accepted that scarlatina can commence *de novo* in the manner I describe—but they will be found where no previous case nor any contagium, other than what I name, has existed. What then are those phenomena ? I gave them the name of bastard or simulative scarlet fever when I first wrote on this subject, not at that time considering them true scarlet fever, or that the ailment could be so produced *de novo* in the ways that further researches have shown me it can. True scarlatina I considered to be that form contracted from a previously existing case, or from some one or thing connected with, or which has been in some way or another brought under and near the influence of the scarlet fever virus existing in such previously infected patient. Bastard or simulative scarlatina I considered to be those scarlet fever manifestations or appearances resembling (as I then thought, but which I now know to be not resemblances but the actual manifestations themselves of) scarlatina, and resulting from such a source of contamination as may occur in the lying-in, or from vitiated water, milk, cream, or the taking in of "high," *i.e.*, putrescing articles of diet, or decomposing drinks, such even as milk, which has begun to undergo deterioration, it may be, simply because it has been long "drawn," or it may be because it has been allowed "to stand" in a place, or under circumstances of temperature, which would permit or hasten such changes as I refer to, the milk being at the time not unpleasant to the ordinary taste, nor perhaps perceptibly altered in flavour. But now I recognise these symptoms arising from those latter causes, to be as true scarlatina, and to be as infectious and contagious, as the other form—terming them "Toxæmic Scarlatina ;" and the other, "Orthodox Scarlatina," since its mode of origin is recognised by the profession generally.

The following remarks will explain what I mean when I say that even milk undergoing deterioration will produce scarlet fever :—

On Thursday, January 30th, 1879, at the meeting of the Metropolitan Counties Branch of the British Medical Association, Mr. Gay, in a paper on "Milk as Food for Man," said :—"In the absence of any positive knowledge as to the source of the various exanthems—measles, scarlatina, and the like, characterised by fever, and without doubt related to some form or forms of blood poisoning, disorders that abounded mostly after dentition, and when milk was often the predominating, if not the sole article of food, was it unreasonable that we should turn with suspicion to those unwholesome ingredients of decaying milk for their explanation ?" He continues—"Milk when once exposed to the air and at rest, underwent a series of chemical changes through the influence of external and internal agencies which ensued in its degradation and decay, its last stage being that of a limpid fluid, mainly composed of water, salts, and acids, amongst which figured the lactic, butyric, caprionic, and capriolic. To this downward career it was carried by becoming the habitat of broods of vibriones of different kinds, and, according to Professor Lister, of a certain bacterium—bacterium lactis —and by certain carpetings of its surface by oïdium, and other varieties of mould."

These deleterious, if not absolutely poisonous, changes in a fluid introduced into the system and taken up into the blood, will show how milk, and cream, and substances or fluids with which they are mixed and combined, will prove a source of originating blood poison which, in different persons, or in the same persons at different periods of life, and under different circumstances, will declare itself in symptoms at one time, or in one person, of one or other of these so-called different affections ; at another time in the same person in a different form of symptoms ; or at the same time in different people in the different manifestations to which have been given specific names, —scarlet fever, typhoid, puerperal fever, diphtheria, erysipelas, &c.—for the purpose of distinction and of conveying to others what we mean.

I would call to mind how often the puerperal woman is dosed with gruel made with milk, is drugged with milk—that has in many cases been standing for some hours, and many times in the puerperal room itself (wherein the atmosphere by ignorant people is not always kept the sweetest)—on the supposition that milk creates milk ; how the children, and husband, and household partake of the same milk ; and how vitiated (as shown in Mr. Gay's paper) even good milk becomes by standing, how much more by standing in the atmosphere of the lying-in chamber ; and how readily this fluid becomes a unity and entity of originating virus in a household, or circle of people poisoned with it, amongst whom there would be *from this one source* a differentiation and divergence of results, of phenomena of the poisonous action, of symptoms directly consequent, so that one or more would be said to be suffering from scarlatina, others from typhoid and diphtheria, or one of the other generally supposed specific and distinct ailments of which I write, the lying-in mother being attacked with what would be termed puerperal fever.

Sir William Gull has stated his belief that diphtheria may "commence locally, forming a poison which will propagate itself ;" and he has "drawn a distinction between diphtheria and diphtheritic poison, regarding the disease, as beginning with a poison, but sometimes as commencing locally, and forming a poison which propagates itself" (*Brit. Med. Journal*, May 3rd, 1879, p. 666). And it will be found that scarlatina generated *de novo* from blood poisoning, effected in any way than that *usually accepted as being the only way* scarlatina is generated and propagated—viz., from a previously scarlatina-infected person or thing—is infectious and contagious alike with the other form. I do not now consider that to be bastard or simulative scarlatina which I formerly described as such, but look upon it as true, generated differently, propagated similarly, and worthy the name, Toxæmic Scarlatina.

I was first led to these conclusions by a case of autogenetic poisoning which was under my care in 1875, in which the scarlet fever symptoms obtained ; but which recognising to be wholly the consequence of a morbid condition of the uterine system and its excretions—in fact, begotten and conceived in utero from matters therein—I treated accordingly, by grasping the soft spongy uncontracted uterus with my hands, compressing it, expelling thereby the retained and offensive clots, washing out the vagina and uterus by means of Higginson's syringe, Condy, and warm water being used every two hours, till the lochia became quite inodorous. Had I, however, seen the patient for the first time when those scarlatina symptoms were fully developed, I might have erred in supposing I had to deal with scarlatina from a previously infected person or thing, have overlooked the *de novo* cause—the latent uterine mischief—have neglected the ablutions and cleansing processes, have treated the ailment in the orthodox fashion as being contracted from previous scarlatina infection, and no doubt have lost my patient. But being alive to the puerperal facts and bearings to which I have drawn attention, I at once proceeded as I have described, and the correctness of the diagnosis was evinced by the immediate improvement in the lady, commencing as it did from the very time I got rid of the offensive clots and washed away the noisome lochia.

Within twelve months I have had three cases of puerperal blood poisoning in which, not alone was scarlatina rash well marked, but also the other symptoms of scarlet fever. I had learned from my first case valuable knowledge, by which I have profited ; and these later patients I accordingly treated as suffering from "toxæmic scarla-

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tina"—if I may be allowed the term, to distinguish it from the other, or "orthodox," form—the toxæmic resulting from the presence in the generative system of putrescent matter, which, being washed away and the parts cleansed, the symptoms were removed.

Some time ago I had, in consultation with Dr. Joliffe, of Shepherds Bush, a case of typhoid fever, in which relapse occurred while convalescence was advancing, and desquamation—as truly marked as in what would be termed a typical case of scarlatina—was actually taking place.

In the same house where lay this sick mother, the younger members of the family had *previously* been affected with scarlatina, others having suffered from what is termed "sore throat," while others again were, at the time of the mother being ill, complaining of the same; the cause of the outbreaks being, as far as could be discovered, the defective drains which allowed regurgitation into the house of noisome smells and vapours.

It will be seen what a modification of my views has taken place since 1875, when I first entered upon the study of this question—the unity of poison and differentiation of resultant phenomena which we call symptoms—how study and research have made clear to me, what before I had not recognised; how out of much mistiness, obscurity, darkness, and chaos of facts, ideas and thoughts, clearness, light, order, have been evolved in my mind; so that what was to me at first vague, indefinite, unshaped, is becoming certain, defined, and embodied in realities; that what I thought to be incapable of proof came to be more and more provable, till it has at length become proved; and what, at one time from teachings and consequent prejudice seemed to me to be false, gradually opened out to me as true, till they have come to be established in my mind as a great truth. Like the man of old, who when sight was first given to him, saw men like trees walking—that is, indistinctly beheld what was all around him quite clear and discernible—so also I at first saw. One thing I now do know, that whereas I was blind now I see, not in a glass darkly, but face to face with naked facts and truths; now I no longer see in part, but know and discern. The sky was at one time all dark; star after star hung out its pale lamp of the light of knowledge and of truth; brighter and brighter they grew, so that the thick darkness was cleared away; one star shone out brighter than all, like as does the full-orbed morning star; it was the star of hope, that, in the cycle of time, the day of knowledge would wake and never close its lids again, that the morning of fuller knowledge would break, and the sun of completed knowledge would rise higher and higher till it shone at its zenith, unclouded, so that every eye may behold and every mind understand.

In a subsequent paper I will explain Toxæmic Typhoid, Toxæmic Diphtheria, Toxamic Erysipelas, and how the toxæmia, being introduced into the system, works within, generates the poison which demonstrates its inward presence by outward manifestations—which we call symptoms.

Clinical Records.

MERCERS' HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY.

AMONGST the patients in this service whose cases came to a conclusion during the first three weeks of the past month (June) were the following:—

Severe Mutilation of Forearms and Hands, with Avulsion of Digits (Two Cases).

A. The right thumb and all the fingers of the left hand torn away. With the thumb came the long flexor tendon carrying a considerable quantity of muscular fibre attached. The bone "parted" just below the metacarpo-phalangeal articulation, the integument being torn irregularly, so as to afford a moderately good covering on excision of the proximal extremity of the shattered phalanx. The ungual phalanx of the third finger of the same hand was also smashed, and in part lost. The left hand was severely mangled, the thumb escaped, but all the fingers had been torn off, and completely detached, bringing with them both flexor tendons, one set yielding shortly above their insertion, the other at their muscular attachment, and carrying some of the fibres with them. Here, too, each of the bones had "parted" just below the metacarpal phalangeal articulation. The dorsal integuments of the hand were torn across in a line above the knuckles, receding very obliquely towards the wrist on the ulnar side; the laceration on the palm ran in much the same direction. The patient, a healthy, temperate man, thirty-four years of age, was admitted immediately after the occurrence of the above injuries, which were caused by his hands becoming entangled in chain machinery connected with a steam engine.

After dissecting up the soft parts on the dorsum, the four metacarpal bones were sawn through in an oblique direction parallel to and higher up than the torn skin, the section of the metacarpal bone of the index being just above its articulation with the proximal phalanx and that of the fifth metacarpal bone immediately below its carpal joint. The lower ends of the metacarpal, together with the shattered remnants of the proximal phalanges having been dissected out, and a few vessels tied, the flaps were brought into apposition, and so supported by straps of adhesive plaster and pads. All the wounds were dressed with lint saturated in blood, with pads of the same material soaked in Friar's balsam superimposed. Half-a-grain of morphia was given subcutaneously, and ice-bags kept applied to both forearms, poultices being substituted after a few days. Much constitutional disturbance followed and lasted for a considerable time. Suppuration occurred extensively up both forearms. There was severe hectic, with marked night sweating. Eventually, constitutional and local repair got started, and the patient was able to leave the hospital forty-nine days after the injury with the parts soundly healed. The stump of the left hand was much more shapely than it at first promised to be, and there seemed fair prospects of its becoming a moderately useful member.

B. A young woman got her right hand entangled in machinery for teasing hair which caused an extensive lacerated wound, wholly destroying the integument on the radial side of the lower third of the forearm and of the hand, the palmar and dorsal aspects of which were also extensively stripped. The thumb was disarticulated, and its long flexor torn completely out, bringing with it some of the muscular fibres. All the fleshy and tendinous structures in front of the wrist and forearm were raised up, and more or less torn out, the surgeon's fingers passing entirely through from side to side of the forearm, between the bones and the anterior soft parts. (*a*) The wrist-joint itself was laid wide open, and the hand dislocated backwards. Operative interference was absolutely declined. The free bleeding was treated by pads of lint moistened with muriate tincture of iron firmly bandaged on. At first the condition of the patient required opiates to be freely used; subsequently a tonic and stimulant line of treatment had to be adopted. The constitution suffered profoundly for a long time. The fingers retained vitality, but the thumb and large portions of the damaged integument of the hand and forearm sloughed. Reparative action was tardy to begin, and slow in its progress. Much care was bestowed on the dressing, to maintain as satisfactory a position as possible. Sixty-eight days

(*a*) Though in this case the tendons were not torn clean out, yet, from the laxity and separation of the parts, it was evident that higher up the rupture of tendon from muscular fibre must have been considerable, in character if not in degree approaching the previous case.

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after the accident the patient left the hospital to attend as an extern ; the parts were then healed, except a healthy ulcer of 3¼ in. by 1½ in. surface, seated about the root of the old thumb, from the nipple-like remains of which some fragments of necrosed bone (which the patient would not allow to be removed) protruded. The preserved hand and fingers were rigid and immovable. During the woman's subsequent attendance as an extern the ulcer continued to steadily cicatrise.

Cleft Palate (Two Cases—Osteotomy in both).

A. A girl, æt. 18, where hare-lip had been operated on in early infancy, came to town in charge of her young brother, who had an aggravated hare-lip. After a very successful operation on it she sought surgical interference for herself. The gap was an extremely wide one. The edges having been pared the horizontal plates of the superior maxillary and palate bones were divided with Sir Wm. Fergusson's chisel. Section of the palato-pharyngi and palato-glossi muscles was also practised. Good union resulted, except in the immediate front, where an orifice as large as a thumb-nail remained. This is reported to be steadily diminishing in size since the girl's return home.

B. Male, æt 20, who had been operated on by Mr. O'Grady for double hare-lip a couple of years previously. In this case, too, the palatal gap was an exceptionally wide one. The operative procedure was as indicated in the previous case. Primary union occurred throughout the whole extent of the long wound, except a small portion at the centre ; granulations steadily reduced this, the opening being, when the patient left hospital a month after the operation, such as would not admit the passage of a pea. Subsequent reports represent this perforation as continuing to diminish in size.

Removal of Breast, Fatal Secondary Hemorrhage.—Patient was aged 54, and had of late suffered much domestic trouble. She first noticed the growth on upper part of outer side of her right breast a year before her admission to hospital. Lately the tumour was growing rapidly, and attained the dimensions of a large apple, the breast itself being a dry, flabby one. The skin was slightly attached, but there were no adhesions to deep parts. There was one perceptibly enlarged, but not hard, gland. The patient's appearance was unhealthy ; her general health was obviously below par. It was her earnest wish to have the operation, which was not recommended, performed. The ordinary superior and inferior elliptical incisions enabled the adherent portion of skin to be removed with the breast, after which the gland alluded to was taken away. The surface of the wound was dabbed with a solution of chloride of zinc, and supported by adhesive straps, pads, and bandages, due provision being made for "drainage." At first the patient seemed to do well, and the progress of the wound during the earlier days was apparently satisfactory. Soon, however, a dull and depressed condition supervened, and local reparative action ceased. The position was apparently mending, when on the eleventh day a smart flow of mixed arterial and venous blood began from the axillary margin of the wound ; but little blood was lost, however, the hæmorrhage being promptly arrested by plugs of lint wrung out of turpentine. These came away next day without the return of the bleeding. There was nothing particularly noticeable in the registrations of the pulse or the temperature, but the woman was now low and weak ; she shivered a good deal, and was often covered with cold perspiration. Still, under the influence of appropriate treatment internally, with balsamic dressings locally, she rather plucked up, and three days later, at the time of morning visit in the ward, she was calmly sleeping, and after a good night looked better in the face than she had done for some time. Soon after awaking, she remarked quietly, "I am bleeding." It was only to cross the ward from the opposite bed to verify her statement. There was no delay in cutting away the dressing, exposing the wound and plugging it. This commanded the bleeding, which, during the very brief space it lasted, was profuse, but the patient rapidly became blanched, pulseless, and was dead in less than ten minutes from the commencement of the bleeding. Various restoratives had been diligently plied, and the necessary preparations for transfusion were completed, one of the members of the attending class, Mr. Chas. M. Brady, having volunteered, and prepared his arm, to supply the blood. No examination of the body could be obtained.

Large Ischio-Rectal Abscess occurred in a fire-brigade man, æt. 32. The swelling was very considerable, the perinæum being much bulged out ; both sides were affected, but the left notably so. Two free incisions evacuated about half a pint of excessively fœtid pus, together with large masses of sloughing areolar tissue. More of these, together with an abundant suppuration, continued to be discharged for a few days, when the parts rapidly repaired, patient being able to leave the hospital in a fortnight, the left incision being still open, but giving little or no trouble. Since leaving the hospital, he has been attending for a small suppuration in the left groin. The trouble was not attributed to injury.

Cervico-Axillary Cyst with Disease of Shoulder-joint—Excision of Head of Humerus and of Glenoid Cavity.—A strong unmarried woman came under notice with a large semi-elastic swelling occupying the front of the region of the shoulder. This extended inwards about half the length of the clavicle and protruded into the axilla. The surface in parts was of a dark purplish colour, large veins ramifying over it here and there. The general feel was solid, firm, and resistant, with, in parts, an elastic pseudo-fluctuation doubtfully to be detected. Free manipulation of the joint caused no pain, though during the movements an occasional crack or crepitation was both felt and heard. The hand, forearm, arm, and entire scapular region was greatly swollen and œdematous. The trouble was not sequent on known injury, and was first observed only six weeks previous to the patient coming under notice. Prior, however, to the tangible development of the local mischief, the medical gentleman, in whose locality the woman lived, and under whose observation she frequently was, had been struck by a marked deterioration in her general appearance and condition. Two days after admission a fine trocar was introduced through the most prominent portion of the swelling, the skin having been previously slid over it, so as to secure a valvular opening, gave vent to more than three-quarters of a pint of a glairy fluid which flowed slowly out, and towards the end became deeply sanguineous. After removal of the canula and closure of the puncture with adhesive plaster, a considerable quantity of the above fluid continued to be discharged. The partially relaxed state of the soft parts now allowed the fingers to be sunk deeply beneath the acromion. The upper extremity of the humerus was readily ascertained to be displaced forwards and inwards. Restoration to the normal position was easily effected, but as soon as the retaining hand or pad was removed from the axilla the displacement immediately recurred. During these manipulations, which were free from pain, the crepitations above-referred were very manifest, suggesting to one surgeon of large experience the idea of rigiform bodies in the joint (*a*) ; to another, that of chronic rheumatic arthritis ; to others, caries.

In 48 hours the œdema of the limb was greatly diminished, though the swelling had largely reformed. No pain nor trouble had followed the tapping. The cyst was now punctured again, and about the same quantity of fluid (very sanguineous at the commencement and termination of the flow) evacuated as on the first occasion. A fine probe introduced through the canula found no

(*a*) The microscopical examination of the fluid gave negative results, no appearances of malignancy, nor of synovial character in the fluid removed could be detected.

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bone. In consequence of the lessened adherence of the soft parts full and satisfactory examinations were now practicable, by which a comparatively solid portion of the growth could be clearly mapped out in the axilla; this did not appear to be very adherent. The grating or crepitation was extensive, the deep surface of the scapula being also affected. No pain followed this puncture either, nor other annoyance, save that on this occasion the flow remained continuous, notwithstanding which considerable re-accumulation and tension of the sac again came on. Tonics were given internally, and the locality of the shoulder painted with a mixture of iodoform in collodion. The parts throughout were adequately supported in normal position by suitable retentive apparatus. The tappings were occasionally repeated; later on drainage-tubes were inserted, and injections of linimentum iodi practised, also fully distending the sac with carbolised water.

After a time the patient's health became gravely deteriorated. A little more than a month after her admission the much diseased and absorbed upper extremity of humerus was exsected through a long incision running downwards from the point of the acromion. The glenoid surface and all other tangibly diseased portions of the scapula were gouged away, after which the cyst interior was freely scraped with Volkmann's "Sharp spoon." Subsequently the entire wound was thoroughly dabbed with a (40 grains to the ounce) solution of chloride of zinc. The parts were adequately supported on an internal splint, due provision being made for the effective drainage of the large wound. For a time the discharge continued to be profuse, and the general condition of the patient threatening. Improvement, when it began, was rapid, the splint being dispensed with eighteen days after the operation, the patient having been able to get up and go out some days previously. An acute abscess from pressure of the splint formed in the right breast. This healed kindly after being opened. Circumstances of a private nature compelled her to return home thirty-six days after the operation, her health was then greatly improved, and the wound nearly healed on the surface, but a sinus opening at its centre continued to discharge freely and admitted a probe deeply. No bone could be felt. (*a*) The motions of the shoulder were being gradually regained, abduction and elevation of the arm could be effected unassisted, to a considerable extent. Since her departure from the hospital the progress of this patient has continued to be very satisfactory.

Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

By JAS. PATTERSON CASSELLS, M.D., M.R.C.S., Lond.,

Fellow of the Faculty of Physicians and Surgeons; Surgeon to the Glasgow Dispensary for the Diseases of the Ear; Aural Surgeon to the Glagow Royal Infirmary; and Lecturer on Aural Surgery in the Royal Infirmary School of Medicine, Glasgow; Membre-Correspondant de la Société Royale des Sciences Médicales et Naturelles de Bruxelles.

(*Continued from page 45.*)

According to Gruber, the obliteration of the Eustachian tube is observed so frequently in persons attacked with the affection in question, that this fact could be attributed, not to a simple coincidence, but to the development of osseous tissue on the walls of the tube, under the influence of the same cause which has produced the osseous proliferation in the interior of the external meatus. To strengthen his opinion he recalls that other observers have almost always found the cause of the imperviousness of the Eustachian tube, to be in correspondence with the osseous portion of the external auditory canal.

It is not our intention to contest this fact in itself or the explanation given to it by Gruber; we maintain, however, that we have not met with a single case of exostosis of the auditory canal complicated with invincible obstruction of the Eustachian tube.

In spite of the usual harmlessness of osseous tumours of the external auditory meatus, they can, not only cause deafness, but a series of subjective phenomena, which impose upon us a certain amount of reserve, from a prognostic point of view. But it is chiefly when the affection is complicated with otorrhœa that the prognosis becomes serious.

Who can conceive that in cases of suppurating otitis of the middle ear, that the existence of similar tumours on any part of the meatus whatever, can, by contraction or the complete atresia that results from it, favours the retention of pus in the interior of the drum, and becomes therefore the cause of frequently fatal accidents?

Politzer has perfectly explained the influence that contraction of the external canal of the ear exercises, in these circumstances, in the necroscopic results obtained by him in two cases of suppurative inflammation of the ear, with this difference between them, that in the one case the pus could run out according as it was produced, while in the other, a marked contraction in the external auditory canal occasioned the stagnation of it in the middle ear. He infers from these observations that it is important to obtain always an easy issue to the pus, because if the latter be allowed to stagnate in the depths of the organ and to decompose there, it acquires septic properties and under the influence of the considerable pressure to which it is submitted from all parts, it is able to pass in part along the canalicular veins that join the *sinus transversus* in the mastoid bone and reaching to the wall of the veiny canal, can there cause a septic phlebitis with all its serious consequences.

Dr. Roosa, of New York, relates a very interesting case, where the retention of pus, caused by an osseous tumour in the auditory meatus, was followed by meningitis.

In one of Toynbee's patients, whose auditory canal was closed by an exostesis, except a space of three or four lines, the cerebral symptoms only yielded after the extraction, through the open space, of lamellated epidermis that had accumulated behind the osseous tumour. It is then of the greatest importance, where the exostosis is complicated with a purulent otitis of the middle ear, to use every means to clear the external auditory canal, even in cases where there may be no consecutive improvement in the function of hearing.

One has been limited for a long time in the treatment of exostosis of the auditory meatus; on the one hand, to the administration of internal remedies whose nature varies according to the cause of the affection; and on the other hand, to the application of caustic substances to the surface of the tumours. Thus Wilde, starting from the hypothesis of a chronic periostitis prescribes local bleedings and the internal use of mercurials.

That treatment was a most remarkable success in a case, in which the man was robust and enjoying perfect health and who became completely deaf for a year, in consequence of the obliteration of the right external auditory canal, by an osseous tumour which sprang from the posterior wall of the canal, and whose development was not accompanied by any pain. On the left, the ticking of the watch was still perceived in contact with the auricle, and that was due to the circumstance that the two exostoses existing on that side were stopped in their growth by the meeting of their convex summits, thus leaving a little opening on the in-

(*a*) It was feared the affection of the scapula would prove to be progressive.

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ferior part of the canal. From the application of leeches to the ears and the internal use of small doses of sublimate of mercury, at the end of 17 days, a very marked lessening of the tumours in the left meatus, was obtained, and the hearing on that side recovered a little its normal acuteness. The result of the treatment in regard to the right ear is not mentioned by the author.

But if this observation shows the possibility of reducing similar tumours by medical means only, one must not forget that for the favourable cases there is a much greater number where internal medication does not exercise any appreciable action.

If the skin that covers the tumour be very thick, one can, says Toynbee, procure some relief to the patient by the application of remedies that will reduce the size of it. In a case of this kind the size of the canal has been increased and the hearing improved by painting the osseous excrescences with a solution of nitrate of silver. According to the same author, the best remedy for reducing the tumour is iodine, which has been used with as much advantage internally, as in applying it behind the ear and on the morbid growths in the meatus.

Such are the only remedies recommended by Toynbee. We have already said that he condemns all operations in regard to the removal of these tumours, except by escharotics.

But all these purely medical means, which stand foremost in the opinion of those who praise them, are only palliatives, and experience teaches us not to rely upon them. Therefore we ought to have considered the deafness arising from a complete osseous occlusion of the canal, as incurable, if modern Otology had not already shown by brilliant successes, what can be hoped for by surgical means in this affection.

It is to Bonnafont that we owe the first experiments of that kind; experiments still very incomplete, but which suffice to show the possibility, in cases, even, of complete occlusion of the external auditory meatus by an exostosis, of re-establishing the perviousness of that canal in a sufficient measure for restoring the faculty of hearing.

In a *memoire* to which we have already alluded, Bonnafont related since 1863, three cases cured by opening a passage between the osseous tumour and the wall of the meatus, with the help of graduated styles and slight cauterisations of nitrate of silver.

The observations of these cases will be read with interest, but their length obliges us only to give here what is strictly necessary for the end in view, viz., to justify the facts recorded by us in this work, and to instruct the reader in the different ways of proceeding in the surgical treatment of exostoses of the external auditory meatus.

Case 1.—M. de F., deafness in the right ear during two or three years, which arose without pain and without discharge. The watch is only heard on applying it to the ear, but the osseous transmission of sound is normal. The auditory meatus is occupied at the union of its two external thirds with the internal third, by an osseous tumour having a convex surface which appears smooth and of a whitish colour, insensitive to the touch of the probe, and whose surface of implantation, corresponding to the upper and internal part of the meatus, is so large as to fill up the whole of that region. No syphilitic or venereal antecedents, partly a slight gonorrhœa, five or six years ago.

As a measure of precaution an anti-syphilitic treatment is instituted, but without affecting the size of the tumour. After several fruitless attempts, the point of a silver probe can be inserted between the tumour and the wall of the meatus at its inferior part. In the treatment of the case recourse is then had to the use of graduated bougies, and slight cauterisations with nitrate of silver on the walls of the opening. On the third or fourth day Bonnafont succeeded in sending through to the other side of the obstacle, a punch of two millimètres in thickness. The hearing distance for the watch reached 30 c.m. During several months the punch was introduced to maintain the opening. More than ten years have elapsed since the operation, the opening is still there and the patient continues to hear well.

Case 2.—A young girl, æt. 17; complete deafness in the right ear for two years; perception of transmitted tones good; exostosis situated at a depth of two centimètres; polished and shining. Springing up from the antero-inferior half of the meatus and touching the opposite half with its summit, leaving no passage for the point of the probe. It was only after six sittings, and at the cost of great suffering, that this instrument surmounted the obstacle. Consecutive use of little graduated whalebone tents, whose thickness reached two millimètres; after two months the hearing distance was 30 centimètres for the watch, and almost normal for the voice. A year later, not only was the opening maintained, but the hearing had improved.

Case 3.—A man, æt. 30; deafness in both ears for eight years; the ticking of the watch is not perceived, either on the ears or on any part of the skull, except on the base of the zygomatic process of the left side, and on the mastoid on the right side. Complete occlusion of both meatuses at the depth of 1½ centimètres, by osseous tumours, whose bases correspond to the inferior part of the meatus.

After some trials, frequently interrupted on account of the pain experienced by the patient, a very slender drill was made to penetrate the superior and posterior part of the tumour on the right side and the anterior part of the one on the left side. After the extraction of the drill, patient heard a little better during an hour or two; but the opening was too small to effect a lasting improvement. A large punch, whose introduction occasions acute suffering, is, at first, only tolerated half an hour, then, after some days, for two or three hours. The hearing distance for the watch was about three centimètres on each side, when the patient was obliged to leave Paris. Before dismissing him, Bonnafont recommended the patient to persevere with the punches which he could introduce himself. In that case, says the author, whatever may have been the length of treatment and the dilatation of the opening, the result would never have been so satisfactory as in the two preceding patients, because the auscultation had proved that the auditory nerves had lost a great part of their sensitiveness.

Encouraged by these successes Bonnafont has proceeded in the following way in a fourth case.

A man, æt. 40, of a strong constitution and without any syphilitic antecedents, consulted him November 10th, 1867, for a deafness in the left year, that had commenced four or five years previously. The hearing was becoming gradually weaker, then the deafness, after having been stationary during a year, became suddenly complete.

Two-thirds of the auditory meatus being healthy, the remaining third was filled by a smooth, polished, and convex exostosis, which obstructed it completely, and whose base was situated below and in front. Osseous transmission of tones was as good on the one side as on the other.

As in the preceding observations, trials were first made to insert the end of a very fine silver probe, between the exostosis and the posterio-superior wall of the meatus, but *that* not succeeding, Bonnafont proposed the trepanation of the tumour, which was agreed to by the patient.

After having estimated that the exostosis might be about 6 or 7 mm., in thickness, and that a very small space separated it from the membrana tympani, Bonnafont applied a little pencil of nitrate of silver to the centre of the osseous excrescence, in order to destroy the soft parts with which it was covered. That first result obtained, after five or six days he commenced perforation, using for that effect the pointed end of a "rat's-tail" file.

The first sittings were long, and painful, on account of the resistance of the osseous tissue, and the frequent slipping of the tool between the skin and the surface of the bones. It was only at the fourth sitting, that the file was so fixed as to enable the trepanation to be begun, which ended, without impediment, and almost without pain, in

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the space of ten days. To maintain the opening, a little whalebone tent was allowed to remain there, and its use was continued till the hearing improved gradually, as much for the voice as for the watch. The patient, obliged to leave Paris, learned to use the tent himself, with the best results.

When Bonnafont saw the patient again—the 28th May, 1868—the perforation was enlarged under the influence of the graduated tents, and the hearing was perfect.

Although the proceedings which Bonnafont had recourse to in the cases just mentioned constitute a marked improvement upon the purely medical treatment of the exostoses of the external auditory meatus, they are still far from obtaining a radical cure.

We are convinced that Bonnafont would have obtained much better results if, in place of proceeding with the extreme prudence prompted by the fear of exciting a violent inflammatory reaction in the tumour or the meatus, he had, on the contrary, called this reaction to his aid; it is at that price, in fact, that the means which he praises can be followed by a complete cure. Thus, v. Trœltsch reports a case in which the prolonged presence of a little fragment of laminaria, immovably fixed between the osseous tumour and the wall of the meatus, whence it was impossible to remove it, caused a superficial necrosis of the osseous surface with which it came in contact, and at the end of two months he succeded in extracting the portions of necrosed bones, as well as the laminaria, and the canal of the ear, which formerly scarcely gave passage to the finest probe, was so enlarged as to restore the hearing to its former acuteness, after some years of complete deafness. And in the same way, if success has attended the efforts of Miot, it is due, in great part, to the inflammation of the tumour, caused by the operation of trepanation.

The first subject operated on by Miot—a woman—who had an exostosis, the base of which was implanted on the posterior wall of the osseous portion of the external auditory meatus. He trepanned it in three places, instead of keeping, like Bonnafont, to only one perforation, by means of a fine and very pointed trocar, and succeeded in removing some osseous *débris*. These multiple perforations caused a violent inflammation, in consequence of which the rest of the tumour completely disappeared.

The second patient became deaf without having felt either pain or tinnitus; he had simply the feeling of the ear being stopped. On the middle part of the osseous portion of the meatus there was an exostosis implanted on the posterior wall of the meatus, closing it completely. After having put the patient under chloroform Miot made several holes by means of a perforator terminated by two short points, well tempered and very resisting, at first on the anterior part of the tumour, then on other places.

The instrument, although sufficiently wet and tempered, penetrated with great difficulty, and slipped even on some parts, without piercing them. The perforations being made, Miot tried, but in vain, to shake the tumour. During the operation there was a very considerable hæmorrhage, but the results were very benign, since the patient did not afterwards feel the least pain. Some days following a healthy suppuration established itself, bringing away some osseous particles. During a certain time Miot made cauterisations and placed catgut tents to remain in the perforations. The canal became free, and the membrana tympani was seen to be a little opaque, but showed no marked abnormality. The hearing became so good that the watch could be heard two metres off.

The greater or less difficulties which trepanation of an exostosis of the external auditory meatus presents are conditioned by the consistence of the osseous tissue of which the tumour is composed. When one has to do with a cellular exostosis it is almost always the case that the tumour, once its shell is broken, offers scarcely any resistance to the instrument, and nothing would be easier than to finish the operation in a few minutes were it not for the sensibility of the patient, and for the risk of injuring important parts lying behind and near to the osseous tumour.

The selection of the instrument, in such conditions, is of little importance provided it be sufficiently tempered, and kept wet during the operation. But when the tumour is constituted of compact osseous tissue, having the hardness of ivory, the difficulties increase enormously, and to such an extent that one may not dream of emulating the success of Bonnafont and of Miot.

In a case of this kind Field reports that he would never have succeeded had he not attacked the tumour with an American pedal-borer, that dentists have used for some time. In spite of the great penetrating power with which that apparatus is endowed, several long sittings were necessary in order to pierce through and through the osseous mass, which obliterated both auditory meatuses of the patient. In a case of hyperostosis of the external auditory canal, the details of which are fully reported in *Virchow's Archiv.* (73rd vol., 1877), Professor Dr. Moss, of Heidelberg, has employed with success a proceeding similar to that of Field.

(To be continued.)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 30, 1879.

METROPOLITAN HOSPITAL SUNDAY FUND.

THE Council of the Metropolitan Hospital Sunday Fund met yesterday (Tuesday) at the Mansion House under the Presidency of the Lord Mayor of London to receive the Report of the Committee of Distribution, and sanction the payment of the awards recommended to be made to the various hospitals and dispensaries. The sum collected this year, notwithstanding the hardness of times and the depression occasioned by the war, is rather in excess of that of last year. It very nearly reaches that of 1877—namely, £26,000. The number of hospitals about to participate in the fund exceeds by two that of last year. The sum to be immediately distributed to the 127 institutions is £24,455, and a further sum of £260, that is, 1 per cent. of the receipts of the year, is, in accordance with the new

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rule xii., to be devoted to the purchase of surgical appliances, together, a sum total of £24,716 to our noblest of charities. For the first time in the history of the fund an attempt is about to be made to assist the more unfortunate amongst hospital patients to obtain what is absolutely necessary to enable them to assist in their own support and that of their families, an artificial leg or an arm, and this without being subjected to the trouble and mortification of stumping over this vast city in search of an unreasonable number of Surgical-aid Societies' letters. Nine hospitals, it appears, were invited to confer by deputation with the Distribution Committee. Of this number only two attended, and by rendering a full explanation on certain points, enabled the committee to determine a higher basis of award than that fixed upon prior to the interview. The authorities of three other hospitals expressed themselves satisfied to leave their cases in the hands of the committee; whilst three other hospitals sent no replies, and it is but fair to conclude that no satisfactory reasons could be given for the high rate of management of which the Distribution Committee complained. One institution only offered a full explanation by letter in respect of certain unusual charges, thus enabling the committee to recommend a proportionate award. This statement, it is to be hoped, will so far satisfy quibblers, and prove to the public and those interested in the success of the fund, that the work of the Distribution Committee is performed in a careful and highly conscientious manner. The duties of managing committees of medical charities, like those of general charities, are, we fear, too often performed in a perfunctory way. These bodies are virtually self-elected, that is, so far as the general body of subscribers is concerned. This of itself opens the door to carelessness in matters of detail; leads, in fact, to a *high rate of management*. Too much vigilance cannot be exercised in this important particular, and we look for further improvements in many ways from the valuable tables issued for the first time by the Council of the Hospital Fund, showing as they do at a glance the average number of beds occupied, the number of cases treated, with approximate cost of treatment, the percentage of cost of management as compared with that of maintenance, &c. Thus, committees will have the means of checking expenditure and results, and of so administering this fund as to secure the greatest amount of good for the greatest number.

THE DISCUSSION ON THE USE OF THE FORCEPS IN LINGERING LABOUR.

The prolonged discussion, which has just occupied several meetings of the Obstetrical Society of London, is of the greatest importance, both from a professional and public point of view, and cannot fail to interest every practitioner engaged in midwifery practice. With regard to the importance of the subject, we cannot, perhaps, do better than commence this article by quoting the significant and philosophical remarks which Dr. Edis made at the beginning of his speech. The last published accounts of the Registrar-General for 1876, tell us that in England alone over 4,000 mothers succumbed to the accidents or diseases incidental to childbirth. "This is no great fatality for one year, for during the last thirty years, from 1847 to 1876, an average of 3,500 women per annum have died from this cause." Considering, says Dr. Edis, that we are dealing with a mere physiological function, the carrying out of which is generally under skilled supervision, "I think we must reproach ourselves somewhat that the mortality still keeps up to the extent it does. The triumph of modern surgery is its conservatism, that of medicine its preventive aspect, and unquestionably the direction in which we must labour to bring obstetrics up to a corresponding footing is to endeavour to avert its dangers and difficulties, and not so much to rely upon our treatment of those actual dangers when they have been allowed to come into existence." Lord Bacon has shown us how much depends upon the direction in which we endeavour to advance the sciences, and few will deny that, in the sentence last quoted, Dr. Edis has mapped out one good way towards the advancement of obstetric medicine. Another reason why such a discussion was desirable, is that at the present time practice differs very widely. As Dr. Barnes remarked, side-by-side we see men using the forceps once in every nine or ten cases, or oftener still; and others using it only once in a hundred cases, or even less frequently; and this, under conditions, that offer no explanation of the difference in practice. It differs, moreover, not merely among general practitioners whose variable skill and experience might be expected to modify their respective practices, but also among the most skilful and eminent obstetricians—obstetricians who, judging from their writings, would be supposed to be guided by the same rules with respect to their use of the forceps. Strictly analysed and compared, says Dr. Barnes, it will be found that the rules for interference laid down by Collins, Ramsbotham, and George Johnston, are all but identical. But while Collins, in the Rotunda Hospital, in the years 1826 to 1833, used the forceps or lever once in 607 cases; Johnston in the same hospital, in the years 1868 to 1875, used the forceps once in every ten or eleven labours. "How men recognising the same principles could diverge so widely in practice" is certainly a "curious study." But that the results of this very different practice were the same is not so much to be wondered at, considering that what Ramsbotham and Collins lost by leaving too much to nature, Johnston gained by the timely use of the forceps, and on the other hand, what the former gained by adopting a more expectant treatment, the latter lost by being too precipitate.

In his very able paper on this subject, Dr. Barnes stated the following propositions as presenting the points that chiefly challenge discussion:—1. In lingering labour, when the head is in the pelvic cavity, the forceps is better than its alternatives. 2. In lingering labour, when the head is engaged in the pelvic brim, and when it is known that the pelvis is well formed, the forceps is better than its alternatives. 3. In lingering labour, when the head is resting on the pelvic brim, the liquor amnii discharged, and it is known that there is no disproportion or only a slight disproportion, even although the cervix is not fully dilated, the forceps will generally be better than its alternatives. 4. In proportion as the head is arrested high in the pelvis, in the brim, or above the brim, the necessity, the utility, and safety of the forceps become less frequent. 5. As a corollary from the preceding proposition, increasing cau-

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tion in determining on the use of the forceps, and greater skill in carrying out the operation, are called for.

Now virtually, and with a few reservations, the Society was agreed upon the propriety of the first, second, fourth, and fifth of these propositions. The great question at issue during the whole of this long discussion, was whether the use of the forceps is justifiable in cases in which the os is not fully dilated. And, what particularly challenged the opinion of the profession on this point was the extraordinary practice of Dr. George Johnston, in which he had been in the habit of using the long forceps when the os was only moderately dilated. Altogether he used it in 169 cases. In fifty-nine the os was dilated only two-fifths of its extent, that is to say, the os was dilated to a diameter of about an inch and a half. Forty-four of these cases were primiparous patients, and in twenty cases he proceeded to use the forceps when the membranes were still intact. We think it well, both for the sake of our countrywomen and for the credit of the profession, that scarcely any one of the many eminent obstetricians who spoke on this occasion was in favour of using the long forceps under the conditions just mentioned. We are certainly indebted to Dr. Johnston for having shown us that we can deliver a patient with the forceps in the first stage of labour, even when the os is only moderately dilated; but to follow out his practice, and to adopt it as freely and generally as he has done, would, as Dr. George Kidd remarked, be attended with danger and risk to the patient. Nor were the results of Dr. Johnston's practice such as should claim for it the confidence of the profession. Of the forty-four cases above mentioned, six died, being at the rate of rather more than thirteen per cent. of the patients operated upon; and excluding two cases of convulsions which were brought into the hospital in a comatose condition, there still remains a mortality of 9·5 per cent. Again, in seventy-one cases in which the os was dilated three-fifths, fifty-three were primiparous and eighteen pluriparous. Of the fifty-three primiparous patients two died, or 3·77 per cent. It is not therefore to be wondered at this bold and hazardous practice did not altogether meet with the approval of the Society. Even Dr. Barnes, who is by no means partial to expectant measures, was careful to so word his third proposition that it merely sanctioned the occasional use of the forceps, "although the cervix uteri is *not fully* dilated." So far the society was prepared to go, and no further. In fact, the general opinion of its members was very much as Dr. Lombe Atthill put it, when describing the practice adopted by him at the Rotunda Hospital. "I am induced," he says, "to avoid the use of the forceps before the os is fully dilated; but, on the other hand, if a case occurs in my practice in which I believe it imperative to deliver the woman before the os is fully dilated, I unhesitatingly have recourse to the use of the forceps, notwithstanding that the os is not fully dilated. . . . We use the forceps freely when the head is low and the os fully dilated. We use the forceps when the os is not fully dilated, but with the greatest possible hesitation, and with a full conviction that such a practice is not absolutely safe." These remarks, as we have just said, very fairly represented the opinions and practice of most of the other members who spoke on the subject. Dr. Barnes sanctions, in certain cases, the use of the forceps before the os is fully dilated, but he says that "this operation is not without danger, even in skilful hands;" and he reflects upon the undue degree of contusion, the suffering, and the shock, that he thinks may have influenced the mortality in Dr. Johnston's cases. Dr. Kidd confessed there was a class of cases in which the forceps might be advantageously used before the os is fully dilated. The membranes have dilated it so far that at length they have given way, and the os remains with no pressure upon it, because the head cannot come down to press upon it. Dr. Thornburn, of Manchester, expressed a similar opinion. Dr. Edis, who, with many others, believes that lingering labour may occur in the first stage so as to entail danger to mother and child, sanctions the practice. Dr. M'Clintock endorsed the observations of Dr. Barnes, to the effect that the necessity of this operation cannot be frequent, and that the operation is not without danger, even in skilful hands. Dr. Braxton Hicks did not give a very direct answer to the question at issue, but, incidentally, he admitted it had been his practice to use the forceps in certain cases before the os was fully dilated. Dr. Daly used the forceps under these circumstances thirty times with only one fatal result, and that was a case of hæmorrhage. Dr. Graily Hewitt said that the full dilatation of the os uteri may not occur, and yet the patient may have arrived at the end of the first stage of labour, and that in these cases the os is in an exceedingly dilatable condition—a condition which does not offer any obstacle to the passage of the head through it. In certain cases of this kind the use of the forceps is necessary, but, "confessedly," he added, "these cases are rare and unusual." Lastly, passing over several names less known to the profession, we may remark that the distinguished President of the Society likewise endorsed the opinion that had fallen from most of the members who had spoken on the subject; but he thought, as many others, perhaps, will think, that a great deal too much had been said about the application of the forceps before the complete dilatation of the os uteri: for he was afraid that outsiders might have the impression that this practice was much more customary amongst obstetricians than it really is. Such an impression, however, is not likely to remain long in the face of the statement made by so experienced an accoucheur as Dr. Roper, and the very judicious remarks which came from Dr. Barnes in the course of his reply on the whole question. In 9,389 cases in the Eastern Division of the Royal Maternity Charity the former physician had used the forceps only 80 times; and although the mortality in these cases was not quite so low as that reported by Dr. Collins, it was much lower than that represented by Dr. Johnston's practice. The latter physician accounted for his high mortality by the fact of the women going into the hospital from districts that were affected by zymotic diseases; but the cases just mentioned came from the courts and alleys of Spitalfields, Shoreditch, Whitechapel, and Bethnal Green, where there were always some of these diseases prevailing. Again, Dr. Johnston stated that he never used the forceps unless there were imminent danger to mother or child, and that he always used them to prevent sloughing; but Dr. Roper had attended 12,000 cases, and had only seen one case of sloughing; and Dr. Collins, who attended 16,000 cases, had only seen one case of sloughing. From these remarks the reader will gather that Dr. Roper was one of the few speakers who

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entirely disapproved of the application of the forceps before the os was fully dilated. The arguments, however, which he adduced in support of his opinions were not so convincing, or so unanswerable, as were his facts. Nor should the observations of Dr. Barnes be less deterrent to a too meddlesome midwifery practice than those of Dr. Roper. The former physician condemned the practice of those who were in the habit of putting on the forceps once in every eight or ten labours, or "as soon as the head is within reach;" and he remarked that "so long as the uterus is acting fairly, without spasmodic action, the head advancing slowly, and the parts relaxing, and you know that the patient will be delivered in a few hours without any great tax upon her powers, and, so long as there is a quiet, regular pulse, I say it is not judicious to use the forceps."

Before concluding our notice of this interesting subject, we deem it right to allude to a question the importance of which, in these days of preventive medicine, can scarcely be overrated. There is some reason for believing that disease of the uterus and its appendages have very much increased within the last twenty or thirty years. At all events, no one will deny that they are, absolutely speaking, remarkably prevalent at the present day, and that they have become a specialty absorbing the whole time and attention of hundreds of practitioners who have chosen to devote themselves to their study and treatment. But if this class of disease is not only absolutely but relatively more prevalent, it is incumbent upon gynæcologists to discover the cause of a state of things that is the more to be regretted considering the deal of attention the profession is now giving to all departments of preventive medicine. In his very able and suggestive speech, Dr. Roper threw out an insinuation which, if well founded, casts a stigma upon the modern practice of midwifery which cannot be too soon removed. In alluding to the frequent use of the forceps in ordinary practice, he said that "he could not help thinking that much of the gynæcological work of the present day resulted from this frequent interference with the natural functions of the uterus in childbirth. All must have observed the good gettings-up of women who had gone through severely laborious labours, probably a consequence of vigorous uterine action tending to produce good involution." We cannot imagine how "severely laborious labours" can be, from a hygienic point of view, at all desirable; but, nevertheless, the above allegations respecting the frequent use of the forceps in *ordinary* labours, and his suspicions with regard to the mischief probably arising from such a practice, should claim the serious consideration of the profession. The question is of course a very difficult one to solve, but we do not think the solution of it would be unfavourable to modern midwifery practice. On the whole, contrasting the old and cautious use of the forceps, where the policy of procrastination was followed, with the more frequent, and perhaps too frequent, use of the forceps at the present day, we venture to say that *as regards the mortality to mother and child*, the advantages are on the side of that practice which has just been so ably and deliberately sanctioned by the Obstetrical Society of London.

Notes on Current Topics.

The Right of the Dublin Apothecaries Company to Medical Council Representation.

A CORRESPONDENT calls upon us to explain an apparent inconsistency between our comment on Dr. Wyse's letter to the Irish Medical Association, and our reply to our correspondent to the effect that the L.A.H. is a recognised medical qualification. To afford such explanation we must look back to the history of the "Hall." The Irish Apothecaries Company was established under an Act which conferred the right of granting licenses purely pharmaceutical, and for tens of years the Company did not pretend to any other function, and well fulfilled its duty as guardian of Irish pharmacy. In an evil day, the governors—being ashamed of "the shop," and encouraged by the example of the London Apothecaries Company, which had always been legally empowered to license medical practitioners—decided to taboo pharmacy, and convert "the Hall" into a doctor-making corporation. This assumption—as we have said—was and is perfectly illegal, and for years afterwards the L.A.H. was not recognised as anything more than a dispenser's license. In 1858, when the "Medical Act" passed, the License of the Hall was included in its Schedule as a registrable qualification, but—as we maintain—solely as a pharmaceutic degree. Shortly afterwards, the governors applied to the Army Board to accept their license as a medical title for candidates for the Army Medical Service, upon which the Board officially inquired of the General Medical Council whether or not the L.A.H. was a recognised medical diploma. Then, and year after year, on subsequent repetition of the query, the Medical Council returned what was practically a negative reply; and, consequently, the L.A.H. still remained a pharmaceutic license *et preterea nihil*, and it was not recognised as a medical qualification by the Army or the Poor-law authorities, or by any one else. Just at that time arose a difference of opinion between the Irish Colleges of Surgeons and Physicians, one College (we forget which) refusing to conform to some studential requirement which the other thought necessary, and it occurred to those in power in the College of Surgeons that it would be a safe move to establish the L.A.H. as a medical license, in order that it might serve as a set-off against the College of Physicians in the event of future disagreements. In conformity with this policy, Mr. Hargrave, who was then the representative of the Irish College of Surgeons in the Medical Council, and who had repeatedly voted and spoken against the recognition of the L.A.H. as a medical diploma, changed his opinions, and carrying with him Dr. Embleton—the representative of the University of Durham—turned the scale in favour of the Apothecaries Hall, when the annual vote upon that body's pretensions came to be taken in the next meeting of the Medical Council. Thus, by the shift of ground of the Irish College of Surgeons and Mr. Hargrave, not by a change of law, or by a *bonâ-fide* alteration in the opinion of the Council, the L.A.H. became a registrable medical diploma, and, an affirmative reply being at length given to the Army Board, was accepted by them, and,

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afterwards, by the Poor-law Commissioners. This is the history of the matter, and, we think it justifies our assertion that the Hall gives its licences—as medical qualifications—"without the smallest legal right to do so." Nevertheless, since that day, the L.A.H. has been registered and accepted by the public services as a medical degree, and—no doubt—will continue to be so accepted until some one disputes, legally, the right of the Hall to grant a medical degree. Although we are distinctly of opinion that the coming Medical Act ought not to include in its Schedule of Registrable Medical Degrees the license of the Dublin Apothecaries Hall, our contention at present is that the "Hall," although recognised as a medical licensing body, has not sufficient share in medical education or qualification to deserve that it should vote in the Medical Council, and that supposing the Licentiate Apothecaries to have a fair right to be represented in the Medical Parliament, it cannot be said that they have—at present—any voice whatever in that body. The representative of the Irish Apothecaries Company is not elected by the Licentiate Apothecaries. We are not aware that he has knowledge of their views, or that they have any influence whatever over his acts. He is the chosen of some fifteen respectable commercial gentlemen, who hold shares in a drug company; and the *rôle* thus confided to him, we are bound to say, he fulfils to perfection. But it is, perhaps, hardly worth entering upon a crusade against the Irish Apothecaries Company, for if the Conjoint Scheme should be adopted, "the Hall" will cease to exist as a licensing body. Already it has been superseded as a pharmaceutic qualifying institution by the Pharmaceutical Society of Ireland, and, should conjoint examination be made law, it will no longer be permitted to grant half-guinea licenses, and will cease to possess the attraction of cheapness.

The Mortality of Great Cities.

In the principal cities of the United Kingdom, the rates of mortality per 1,000 last week were—Plymouth 11, Brighton 13, Portsmouth 13, Sunderland 14, Nottingham 14, Leicester 15, Bradford 15, Glasgow 16, Bristol 16, Hull 16, Wolverhampton 16, Birmingham 16, Leeds 17, London 17, Oldham 17, Edinburgh 18, Sheffield 18, Norwich 18, Salford 19, Liverpool 20, Manchester 20, Newcastle-upon-Tyne 22, and Dublin (including 51 deaths prior to July 1st), 29.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—Calcutta 27, Bombay 29, Madras 34; Paris 22; Geneva 22; Brussels 20; Amsterdam 21, Rotterdam 26; The Hague 23; Copenhagen 20; Stockholm 17; Christiania 15; St. Petersburgh 37; Berlin 46, Hamburg 22, Dresden 27, Breslau 32, Munich 30, Vienna 26, Buda-Pesth 38; Rome 21, Naples 31, Turin 26, Venice 25; Alexandria 43; New York 23, per 1,000 of the population.

Thus it appears that Dublin is, by a large margin, the most unhealthy of the 23 cities whose death-rate is recorded by the Registrar-General. It is also (with five exceptions), the worst of European cities, and nearly as insalubrious as the worst of the tropical seats of miasm.

It must not be supposed that this is an exceptional state of things. On the contrary, the death-rate of Dublin, though augmented by 51 deaths which did not occur within the week, is as low this week as it usually is, and much lower than it has recently been.

What shall we Drink?

Judging from a quotation made by an esteemed contemporary, Dr. Bock, of Leipsic, has been writing a good deal of nonsense on the moral effect of different articles of food and drink. He says, "the nervousness and peevishness of our times are chiefly attributable to tea and coffee; the digestive organs of confirmed coffee drinkers are in a state of chronic derangement, which reacts on the brain, producing fretful and lachrymose moods. Fine ladies addicted to strong coffee have a characteristic temper, which I might describe as a mania for acting the persecuted saint. Chocolate is neutral in its physical effects, and is really the most harmless of our fashionable drinks. The snappish petulant humour of the Chinese can certainly be ascribed to their immoderate fondness for tea. Beer is brutalising, wine impassions, whisky infuriates, but eventually unmans."

It is surely time that some stop was put to the tirades that are continually being made against the various beverages the public are in habit of consuming. We are told by the chemists that much of the water supplied to us is scarcely fit for drinking. The total abstainers, even including the Medical Temperance Association, tell us we should abstain from all kinds of alcoholic liquors, and now a German doctor would have us believe that even the tea or coffee drinker cannot partake of his favourite infusion with impunity; and that he who is addicted to strong coffee may be observed to have a characteristic temper, and to be in the habit of falling into fretful and lachrymose moods! On what authority, moreover, does Dr. Bock state that people are more nervous and peevish now than they were formerly? and by what sort of logic does he connect this assumed nervousness with the drinking of tea or coffee? And yet this is the sort of temperance cant to which we have to listen in these degenerate days, and which makes many of our total abstinence orators appear so ridiculous as to defeat the very object they have in view. Let us have done with all this refinement about the effects of this drink and that drink. Let the people take what they like and what they find best to agree with them, provided they do not indulge in strong spirits, and are temperate in this, as they should be in all other things that contribute to the support or to the pleasures of life.

Another Proposed Licensing Body.

In reference to the proposed Victoria University, several teachers in the London and Provincial Medical Schools have, in a memorial to the Privy Council, protested against the power of conferring licences to practice medicine or surgery being granted to this university on the grounds:—1st. That there already exist nineteen such corporations; 2nd. That the competition arising out of this number of licensing bodies is detrimental to the public and the medical profession, as tending to lower the standard of medical qualification; and 3rd. That the Manchester

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School of Medicine has no superior claims over other schools in London or the provinces which can entitle it to such a special distinction as that of conferring degrees to practise medicine or surgery.

It is certainly not desirable that another licensing body should spring up at a time when everything is being done to diminish the number of those at present existing. At the same time, if the proposed university is established, and is put on a footing with other institutions of the same kind, it is hardly fair that it should be deprived of one of those privileges which have always been granted to other universities. Were a Conjoint Board to be formed, the granting of licenses by the proposed university would not be very objectionable, and in any case the difficulty might be got over by only giving it the power of granting the higher degrees, such as those of doctor of medicine or master of surgery. Such degrees would be chiefly taken by those who intended to enter upon the higher walks of the profession, and could not possibly either lower the standard of medical education or clash with the interests of other licensing bodies.

Diphtheria at Barnstaple.

So careful are the sanitary authorities now to inquire into any unusual outbreak of an infectious disease that Dr. W. Ogle was commissioned by the Local Government Board to inquire into the circumstances under which six deaths from diphtheria had occurred in the Barnstaple rural district during the latter part of the year 1878. We cannot say, however, that his investigations were attended with much success. The six cottages attacked were widely separate. They had apparently nothing in common. Each had water from a totally different well, nor could the origin of the outbreak be traced to any impurity in the water. Neither had the six cottages their milk from the same farm, nor did there appear to be any disease prevalent among the cattle. One condition, and one only, was common to them all, namely, that the children attacked attended at the same school, and when this school was closed the outbreak almost at once came to an end. But what defect there was in the sanitary condition of this school or its surroundings to give rise to the epidemic, Dr. Ogle does not state, or perhaps could not discover. All he says on this point is:—"I find that the school-girl who fell ill in cottage D, sat next to one of the two girls from cottage A, who probably, as I think, introduced the infection." The high rate of mortality among the cases is attributed to want of "good nursing," a circumstance which shows the necessity of having small rural hospitals for the isolation and proper treatment of the sick.

The Royal Free Hospital.

We are glad to see that the Fifty-first Annual Report of this useful hospital, which has just been issued, is of a satisfactory nature, inasmuch as it has special claims upon the charity of the public. Previously to its establishment there was no institution in the Metropolis where destitute strangers, when overtaken by sickness or disease, and unable to move about, could find an asylum for their immediate reception. During each year great numbers of the destitute sick, on their own application, are received into the wards of this hospital; and since its foundation in 1828 up to the 31st of December, 1878, 1,674,385 have obtained relief by its means. It appears that, notwithstanding the numerous special and exceptional claims upon the public benevolence, and the great commercial depression, the receipts from all sources during the past year amounted to £10,403 14s. 2d. The hospital has also been fortunate the last two or three years in receiving some good legacies. Thus, in the years 1876, 1877, and 1878, the legacies amounted to upwards of £18,383, £14,037, and £5,312 respectively. The subscriptions, however, have slightly fallen off, for whilst those for 1876 and 1877 were upwards of £1,200 and £1,228 respectively, in 1878 they were only £1,177 14s. 6d. The new Victoria wing, containing three spacious wards and the out-patient department, has been in full operation during the year. The number of in-patients amounted last year to 1,243, the average daily number having been 95, as against 74 in the preceding year, when the new wing was in course of construction.

Working of the Unification System in the Afghan War.

An old Surgeon-Major, writing from India to the *Irish Times*, refers to the experience afforded by the Afghan campaign as conclusively favourable to the unification system. He says that in no campaign before has the British soldier ever been so well cared for as in the Afghan war just concluded. The system of base hospitals into which the sick were evacuated from the front, left the force of the fighting line unencumbered to advance at any moment, and the field divisional hospitals were so organised that at an hour's notice the General could depend on a force being supplied with every possible medical necessity, no matter whether 100 or 1,000 men were sent out. The expense to the State was about half what the old regimental system would have entailed, and the carriage for ambulance purposes was less than half, and what is better there was always sufficient and at hand when required. Had the system that is now in force been in operation in the Crimea, he considers that literally thousands of lives would have been saved which were sacrificed to want of organisation, or, to put it plainly, to the faulty system of regimental hospitals. "I have been (he says) most of my service a regimental officer, and I freely admit that both the medical officers and army at large have lost largely from a social point of view by the unification system; but I assert that the sick soldier and the State have both largely gained by the change."

Mr. Thomas H. Powers, the chief maker of American quinine, died some six months ago and left a fortune estimated at not less than 10,000,000 dollars. The *Philadelphia Medical Reporter* adds:—"Very much of this was made on quinine, and the movement to repeal the duty on that drug is one which should meet the approval of all unbiassed physicians. At present the sick are obliged to pay more than twice as much for this medicine as they would were the duty removed. This excess goes into the pockets of the already enormously rich manufacturers. It is a striking instance of the gross injustice of protective duties. In fact, it is encouraging a monopoly of the most unfair description."

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Homœopathy Gone Mad.

We published recently an arithmetic calculation of the extent of some of the dilutions which are recommended by certain homœopathists as unfailing talismans against disease. A writer in the *Hahnemannian Monthly*—himself a homœopath—follows our correspondent with a few more figures illustrative of the "potency" of homœopathic medicines (?) He says, "Suppose the crude medicinal substance to be represented by a No. 3 homœopathic pellet, the first attenuation would be represented by an acorn, the second by an orange, the third by a pumpkin, the fourth by a hogshead, the fifth by a large room, the sixth by a church...the twelfth by the Mediterranean Sea ...the fifteenth would be eight times as big as the earth... the eighteenth six times as large as the sun...the twenty-fourth twenty-three times as large as the solar system... the thirtieth would be as large as fifty-six spheres whose diameter should reach from the extremity of our solar system to the nearest fixed star. It would take one fifty-six times 230,000 years to travel round these spheres at the rate of 1,000 miles per minute. One drop of liquid measuring the tenth of an inch in diameter raised to the 30th dilution would contain 2,058,510,642,141,870,000, 000,000,000,000,000,000,000,000 cubic miles.

How to Stop a Cold.

Dr. Dobell gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible :—1. Give 5 grains of sescarb. of ammonia and 5 minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed-time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule ; but should the catarrh seemed disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.

Local Authorities and the Sanitary Act.

That the Sanitary Act is a dead letter in many districts few of our readers will be inclined to question, and medical officers of health are frequently tolerated as a necessity, or their recommendations altogether ignored. We have now before us the annual report of Dr. Bates, Medical Officer of Health for Cowbridge, Glamorgan, in which he openly expresses his regret that the Corporation of Cowbridge takes so little interest in sanitary matters, especially with regard to a sufficient supply of pure water for the inhabitants. As, however, the district under his charge shows an exceptionally low death-rate, one of 13·50 per 1,000 of the population, we presume his recommendations will go unheeded after the manner customary with local authorities, until the outbreak of some epidemic, and then "who would have thought it," will be the hue and cry.

The "Irish Medical Directory," 1880.

By an advertisement in our columns to-day it will be perceived that the Annual Circular for the year 1880, has now been forwarded for correction to every legally-qualified member of the profession residing in Ireland; the Editor has made arrangements which will enable him to have the next issue of the work ready on the 1st of January, and asks the assistance and support of the profession, believing that on its merits it well deserves approval, and that its yearly publication is of material benefit and convenience as a book of reference for the medical profession.

We trust that the profession will attend to the Editor's request, and assist him in every way in the compiling of this useful work and immediately return their annual circular, and thus spare him the unnecessary trouble and expense of the issuing of a second application.

Treatment of Tonsillary Hypertrophy.

Dr. Quinant, in the *Union Médicale*, recommends *massage* of the hypertrophied tonsils in non-inflammatory cases. He passes the index finger covered with powdered alum back to the tonsils, and compresses and "kneads" them. This done, the patient gargles with a mild astringent, and at the end of two or three days is able to perform the operation for himself. Dr. Quinart asserts that by this means he is able to resolve the hypertrophy and avoid excision of the glands.

Irish Contract Drugs.

We warmly approve of the determination of the Newcastle (co. Limerick) Guardians, advertised by them in connection with their half-yearly drug contracts, that "the medicines will be analysed by Dr. Cameron, and, if found inferior, the contractor will be prosecuted." If all we have heard about contract drugs be true, and if all guardians be as wise as those of Newcastle, we opine that Dr. Cameron and the County Court judges will have their hands full.

Yellow fever is not increasing, as was feared, in the Southern States of America with the exceptionally hot season prevailing in those parts. There were only thirty-four deaths from its ravages last week in Memphis, two in Shelbyville, and four in Louisville. The panic has subsided, and people are returning to their homes.

The lay press still persist in styling the man charged with procuring abortion in the person of Ellen Saunders, as Dr. Francis Hammond, F.R.C.S. We have already stated, and our contemporaries have followed suit, that the said individual is neither on the Register nor the Medical Directory, and the persistence in publishing reports week after week under this false heading, is nothing less than a libel on the profession to which he is falsely assumed to belong. We may add that Francis Hammond is still in custody, bail being refused.

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Dr. Frankland reports that the Thames water delivered by the West Middlesex, Southwark, and Grand Junction Companies during the past two or three weeks was so much polluted by organic matter as to be quite unfit for dietetic purposes. The first-named company delivered inefficiently filtered water, containing moving organisms. The Chelsea and Lambeth Companies, drawing their supplies from the same source, sent out water of much better quality; that of the Chelsea Company, however, was inefficiently filtered, and contained moving organisms.

The death-rate from the seven principal zymotic diseases averaged 2·5 per 1,000 in the principal large towns last week. Scarlet fever showed the largest proportional fatality in Salford, Sunderland, and Sheffield; and measles in London and Bradford. The 14 deaths referred to fever were considerably below the average. Small-pox caused 6 more deaths in London, 8 in Dublin, but not one in any of the other large towns. The fatal cases of diarrhœa in these towns were but 47 last week, against 669, 243, and 602 in the corresponding weeks of the three years 1876-77-78.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Glasgow Death-rate.—The death-rate of Glasgow for the week ending the 19th July was at the rate of 16 per 1,000, as against[22 the previous week. The rate in the corresponding week of 1878 was 29, of 1877, 24, and of 1876, 26 per 1,000. The Medical Officer of Health, in noting this circumstance, considers that the unseasonably low temperature is preventing the development of the characteristics of summer mortality, and retaining in a slight degree those of the winter. Part of the extreme healthiness of this year among infants arises from the diminished prevalence of whooping-cough, and partly from the low temperature, which, while it keeps down diarrhœa, keeps up pulmonary diseases.

North of Scotland Medical Association.—The annual meeting of the North of Scotland Medical Association was held in Aberdeen on the 19th July, Dr. Greig, sen., Fyvie, presiding. A committee was appointed to meet a committee of the Aberdeen, Banff, and Kincardine Branch of the British Medical Association to consider what steps should be taken in the way of effecting a union between the two societies. Dr. Will reported that a committee on the subject recommended that the University representatives in the Medical Council should be elected by the several councils of the universities, instead of by the senators, as at present, and that members and licentiates of other medical corporations should elect their representatives directly in place of the councils of these corporations. After some criticisms from Professors Stevenson and Struthers, the matter was remitted back to the committee for further consideration, with power to petition Parliament on the subject.

Edinburgh School of Pharmacy and Chemistry.—The Summer Session of this School was closed on the 23rd inst., with the distribution of prizes and certificates gained by students, and with an address by the Rev. Dr. Teape, who presided. Dr. Teape, in the course of his address, stated that this was the first School of Pharmacy and Chemistry established in Scotland, and its primary object had been to give instruction to pharmaceutical students. Since its foundation, however, it had been developed into a medical school, with such results as had called for additions to the medical and teaching staff, and for additional class and other accommodation, which it was in contemplation to provide. From the dispensary of the school, which was conducted on the provident principle, about 300 cases of ordinary surgical and medical practice, and 198 cases of midwifery had been attended since November last; and the class which Mr. Urquhart had conducted at the Royal Dispensary he would henceforth carry on in this school. Dr. Charles Bell, the Lecturer on Midwifery, and Dr. Paterson, who had conducted the examinations of the students of the school, spoke in high terms of the proficiency which had been displayed by those who had presented themselves for examination. From the prize list it appears that the first prizeman in Dr. Bell's midwifery class was Mr. Stoors, Canada, and the second, Mr. Short, Chulmleigh, Devonshire, to both of whom L.M. diplomas were awarded. In the class of pharmacy, Mr. David Hepburn gained the first, and Mr. A. G. E. Naylor the second, prize. In the class of materia medica the first prizeman was Mr. G. Waters, and the same gentleman gained the first prizes in the classes of practical and theoretical chemistry, conducted by Dr. Drinkwater. The proceedings were closed with the usual vote of thanks to the chairman.

Freemasons and the New Royal Infirmary, Edinburgh.—A meeting of the Masters of Edinburgh Lodges and, other leading members of the masonic craft was held in the Freemasons' Hall, on the 23rd inst, for the purpose of considering as to the organisation of a subscription, with the view of furnishing a ward in the Edinburgh Royal Infirmary, to be called "The Freemasons' Ward." There was a good attendance, and Mr. Hugh Munro, Master of Lodge Journeymen, occupied the chair. On the motion of Mr. Alexander Hay, Past-master of Lodge "Celtic," seconded by Sheriff Thoms, it was unanimously resolved to commence a subscription for the purpose in question, and the Grand Secretary, Mr. D. Murray Lyon, agreed to act as honorary secretary and treasurer for the movement, which is under the patronage of Sir Michael Shaw-Stewart, Bart.

Edinburgh University Buildings Extension.—Mr. R. Bruce Johnston has received intimation of a bequest of £500 to the Edinburgh University Building Scheme, by the late Mr. H. G. Watson, C.A. It appears that while it is anticipated that the fund which has been raised by subscription will, along with the Government grant, prove adequate to the erection of the new educational buildings, a large additional sum will be required to enable the Committee to proceed with the great hall and tower.

Deaths of Boys from Singular Causes.—During this week two young boys have died at Coupar, Fife, from singular causes. One of them, aged ten, swallowed a halfpenny in school in February last, and, although serious consequences were not anticipated, he gradually lost his appetite. Ultimately he vomited a good deal of blood, and on Tuesday evening last suddenly became insensible, and expired in a short time thereafter. The other case, that of a boy, seven years of age, while playing barefooted on Thursday last, his foot was cut with a piece of glass. Although every effort was made to close the wound, this could not be effected, and the blood flowed continuously until death ensued the following Sunday.

Death of Dr. Kinloch, of Park.—Dr. Alexander John Kinloch died at his residence of Park House, Deeside, on Saturday, the 19th inst., at the age of 61 years. Dr. Kinloch

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was the youngest son of Mr. Alexander Low, lessee of the Dancing Cairns Quarries, and changed his name on succeeding to the fortune of his uncle, Mr. James Kinlock, merchant, Bombay. Before succeeding to the property, Mr. Kinloch had begun the study of medicine, and took the degree of M. D., at Edinburgh. Though not practising publicly, Dr. Kinloch gave his tenantry the benefit of his advice, and spent much of his spare time in scientific research. The deceased gentleman was much esteemed as a proprietor.

Literature.

SURGERY OF THE FACE. (a)

THE above volume is dedicated by Mr. Mason to the President Council, and Fellows, of the Medical Society of London, and comprises the Lettsomian Lectures delivered during the Session 1877-8.

We owe Mr. Mason our apology for having allowed his interesting lectures to remain so long unnoticed. The first lecture is devoted to Diseases of the Face, and after briefly noticing some of the skin diseases which are found in this neighbourhood, he gives us some interesting cases illustrating the numerous kinds of swellings and tumours which so often tax the diagnostic skill of the surgeon. Having briefly illustrated the different varieties of abscesses and ulcers, not forgetting those rare, but interesting cases, due to the inoculation of the syphilitic poison, he points out the differential diagnosis between cysts and other tumours. Among the cases mentioned, are a glandular tumour of the lip, and a very large tumour removed from a man's neck by Sir William Fergusson, which weighed 9¼ lbs.; another, of which a microscopical drawing is given, which shows it to be a melanotic sarcoma, was removed in 1872 from the face, and has not returned up to the present time. The different kinds of tumours affecting the jaws are alluded to, and illustrations given of cysts of the lower and upper jaws. In removing growths from the upper jaw when they are large, Mr. Mason, we are glad to see, follows Sir William Fergusson's teaching, and recommends an incision in the middle line of the lip running into the nostril along the side of the nose, and then horizontally outwards below the margin of the orbit, in preference to the incision from the angle of the mouth running upwards and outwards, which we have seen practised, but which had better be abandoned in favour of the first-named incisions, which leave very little scar, and effectually expose the parts, and spare the facial nerve as much as possible.

The different methods of treating nævi are passed in review, and diagrams illustrating the different kinds of knot used for the purpose of ligaturing them are plentifully given.

Lecture II. considers injuries of the face. Mr. Mason prefers to bring wounds of the face together with strapping, and when sutures are needed prefers fine silk to silver wire; in wounds of the lips the hare-lip needles are to be used. In the treatment of burns and scalds the following application is recommended: one part of acetic acid is mixed with twelve of water, and whiting is added until the fluid becomes of the consistence of cream. This mixture is to be applied lightly with a brush during effervescence, and in addition the part is usually covered with soft linen and cotton wool. It is recommended that in those cases where the patient has been so unfortunate as to have a portion of the nose completely severed from the body, the part is to be carefully stitched to the face.

Mr. Mason speaks favourably of Mr. William Adams's operation for the restoration of the nose when displaced by injury to the nasal bones. Several ingenious methods for bringing the fractured ends of bones together are explained and illustrated. An interesting case is given of removal of a portion of the lower jaw for immobility caused by a dense cicatrix. A patient was shown who had been accidentally shot fifteen months previously behind the left ear; the bullet had not been removed, and there was a discharge from the ear, and well-marked facial paralysis. The presence of the metal was demonstrated by Dr. Stone by means of a cleverly constructed electrical apparatus. Cases illustrating the presence of foreign bodies in the orbit and face are quoted, not the least interesting of the series, being Dr. George Johnson's case, in which tetanus, with facial neuralgia and palsy, and a recurrence of epilepsy were excited by a foreign body embedded in the cheek; in cutting down through the cicatrix a sharp angular piece of flint, nearly as large as a grain of wheat, was discovered and removed. After the operation the symptoms gradually passed away.

Lecture III. treats of deformities of the face. After referring to the different varieties of hare-lip and cleft palate, Mr. Mason gives some examples of congenital deficiencies of bones of the face, &c., and points out the importance of a correct diagnosis in cases of meningocele.

The subject of malformation of the ears and jaws is a most interesting one, and well illustrated by the examples given. After a few remarks on maternal impressions, cicatrices and deformities left by burns are considered, and the methods recommended for their amelioration carefully described and illustrated by numerous woodcuts.

The important subject of restoration of a lost nose has a section devoted to it, and the different writers on the subject are freely quoted. The lecture concludes with a description of the operative procedures necessary for the restoration of eyelids. Mr. Mason's object in delivering these lectures, was not to give a complete treatise on the surgery of the face, for that was obviously impossible in the three lectures before us, but to deal with the subject from a practical point of view, and make it both attractive and interesting; and having, in our opinion, succeeded in his endeavour, we recommend his lectures to our readers.

(a) "Surgery of the Face." By Francis Mason, F.R.C.S., Surgeon and Lecturer on Anatomy at St. Thomas's Hospital, Hon. Fellow King's College, London, &c. London: J. and A. Churchill, New Burlington Street. 1878.

THE NATURE OF LIFE. (a)

THIS is the second edition of a smaller work that appeared a year or two ago under the title of "The Simplicity of Life." The object the author has in view is that of explaining the nature of living action in organic beings, and the similarity of such actions in health and disease. In short, it is an attempt to carry the views enunciated by Dr. John Brown in the last century, that "health and disease are the same states, differing only in degree," and which subsequently received a lucid and precise explanation from Fletcher, who reduced all morbid actions to one and the same law or general expression. Dr. J. Brown rather formulated the axiom, which was a truth recognised by the earliest writers on medicine. Dr. Richardson has enlarged upon the views of the fathers of our profession, and he further discusses the nature of living action in all organic beings, the similarity of such actions in health and disease, and their analogy, he tells us, "with those included in the term gravitation." We should here remark, however, that whilst he would refer the nature of every disease "*to a law* as simple *as that of gravitation*," we are told by an author of repute, quite recently, "that the currently received theory of the gravitation of inert matter is not only incorrect, but inconsistent with the real circulation of living matter, and that our views on this subject must be revised and remodelled." So that in the treating of vital action, this will be found a subject that once more demands attention, and in undertaking to deal with such transcendent topics, it is but fair to Dr. Ralph Richardson to say that he has taken considerable pains to lead his readers up to the living actions in health or physiology in its more restricted sense, and the similarity of such actions in disease. He believes, with Dr. Samuel Dickson, "that disease is neither a devil to be cast out, a humour to be expelled, nor an acrimony to be blunted; neither is it an acidity to be neutralised, nor a putridity to be chemically solved. It is neither more nor less than a state to be altered, a variation from a healthy condition of body."

Dr. Richardson's volume bears evidence of a vast amount of careful research, and he has consequently brought together an immense number of facts bearing upon this question, and whether the views he so tersely propounds be right or wrong, the physiologist and physician will find them well worth attentive consideration.

(a) "The Nature of Life: an Introductory Chapter to Pathology." By Ralph Richardson, M.D. Edin., &c. Second Edition. London: H. K. Lewis. 1879.

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SEMPLE ON DIPHTHERIA. (a)

THERE are perhaps few living physicians better qualified to write a treatise on diphtheria than Dr. Semple. It is a disease which has, both theoretically and practically, occupied his attention since the year, 1857. In the following year the author collected and translated for the Sydenham Society the well-known "Memoirs on Diphtheria." Since that time he has devoted much time and labour to the elucidation of the pathology of this disease; while more recently his name has been closely associated with the controversy respecting its connection with the affection commonly called croup. Instead, however, of writing a bulky treatise on diphtheria, Dr. Semple has been contented with the more modest task of publishing a reprint of his first Memoir, of 1871, and second Memoir, of 1872, to which is now added an appendix on "The Relations between Diphtheria and (so-called) Croup, and other important Questions connected with the subject." But the bulk of a volume is no criterion of the value of its contents, and in this little work of seventy pages the reader will find a good and interesting repertory of all that is known respecting the history, causes, diagnosis, pathology, and treatment of diphtheria.

With regard to the pathology of the disease, the author remarks—"It may be stated in general terms that the essential feature of diphtheria consists in the production of a pellicular exudation on some part of the surface of the mucous membrane, or of the skin." But the "nature of the membrane itself is not yet very clearly ascertained, and neither general theoretical considerations of pathology, nor accurate microscopical examinations have hitherto thrown much light on the subject." Nor, on the whole, can it "be said that the inflammatory character of the deposit is yet established." The premonitory symptoms are not very characteristic of inflammation. "The pulse is usually rapid, but very weak, and the symptomatic fever is sometimes so slight that the patient scarcely seems ill at all in the early stages of the complaint. . . . . While hesitating, therefore, to deny altogether the inflammatory origin of diphtheria, I can by no means admit it to be of such a nature. It seems to me to be a disease *sui generis*, consisting in some peculiar morbid condition of the mucous membrane, and occasionally of the skin, but not necessarily characterised by the phenomena, generally classed under the head of inflammation." He also regards it as a constitutional disease. "Its appearance on the skin, also on raw or blistered surfaces, clearly indicates the presence of some specific deleterious agent introduced into the blood." Some may think that these views are not what might have been expected of a writer who is strongly convinced of the identity of croup and diphtheria, but it must be borne in mind that it is only the membranous variety of so-called croup which Dr. Semple considers to be identical with diphtheria.

Coming to the subject of "Treatment," the author places most importance upon constitutional remedies. As he justly observes, "the disease undoubtedly affects the whole system, and it may be broadly stated that, although accompanied by feverish symptoms, it is adynamic in its character." Hence, from the very first, tonic and alterative treatment should be adopted. The tincture of the perchloride of iron, alone or in combination with quinine, should be prescribed, the patient having, at the same time, a liberal allowance of food and stimulants. With regard to stimulants, the experience of the author is in accordance with that of most of his professional brethren. "In a successful case attended by myself brandy was frequently administered every day to a young girl, not only without bad effects, but with great benefit, and I never hesitate, however young the patient, to recommend and insist upon the free, and even forcible, employment of alcoholic stimulants." The author's remarks on the local treatment of this affection, on the remedies to be employed when it attacks the larynx, and on the question of tracheotomy, are equally judicious and practical. We can, therefore, strongly recommend the book to anyone who wishes to read a concise and interesting account of the nature, diagnosis, and treatment of a disease which is not only constantly raging epidemically, and with great fatality in various parts of Europe, but has been recently attracting more than usual attention.

(a) "On Diphtheria; its Nature, Varieties, Pathology, Diagnosis, and Treatment." By Robert Hunter Semple, M.D., F.R.C.P., &c., &c. London: Baillière, Tindall, and Cox. 1879.

Medical News.

Royal College of Surgeons of England.—The following candidates for the M.R.C.S., having passed the required examinations, were admitted at meetings of the Court of Examiners last week:—

Ballance, Charles Alfred, Lower Clapton.
Bennett, Frederick Joseph, George Street, W.
Booth, Thomas Carter, Staleybridge.
Bowman, Hugh T., M.B. Durham, Newcastle-on-Tyne.
Challinor, Samuel M'Millan, Bolton.
Cowen, W. A. Daniel, L.R.C.P. Edin., Gosport, Hants.
Cumming, G. W. Hamilton, L.R.C.P. Edin., Exmouth.
Dale, B. Hague, Scarborough.
Dales, William, Sheffield.
Davidson, John, L.S.A., Kilburn.
Dimmock, Henry Peers, Moore Street, Chelsea.
Dodd, John Richard, M.D. Dub., Newcastle-on-Tyne.
Fisher, Frederick Charles, Cadogan Place.
Flanagan, H. E. Bickerson, L.S.A., Woolwich.
Foster, William, Bradford, Yorkshire.
Frakes, Henry Sowter, Manchester.
Goodridge, E. W. Gostwick, Child Oakford.
Grace, William Gilbert, L.R.C.P. Edin., Acton.
Harbord, Edward Augustus, Wainfleet.
Hamilton, Seton Guthrie, Queen Anne's Mansions.
Havens, Edward John, L.S.A., Colchester.
Hodgson, John, Oldham.
Ho Kai, M.B. Aberd., Hong Kong.
Holland, Edward Wilmot, Bath.
Huxley, Frank Earle, Birmingham.
Lewis, J. G. Stephen, L.R.C.P. Lond., Ealing.
Maile, Charles E. Drayson, L.R.C.P. Edin., Faversham.
Maitland, Charles Bradley, Haymarket.
Manners, Arthur, Hull.
Marsden, James Cort, L.S.A., Madras.
Martin, Edward Fuller, M.D. Edin, Weston-super-Mare.
Mellor, Thomas, L.S.A., Bury, Lancashire.
Milne, James Kershaw, Manchester.
Payne, Henry, Bolton.
Peck, Francis Samuel, Clifton, Bristol.
Pegler, L. W. Hennington, M.B. Edin., Colchester.
Porter, Thomas Morrison, Liverpool.
Pritchard, Samuel Evan, L.S.A., Beaumaris.
Smith, Ernest Barratt, M.B. Aberd., John Street, Berkeley Square.
Smith, Henry Strode, Axbridge, Somerset.
Sprott, William John, M.D. Dub., Dromore, co. Down.
Teskey, Luke, M.B. Toronto, Toronto, Canada.
Warburton, Arthur, Crewe.
Webb, Chas. Alfred, L.S.A., Drightlington, Yorkshire.
Whitehouse, John, Smethwick.

Anonymous Munificence.—At the last meeting of the Governors of the Chelsea Hospital for Women, the Earl of St. Germans (the President) received at the hands of the Rev. Canon Fleming (one of the Board of Management) an anonymous donation of £1,000 towards providing furniture for the new Hospital. In the spirit of true charity it is given on the express condition "that no name is mentioned," it being simply acknowledged as "from a Friend, per Rev. Canon Fleming."

Death from Minute Dose of Strychnia.

A STUDENT of the laboratory of the Ecole de Pharmacie relates, in the *Union Med.*, the fact that a cat belonging to the laboratory died in a few minutes after some convulsions, having eaten a small bird which had been employed in an experiment with strychnia. Still, Prof. Jeanjean had only deposited in the corner of the eye of the bird scarcely a milligram of the acetate of strychnia.

Cure for Obstinate Vomiting.

THE *Practitioner* says that the spirit of walnut (*spiritus nucis juglandis*), given in drachm doses three times daily, has checked vomiting after other remedies had failed.

Jaborandi in Obstinate Hiccough.

DR. ORTILLE, of Lille, communicates to the *Bull. de Thérapeutique* the case of a woman, æt. 56, who came under his case for hiccough, which had lasted for seven months. The hiccough was almost continuous, at the rate of thirty or forty a minute, and was accompanied by vomiting. Occasionally there were intervals of five or ten minutes. Various remedies had been tried in vain, and now a decoction of four grains of the leaves and

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stalks of jaborandi was prescribed in two doses, to be taken with an interval of a quarter of an hour. The usual sweating and transpiration were produced, as was some vomiting, and in two hours the hiccough had ceased.

Unusual Source of Lead Poisoning.

AN interesting case of lead poisoning through criminal negligence is reported from America. The patient began to suffer some years ago, and consulted in vain. The poisoning was caused by imperfectly-tinned lead snuff-boxes, in which a particular brand of snuff was packed, which the patient was in the habit of buying from one and the same manufacturer, and which became contaminated with lead. A suit against the tobacco dealer was filed, who was convicted and sentenced to incarceration for eight days and payment of costs.

Native Chinese Medicine.

DR. KEATING (Philadelphia), who accompanied General Grant during his Chinese tour, in a conversation on Chinese hospitals remarked :—

"On numbers of the patients I observed little blue spots, and I thought I was about to learn of some peculiar disease. Upon inquiry, however, I found that they were caused by the Chinese mode of treating internal inflammation. The poor fellows who bore the blue marks had been treated for sore throat, by having the skin of their necks taken by the physician between thumb and forefinger and screwed around."

This reminds us that several years ago Dr. Jameson, of Shanghai, when writing on the subject of obstetric medicine among the Chinese, published some statistics to prove that in a Chinese woman the physiological processes of utero-gestation, and parturition are so closely surrounded by the dangers arising from no-management and mismanagement that pregnancy becomes a pathological condition but one-half less formidable than typhus fever in England.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MESSRS. J. & A. CHURCHILL.—The fact has slipped our memory. Thanks for drawing our attention thereto.

REMEDY FOR SEA SICKNESS.—Should any of our readers feel inclined to try it, the following is the latest *recipe* culled from a Liverpool paper :—Mix together in a pint of water—Lard, ½ lb. ; Sealing-wax, 1 oz. ; Cobblers'-wax, 1 os. ; Magnesia, 20 grains ; Sulphuric acid 3 drachms. Take one teaspoonful every ten minutes.

DR. WOLFENDEN is thanked.

MR. JESSEL.—One of the publications of the Smithsonian Institution at Washington. You can only get it by writing to the librarian.

DR. B. G. will observe that the matter is referred to in another column.

MRS. PARTINGTON has been reading the health officer's weekly reports, and thinks "total" must be an awful malignant disease, since as many die of it as all the rest put together.

MR. SEAMAN.—Not sufficiently medical for our columns.

ENQUIRENS.—Another gentleman of the same name.

A MEMBER OF THE ASSOCIATION.—We shall be duly represented at the Cork meeting.

A COLONIAL CANDIDATE.—Either of the four leading surgical text-books will answer your purpose—Gants', Bryants', Erichsens', or Holmes's. Each has its strong points, according to the bent of the author.

MR. F. R. FISHER.—Letter received, and will appear in our next with editorial foot-note.

A NAVAL CANDIDATE.—The examinations are held at the University of London on Monday, August 11th, and following dates. You must signify your intention to present yourself the Thursday previous.

VACANCIES.

Carrick-on-Suir Union, Piltown Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, August 14. (See Advt.)

Croydon General Hospital.—House Surgeon. Salary commencing at £80, with board, &c. Applications to the Hon. Sec. by August 1.

Granard Union, Finnea Dispensary.—Medical Officer. Salary, £100, with fees, and £14 as Sanitary Officer. Election, August 5.

Great Northern Hospital, Caledonian Road, N.—Junior Resident Medical Officer. Board, but no salary. Applications to the Secretary by August 1.

Manchester.—Resident Assistant Medical Officer to the Workhouse. Salary, £140. Applications to the Clerk of the Guardians, New Bridge Street, by August 2.

Sheffield School of Medicine.—Medical Tutor. Salary, £120. Applications, stating qualifications, to the Hon. Sec.

Sheffield General Infirmary.—House Surgeon and Assistant House Surgeon. Salaries, £120 and £80 respectively, with board, &c. Applications to the Medical Staff before August 16.

Woolwich Union.—Assistant Medical Officer to the Workhouse. Salary, £75, with board, &c. Immediate applications to the Clerk of the Guardians.

APPOINTMENTS.

BATTERSBY, H. J., M.B., M.Ch. Dub. Univ., Medical Officer to the Shillelagh Union Workhouse.

BRAMWELL, J. B., M.D., M.R.C.S.E., Medical Officer of Health for the Newcastle-on-Tyne Port Sanitary District.

CAMPBELL, J., A.B., M.B., T.C.D., Registrar to the Catholic University School of Medicine.

CRALLAN, G. E. J., M.R.C.S.E., Assistant Medical Officer to the Northumberland Lunatic Asylum, Morpeth.

FOX, G. N., M.B., M.Ch. Univ. Dub., Medical Officer to the Crossakiel Dispensary, Oldcastle Union.

GAGE, R. C., M.B., C.M., Medical Officer and Medical Officer of Health for the Cruagh Dispensary District of the Ballycastle Union, co. Antrim.

HARVEY, A., M.R.C.S.E., Junior Resident Medical Officer to the Royal Free Hospital.

HILL, A. B., M.D., L.R.C.P.Ed., Professor of Chemistry and Practical Chemistry at Queen's College, Birmingham.

HODGES, J. F., M.D., F.C.S., Public Analyst for the County Armagh.

HODGES, Mr. R. W., Apothecary to the Queenstown Dispensary, Cork Union.

JACOB, E. H., M.A., M.B., Honorary Physician to the Leeds Public Dispensary.

JACKSON, A., M.R.C.S.E., House Surgeon to the Beckett Hospital and Dispensary, Barnsley.

MILES, G. E., M.R.C.S.E., Assistant Medical Officer to the City of London Union Infirmary at Bow.

MOLONY, J., L.K.Q.C.P.I., L.R.C.S.I., Certifying Factory Surgeon for the District of Collooney, co. Sligo.

MURRAY, C. F., M.D., C.M., Medical Officer, Medical Officer of Health, &c., for the Gweedore portion of the Cross Roads Dispensary District, Dunfanaghy Union, co. Donegal.

NICHOL, H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Thorne District of the Thorne Union, Yorkshire.

PEARSE, W. H., M.D., Physician to the Plymouth Public Dispensary.

PRICKETT, Dr. M., Physician to the Out-patient's Department of the Samaritan Free Hospital for Women and Children.

ROBINSON, C. H., F.R.C.S.I., Medical Referee to the Great Britain Mutual Assurance Company (Dublin).

RYAN, Dr. J. A., Medical Officer, Medical Officer of Health, &c., for the Oulart Dispensary District of the Enniscorthy Union.

SMITH, C. C., L.K.Q.C.P.I. & L.M., L.R.C.S.I., an Assistant Medical Officer to the Essex Lunatic Asylum, Brentwood.

WALFORD, R., M.R.C.S.E., Resident Medical Officer to the Guest Hospital, Dudley.

Births.

BURDEN.—On July 20, at 9 College Square North, Belfast, the wife of Henry Burden, M.D., of a son.

HOWARD.—On July 23, at 13 MacGowan Terrace, Ranelagh, the wife of Henry Howard, L.R.C.S.I., of a son.

MACSWINEY.—On July 18, at 1 Hume Street, Dublin, the wife of S. M. MacSwiney, M.D., of a daughter.

NOBLE.—On July 24, at Kendal, Westmoreland, the wife of S. C. Noble, M.R.C.S., of a son.

THOMAS.—On July 21, at Poclinton, Yorks, the wife of G. H. W. Thomas, M.R.C.S., of a daughter.

Deaths.

BARRY.—On July 12, at Kanturk, co. Cork, Gerard Patrick Barry, M.D., aged 79.

KINLOCH.—On July 9, Alexander John Kinloch, M.D. (formerly Low), of Park Place, Deeside.

LOGIE.—On July 14, at Kirkwall, Orkney, William Alexander Logie, L.R.C.P.Ed., aged 27.

SMITH.—On July 20, at Upton, Little Hereford, Herefordshire, John Soden Smith, M.R.C.S.E.

SPRAGUE.—On July 10, at Kimbolton, Charles Sprague, M.R.C.S.E., aged 70.

WARE.—On July 25, at Southampton, J. R. Ware, M.R.C.S., aged 79.

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IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

PAYMENT OF SUBSTITUTES FOR DISPENSARY DOCTORS.

TO THE EDITOR OF THE "IRISH TIMES."

I.

SIR,—Mr. Fisher's reply to my note on this subject escaped my notice. Not to occupy your space unduly with a subject which has special interest only for a class, I beg at once to join issue in the most emphatic manner with the following *pronunciamento* of Mr. Fisher:—"The medical officer, in accepting his position, binds himself to perform the duties, either by himself or his temporary substitute, and is bound to compensate the substitute, whether the guardians contribute or not. That is the law of the case." This enunciation of the law of the case, I assert, is the offspring of Mr. Fisher's intelligence, and is not only unsupported by, but directly at variance with, the wording of the Act and the regulations, and with the custom throughout Ireland. The phrase contained in the regulation:—"The guardians shall determine the remuneration, if any, to be paid to the substitute," was framed to enable the guardians, who, otherwise, would have to pay on all occasions, to recognise private arrangement between the dispensary doctor and the *locum tenens* whenever it pleased the doctor to make such an arrangement. It has, however, been frequently used by boards of guardians as an excuse for refusing any remuneration whatever to the *locum tenens*. As to Mr. Fisher's proposition that the Government should be asked to pay half medical superannuation as they already pay half salaries, I beg to inform him that he was anticipated in the suggestion two years ago by the Irish Medical Association, but the petition to Parliament on the subject could not be received, because it is contrary to Parliamentary rule to petition for a grant of money. On this point the Irish Medical Association will, I am sure, be ready to co-operate with Mr. Fisher.

I am, sir, yours truly,

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

23 Ely Place, Dublin.

TO THE EDITOR OF THE "IRISH TIMES."

II.

SIR,—I wish to say a few words with reference to the letter of Dr. Jacob in your issue of this day. The dispensary doctors of the Waterford Union are each paid £120 a year, and in addition two of them receive £25 a year each for sanitary duties, and five of them £20 a year each for these duties. They are also paid for vaccination and for registration. The emoluments range from £150 to £250 a year. Dr. Jacob quotes correctly the article under which they are appointed, but he omits to lay stress upon two important words:—The guardians are to determine the remuneration, "if any," to be paid to the temporary substitute. The medical officer in accepting his position binds himself to perform the duties either by himself or his temporary substitute, and is bound to compensate the substitute whether the guardians contribute or not. That is the law of the case The guardians of the Waterford Union have acted very liberally towards their medical officers with regard to salaries; they have also paid £3 3s. a week to temporary substitutes, and have pensioned one of their officers, though he accepted the position at a time when there were no pensions. They included the cost of temporary substitutes and the pension in the return of medical expense in order that they might be recouped one-half of that charge, but the Local Government Board struck out these payments, and the result is that the ratepayers, for whom Dr. Jacob appears to have neither feeling nor pity, have had to pay the entire of these expenses instead of one-half. Had Dr. Jacob and the members of the medical profession taken up the views of the Waterford Board of Guardians, and urged upon the Local Government Board and the House of Commons the propriety of contributing one-half the cost of temporary substitutes, and one-half the cost of pensions to medical officers, they would have done a real benefit to the profession, and would have encouraged boards of guardians to be generous; but I think where the medical officer is bound not only suggest his *locum tenens* but to pay him, it is neither wise nor gentlemanly to suggest that boards of guardians are anxious to "stick" the doctor. When a medical man applies for the position of medical officer, and such application is his voluntary act, he knows that if he is temporarily incapacitated by illness or other cause he is to recommend a medical practitioner to the committee, which appoints the substitute and reports same to the guardians, who shall determine the amount of remuneration, *if any*, to be paid to the temporary substitute. The obvious meaning of this contract is, that the dispensary medical officer is bound to compensate the temporary substitute, and that any aid given by the guardians is perfunctory If the medical men will induce Government to contribute one-half their expenses, as I think they are bound to do, I believe they will find boards of guardians not unwilling to act liberally towards them; and I think the influence of such an important body as the medical profession would bring about this result.

I am, Sir, yours respectfully,

Waterford, July 11, 1879. JOSEPH FISHER.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me to trouble you with a few remarks on the subject of superannuation for poor-law medical officers? and I may preface them by saying that I would not do so, but would leave the subject to some other writer better qualified, were it not evident to me that it is not at present receiving the attention it deserves, and if we ever hope to have it satisfactorily settled the sooner an effort is made the better; and it strikes me the present time is very opportune, as it is more than probable a general election will soon take place, and I suppose the greater number of medical officers are voters. This being so, I think we should work together, and when we are asked for votes give them to the candidates who will promise to support a reasonable superannuation bill, no matter what their politics may be. Now I know that there is a feeling of dissatisfaction among us with the Irish Medical

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Association, and some think that it should have taken steps in the matter before now, instead of at each annual meeting passing a resolution "that it would be very desirable, and to the advantage of medical men and the public," &c., &c. This may be all very well, but it does not bring us a bit nearer our wishes. I for one gladly acknowledge that the Association has done a great deal for us in many respects, but some of the subjects it has given its attention to and has had satisfactorily arranged are nearly worthless; as an example of what I mean I may mention fees in cases of prosecution against vaccination defaulters. In such cases I have never yet been called upon as a witness, and I am sure there are numbers of my *confrères* who have the same story to tell, so that this is next to useless for us. I do not wish at all to throw blame upon the Association, but if I can stimulate its officers to use more exertion and obtain for us a suitable superannuation bill my object will have been more than gained.

I observe in the last Report of the Association that it is stated "that there is a tendency on the part of boards of guardians to be more generous on the subject of superannuation than formerly. Now I can't really see how this conclusion is arrived at, but I know for a certainty that in a number of unions a strong effort has been lately made to reduce our already miserably small salaries, and would have been successful too had we not the Local Government Board to prevent such an injustice. Such being the case, what, I ask, can we expect from guardians as to superannuation?

Now the way I look upon it is this: we are at present half Government officers and half officers of the union we belong to, as each of them pays half our salaries; and such being the case, I don't see why the Government have not as much right to pension us as the guardians, or why we should be treated so very unfairly compared with other officers—even a head constable of the constabulary retires from his service with a better pension (and no begging for it) than is generally given to poor-law medical officers, although we are members of a learned profession, and many of us have been at the expense of a university education; and to me it is evident that this state of things will continue as long as the present system remains in force.

The reason that was formerly given, and for all I know to the contrary is even now, for withholding pensions from us—namely, "that all our time is not given to our public duties," is, I say, very unfair; for what minute, day or night, dare we refuse to attend on a red ticket when called upon; or is not a workhouse medical officer liable to be called upon at any moment to visit a patient at his hospital?

I hope this subject will not be allowed to drop, and that the Irish Medical Association will use all its endeavours to have it satisfactorily settled.

Truly yours,

Brackaville, July 21, 1879. W. Leatham.

MEDICAL OFFICERS' SALARIES.

TO THE EDITOR OF THE "WATERFORD STANDARD."

Dear Sir,—Now that generally through the country Boards of Guardians are advocating the reduction of salaries, I beg, through the columns of your paper, you will allow me to call the attention of poor-law guardians and the public at large to the case of the poor-law medical officers.

In addressing this letter to you I feel quite certain I am only mentioning facts which are already well known to the majority of your readers; still some may not be aware of all the particulars, and what a really trivial burthen the doctors' salaries are to the ratepaying farmers. I will adduce this union, with which I am connected, as an example, and in doing so believe that it would contrast unfavourably as regards medical expenditure with most other unions.

The entire rateable valuation is £33,580, and the population 13,400. There are three medical officers, paid by the guardians; two connected with the dispensary, and one attached to the workhouse and fever hospital.

The entire amount paid to the medical staff is £395 (including salaries as medical officers of health), and of this sum the Parliamentary grant provides one-half; so that with registration and vaccination (£39) the rates are chargeable with £236 10s.

Now, the landlord pays half the rates, and necessarily half this sum also; so that, in reality, all the ratepayer has to contribute is £118 5s. (¾d. in the £), or at the rate of £39 odd for the services of each doctor—a sum not much more than sufficient to pay and feed his servant.

Unquestionably the times are bad, and very many farmers are in a sad way; but guardians and ratepayers should remember that this depression affects alike all members of the community, and that the doctor, and the priest, and the merchant, and every man dependent on the public for a livelihood, must suffer by it alike.

Now, when the private practice of the doctor is almost *nil*, when a fee is indeed a *rara avis*, surely this is not the time to clip his already slender salary—and all for what? To effect a saving (say 10 per cent.) on ¾d. in the £!

There are not in this union very many ratepayers whose valuation exceeds £100, which, at the rate above mentioned (¾d.) would leave them to pay each 6s. 3d. as his share for the medical care and treatment of the sick poor of the union.

Surely no reasonable man could object to the payment of so small a sum (which is in most instances, of course, much smaller), when he considers how often the physician is the means of alleviating the sufferings of the poor, and is often the instrument in God's hand by which human life is saved or prolonged, and consolation and joy brought into the cabins of the wretched and lowly. Apologising for trespassing so much on your space,

I remain, yours, &c.,

John L. Walshe, L.R.C.S.I., &c.
Medical Officer Kilmacthomas Workhouse and Fever Hospital.

Kilmacthomas, co. Waterford, July, 1879.

OMAGH UNION.

VACCINATION NOTICES.

Mr. Moore, in pursuance of his notice of motion, moved—"That the notice which the registrar is bound to serve upon the party attending to have a birth registered is sufficient under the Compulsory Vaccination Act, and that any further notice is unnecessary before proceeding by summons against the persons responsible for neglecting to have a child vaccinated within six months after its birth." The notice served by the doctor or registrar should be quite sufficient; and even taking it the other way, if the relieving officer is bound to serve the notice, it clearly formed part of his duty, a duty which he should discharge without extra pay. But the first notice should be quite sufficient, or of no avail whatever. If of no avail, why issue them at all? Mr. Moore then read the law bearing on the point—in which there appeared to be no mention made of a second notice. In the face of this he was of opinion that no relieving officer should be asked to serve a second notice, or if that official did serve such a notice he should receive no compensation for so doing. He would propose that there be no compensation given to the relieving officers for such work in future, and that no second notice be served.

Mr. R. S. Clements—I beg leave to second Mr. Moore's motion. I think the guardians should take steps immediately towards getting a penalty imposed when the six months is expired. The doctor is a competent and proper person to serve a notice before then. If he is not, I would be very happy some person should show us that such is the case.

At the instance of Colonel Buchanan,

Mr. Moore said it was the relieving officer that wanted to get £10 for serving notices on the parents and children not vaccinated after the first notice had been served.

The motion was unanimously passed.

WEXFORD UNION.

Dr. Pierse, medical officer Wexford dispensary district, reported that he visited an old man named Moore, whom he found in a most wretched state, lying on a quantity of filthy straw, unfit for a pig stye, in a miserable hut which was totally unfit for human habitation, beside a ditch, and

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most dangerous to the health of the locality. He recommended that the hut should be destroyed and the man removed to some dwelling-house. The relieving officer said that the Moores were dispossessed a few weeks ago; the man was 78 and the woman 60 years of age. They were living in an old ditch or dyke of rushes in the midst of a swamp. A few loose stones with furze bushes against them, to prevent the wind whistling through, and some old broken boards over them, constituted the hut. The man was lying on an old door with rushes or straw, and a few old rugs, that could scarcely be called bed covering. The old man was blind and bedridden and had no shelter from wind or rain in the hut, which was open at both ends yet he refused to go to hospital. The Chairman said they were now in the hands of the sanitary authority and it should deal with them. He then read the section of the Public Health Act, relative to Uninhabitable Dwellings. Mr. Chandler asked what time was allowed by the Act. The Clerk replied that they should give them seven days' notice. Mr. Chandler said he would give them only as short a time as possible. The guardians then determined to give the Moores only till Monday to remove from their hut, the Chairman remarking that where human life was in danger it was expedient that the letter of the law should not be adhered to. The notice was then personally served on Mrs. Moore, who came before the Board and requested to be informed what the paper she held in her hand was. The Chairman explained the nature of it and said it was what the law directed in such cases.

Mrs. Moore—The law does not direct me to be turned out of my place; it was done to give it to another.

The Chairman—The law is protecting human life.

Mrs. Moore—It is a queer law; why did it not protect us when we were in our little place?

The Chairman—If that old man dies the law will hold you responsible for it.

Mrs Moore here became very excited and affected, in which she threatened if her man died to take an action against sundry people, and to bring her case before the Four Courts, Dublin.

WATERFORD GUARDIANS.

PAYMENT OF SUBSTITUTES.

Mr. Fisher suggested that as the Local Government Board refused to pay one-half the salary of a dispensary medical officer's substitute during the absence on leave of the former, the board should inform the medical officers that in future they should pay their substitutes.

The Chairman—You can scarcely do that in cases of their being stricken down by illness, say by fever.

Mr. Kent—Has not the Government a right to pay half?

The Chairman—But, they won't.

Mr. Newell—I think we should treat every case on its own merits. Does not a doctor pay his own substitute when he goes away for pleasure?

The Clerk—Yes.

Mr. Norwood—I would suggest that we pay half the substitute's salary, which is to be fixed at the rate of pay of the medical officer. (Hear, hear.)

Mr. Bloomfield—That is a very good suggestion.

Mr. Norwood's suggestion was adopted, and the matter dropped.

CARLOW UNION.

LEAVE OF ABSENCE.

Letter read from Dr. Rawson, applying for leave of absence on account of ill health, and requesting that Dr. McDowell should be allowed the regular scale of remuneration.

Mr. H. Cullen—Who will pay the *locum tenens*.

Chairman—We will.

Mr. H. Cullen—But he is getting so much out of the rates already.

Mr. W. Edge expressed himself in favour of granting the application, but did not know if Dr. Rawson was right in nominating the Doctor to do duty in his place, as he thought that was for the Board.

Chairman—It is usual for them to nominate a Doctor to do duty in their place, but the Board may or may not act upon it.

Proposed that Dr. Rawson's application be acceded to. Carried unanimously.

SLIGO DISPENSARY.

A meeting of the Committee was held to consider a requisition for supplies of medicine, &c.

COMPLAINT AGAINST THE DOCTOR.

The Chairman wished to mention an observation that had been made to him with reference to Dr. Palmer neglecting to attend a patient though served with a ticket, so that the poor man died without medical attendance. Perhaps he had been misinformed, or else that the doctor could show some good reason why he was not there.

Mr. Walsh—The committee would not be doing their duty to the poor people if they did not insist upon an explanation.

Mr. Dunnigan—What time did he receive the ticket?

Dr. Nixon—Or did he receive it at all? I happen to know something about the matter, too, for one of the parties came to my house early in the morning and he had no ticket then.

Mr. Cullen—The man's brother came to me to make a complaint upon the subject; and they said that the ticket had been sent to Dr. Palmer about ten o'clock on the day in question. The doctor, however, did not come, and later on the man's wife went to his own house, and told him that her husband was dying. She spoke to him, it appears, at his own door, and the only satisfaction he gave her was to puff a cigar in her face and tell her go away about her business. The consequence was that the man died the same night, about ten o'clock, without having any medical attendance whatever.

The Chairman—But we must be careful not to take statements for anything but what they are worth.

Mr. Walsh—I propose that an investigation be held into the whole matter. It is a most serious business altogether that a medical officer gets a ticket to attend a patient, at ten o'clock in the morning, and that the poor man is allowed to die unattended to at ten o'clock in the evening.

Mr. Cullen—The parties also told me that Dr. Nixon came to the place next morning, after the man was long dead, and that they told him of the circumstances, and asked him where was the use in the doctor coming now.

The Chairman—Is that so, doctor?

Dr. Nixon—I suppose the ticket must have been sent by Dr. Palmer, as I sometimes do visits for him when he requires me.

Mr. Lyons—Is there any charge against him. We cannot demand an explanation, unless there be a distinct charge made against him.

Mr. Walsh—A certain party came to Mr. Cullen and made a distinct and definite complaint, the substance of which we have now before us, and I think it is our duty to inquire into it.

The Chairman—Is it the feeling of the meeting, then, that we demand an explanation?

The majority of those present expressed themselves in the affirmative.

The resolution was then passed unanimously.

WATERFORD UNION.

MEDICAL OFFICERS' SUBSTITUTES.

The Local Government Board acknowledged the receipt

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of the resolution of the guardians on the 9th June, containing a resolution directing that the medical officers of the union be informed that the guardians will not in any case pay their temporary substitutes, in their absence, more than one-half the regular salary fixed for the office. The Board pointed out that the case was met by article 22 of the dispensary regulations, and it was for the guardians to determine under the circumstances in each case the amount of remuneration, if any, to be paid, subject to the approval of the Local Government Board. The guardians, however, have no authority legally to fetter the discretion of the guardians at any future meeting as to the rate of remuneration which a majority of guardians may think proper to allow in each case on its own merits.

Mr. Fisher—Will a private patient pay his own doctor and the doctor's substitute at the same time, if the doctor chooses to go away? It was right for the Board to say that they will not pay more than one-half of the salaries of the substitutes. If they did so they would prevent the ratepayers from being mulcted.

The Clerk—That resolution does not bind any future Board.

THE ISSUE OF DISPENSARY TICKETS FOR PROFIT.

We find the following outspoken letter in the *Leinster Express*:—

Sir,—While the recent transactions of the Blesinton and Ballymore Dispensary Committee are fresh in the memories of your readers, I should like to make a suggestion relative to the propriety of certain persons to issue tickets for medical relief. The 11th section of the Medical Charities (Ireland) Act, 14th and 15th Vic., cap. 68, enacts "that no guardian or member of a committee of management shall furnish or supply *for his own profit*, any article for the use of the dispensary, during the time for which he shall retain such office, under a penalty of £50." In a more extended meaning, this clause may admit of a construction other than that intended by the Legislature. The sources of profit may be direct and indirect; to the former only does the Act apply. But profit derived from an indirect source is none the less profit on that account. In very many dispensary committees in Ireland, strange to say, a licensed publican figures: and where these gentry are found, they are as a rule, ignorant, sententious, blatant, and quarrelsome, ever ready, in virtue of their little brief authority, to assert their views in opposition to those of their betters, who, unluckily, are doomed to sit in the same board-room with them. The policy of Jack Cade is that adopted in the present day, by those who would secure the fleeting popularity of the mob, viz., the complete subversion of existing institutions, and the degrading and dragging through the dust of those who are wiser and better than themselves. But to return to what bears more directly on the subject. During the nine months I have acted here as medical officer of this dispensary district, 424 tickets were issued by the dispensary committee composed of twenty-one members. Of this number ninety-four, or nearly one-fourth, were issued by a publican, upon a great many of which I found it necessary to comment, for being issued to persons who were not entitled to them, for frivolous cases, and in some instances, I believe, with no other intention than that of giving me trouble unnecessarily. Of the remaining 330 tickets issued by twenty members of the committee, I only found it necessary to comment upon three.

Now, sir, what is the cause of all this? Why are these men, in particular, the champions of the helpless and suffering poor? Is it, like another class of the community, on account of "the deep interest (?)" they take in the welfare of the poor? My solution of the problem is this—they acquire popularity at my expense, and if at mine, at the expense of the ratepayers also. Popularity and the amount of drink "consumed on the premises" are in a direct ratio. Truly a gratifying reflection to a learned profession, that they are agents for the sale of publicans' whisky. Oh, luckless followers of Æsculapius, beat thy scalpels into pint-pots and thy forceps into corkscrews, for is not thy lot cast among pot-boys and tapsters! I found this grievance to exist also in a dispensary which I held previous to this. The remedy for this state of things is practical and obvious. Let no publican be permitted to issue tickets for medical relief; the privilege being abused, let the trade in general pay the penalty of the abuse. I consider steps should be taken to bring this matter before parliament, for it is glaring and unsentimental injustice, and an insult to gentleman and the medical profession.

One word in conclusion. Perhaps the tone of courtesy expressed in the wording of the ticket for medical relief may be interesting to those who are not familiar with this imposing document, which, to my mind, savours more of a subpœna than what it ought to be—a request from (in very many cases) an inferior to his superior:—

"Sir,—You are hereby required to visit and afford medical advice and medicine to————residing at————, who is by occupation————

"Signed ————"

Publican, &c., as the case may be.

This document wants the "herein fail not at your peril" to make it perfect.

Apologising for encroaching so far on your valuable column,—I am, dear sir, yours faithfully,

Leslie Maturin.

It is right that we should express our opinion as to Dr. Maturin's statements and opinions on this subject, and we, unhesitatingly, corroborate the assertions which he has made, and endorse his objection to the form of the ticket. We are able to state as the result of long experience of the system, that the authority to grant tickets is frequently sought for and made use of by shop and shebeen keepers in Ireland as a stimulus to their business, that they repay the custom of farmers and cottagers by giving them orders upon the doctor, and that it is well understood by the poor that the grant of a ticket should be requited by the spending of a little money in the committeeman's shop, either for liquor or other goods. As to the form of the ticket we certainly think that in retaining the offensive form of expression, the Local Government Board inflicts a public insult upon their medical officers. We know of many cases in which the holder of a ticket has behaved himself insolently to the medical officer, because the ticket told him that he was, *pro tem*, the doctor's master, and we know instances in which the grantor of a ticket has been punctilious in enclosing the ticket in a sealed envelope, lest the words in which it was couched might encourage the grantor to demand too much. We don't for a moment desire to make the ticket less peremptory or to give undue latitude to the doctor in the discharge of his duty, but we know that the regulations are sufficiently stringent, and need no public assertion of the paupers' authority to make them more forcible.

STRADBALLY DISPENSARY.

PAYMENT OF SUBSTITUTES.

Mr. M'Laughlin brought under the notice of the Board the fee of two guineas that had been unanimously voted to Dr. Symes for his services while acting as *locum tenens* for Dr. Percival.

After a short discussion the guardians agreed to pay the amount.

SHILLELAGH UNION.

At a recent meeting of the guardians of the above union, Dr. Battersby, Hacketstown, was appointed as medical officer to the hospital and infirmary, in room of Dr. Bookey, resigned.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 6, 1879.

CONTENTS.

Original Communications.

ON UTERINE INFLAMMATION AFTER THE MENOPAUSE.

By EDWARD JOHN TILT, M.D.,

Past President of the Obstetrical Society of London.

III.

It used to be taught, that uterine inflammation was never met with in young unmarried women, and after the menopause. Unfortunately, acute and chronic uterine inflammation is occasionally met with, before 20 and after 50, and it is most important to recognise such cases, for they imply very strong predisposition to diseases of the sexual organs, combined with the persistence of causes likely to bring on inflammation, and to render more difficult its cure. I have known acute inflammation of the cervix to come on, for the first time, at 50, some years after the change of life had been concluded, but the post-cessation period of the change of life is generally the reliduary legatee of the pathological tendencies of previous periods of more active uterine energy, as in the following case :—

Mrs. H., was 50 in 1875, a tall, strongly-made woman, the mother of 13 children, and the birth of the last was followed by twelve years of uterine disease, clearly indicated by the usual symptoms, and by an almost continuous vaginal discharge of blood or pus. She consulted several medical men, but was told that nothing should be done, as the change of life would set all right. At 44 cessation occurred, but she went on suffering just as before for some years, and at last this long continuance of uncontrolled uterine disease, family cares, and the lifelong dread of scenes with a passionate husband, had thoroughly shattered her nervous system, when, at the suggestion of Dr. Gregory, of Strood, she consulted me. The womb measured five inches, the cervix was hard and much enlarged, the os uteri was three-quarters of an inch wide, and internally ulcerated. The sound passed easily through the cervical canal, but there was occasionally spasmodic stricture of the os internum, for after some days of dull, central, pelvic pain, she suddenly had stabbing pains, and expelled at one gush about an ounce of pus, which came away by the vagina. In this case the general symptoms gradually mended under the influence, first of large doses of bromide of potassium, and then of quinine, opium suppositories being given by the rectum, whenever the womb was surgically treated. Nitrate of silver, and the acid nitrate of mercury, did little good in this case, but marked improvement followed the application of potasse fusa c. calce, to the whole of the cervical canal. The cervix gradually decreased in size, it became softer, and the spasmodic expulsion of matter ceased to occur, although no surgical application was made to internal surface of the body of the womb. This patient was wonderfully improved in every way when she ventured home after three months of treatment.

It is not surprising that chronic uterine inflammation should be aggravated and brought to light by the menopause, for ovarian involution is only half-concluded at cessation. A remnant of ovarian power still shows itself during the following year by the more or less *periodical* occurrence of pelvic congestion, made apparent by a sense of abdominal heat and weight and fulness, or by leucorrhœa, congested liver, diarrhœa, or piles.

The womb may be diseased in its entirety, as in the case just related; but as through life, so after cessation, the cervix and the body of the womb may be separately diseased. Nothing exceptional is noted in cervicitis occurring during the two or three years that follow the menopause, except the utility of taking five or six ounces of blood from the arm, when the complaint is made worse by uterine congestion, unrelieved by the menstrual flow. I have applied leeches to the cervix in such cases, but their repeated application prolongs the habit of pelvic congestion, which is more likely to be checked by bleeding. When the cervix is inflamed many years after cessation, I have

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found it smaller and harder than usual, and covered inside and out by a less vascular mucous membrane than previously. There has been more or less desquamation of the mucous membrane lining the cervix, and cotton wool comes back stained with blood or with pus, but there is little or no vaginal discharge, unless the vagina was also inflamed. In the course of long practice I have occasionally been surprised to find a serious amount of cervical inflammation in women at the prime of life, without the mischief having been made apparent by the customary vaginal discharge, and I explain to myself the more frequent occurrence of this peculiarity in old age, by this diminished vascularity of the mucous membrane of the cervix. In the absence of vaginal discharge, practitioners are justified in hoping that somewhat obscure symptoms of pelvic disturbance may yield to rest and to appropriate remedies; and they generally succeed in doing thereby, all that is required, without putting an old lady to the annoyance of an accurate examination. As a consulting practitioner I have had to investigate similar cases, that had not yielded to good treatment, and finding symptoms pointing to the womb as to their cause, I have examined the patient, and I have found the morbid lesions just described to be the unsuspected cause of a slight but habitual loss of blood, a fact proved by the cessation of the blood loss, on the application of nitric acid to the ulcerated surface. I have more frequently noted, that vesical disturbance, and the very frequent desire to micturate, was caused or aggravated by cervical inflammation. By directing my attention principally to the treatment of this disease, I have cured several cases of sciatica. I have repeatedly been consulted by women who could not walk, who had suffered severely from a variety of cerebral symptoms, and who had only been partially benefited by good medical treatment. Finding in these cases, that there was habitual pelvic pain and heat, and occasional vesical distress, I have been led to examine, and have found cervicitis to explain why good medical treatment alone could not cure the nervous derangement. A saturated aqueous solution of medical carbolic acid is the best topic in such cases, applied at the interval of a week by means of a little pellet of cotton-wool.

All that can be done in such cases by caustic applications, is to check blood flow or the secretion of pus. It is injudicious to seek to restore the uterine mucous membrane to a thoroughly healthy condition, for its permanent redness may not be attended by any bad symptoms. I have known such a condition to last for years without becoming worse, and I have not improved it by persistence with caustic treatment. The agency of the stronger caustics must not be allowed to impair the permeability of the cervical canal, for the body of the womb may still remain too large, its lining membrane may secrete morbid fluids requiring an exit, and the denial of such an exit has been known to lead to serious accidents, of which I will treat more fully in a concluding paper. I need scarcely add that the recovery of the cases treated of in this communication is expedited by a mid-day rest on the sofa, cooling injections, warm hip-baths, attention to the bowels, and by the administration of such remedies as the constitution may require.

(To be continued.)

THE annual death-rate from the seven principal zymotic diseases in the large towns last week averaged 2·6 per 1,000. Scarlet fever showed the largest proportional fatality in Sheffield; measles in Salford; and fever in Salford, Hull, and Leeds. Small-pox caused 6 more deaths in London, one in Dublin, but not one in any of the other large towns. The fatal cases of diarrhœa were but 61 last week, against 904, 275, and 991 in the corresponding weeks of the three years 1876-7-8.

A CASE OF DOUBLE LACHRYMAL FISTULA IN A PATIENT THE SUBJECT OF TERTIARY SYPHILIS AND OZÆNA.

By Mr. W. SPENCER WATSON.

MARY C., æt. 24 years, a domestic servant, was admitted into the Central London Ophthalmic Hospital on January 1st, 1876. There was a clear history of syphilis, and her hair was very thin, and constantly becoming thinner. The lachrymal sacs were swollen and inflamed, and a fistulous opening on each discharged a thin serum. The nostrils gave out a characteristic ozænic stench. Her general health was very bad. For the first twelve days she was directed to use the nasal douche of permanganate of potash in warm water night and morning, and to apply cold poultices with lead lotion over the inflamed regions. At the same time a mixture containing 2-gr. doses of sulphate of iron was given three times a day. Her general health having somewhat improved, on January 12th the lower canaliculus on each side was laid open, and a few days later the full-sized conical probe was passed through the sac into the nose on each side. She was now given syrup of the iodide of iron in 1-drachm doses, and continued to use the douche. Very great improvement, as regards the overflow of tears, commenced at once; but as late as January 30th the fistulous tracks on the cheek still remained open.

On February 19th, the general health remaining very cachectic, and the sinuses looking unhealthy, she was ordered two drachms of the syr. ferri iodid. three times a day, and the dilute nitrate of mercury ointment was applied to the inside of the nostrils as high up as it could be passed. At this period an ulcer of the septum was discovered, and this subsequently left a perforation. From this date the conical probes were passed about every third day, and the other remedies continued till the sinuses closed, about the beginning of March, and the overflow of tears had then quite ceased.

On March 28th the improved condition of the patient remained, and the ulcer in the septum was found to be completely cicatrised, though with a circular perforation.

Remarks.—The aspect of this case was very unfavourable at first and gave indications that some extensive disease of the bones in the upper part of the nostrils was the origin of all the mischief. There is every probability that the ulceration, which was visible in the septum, extended higher up within the nostrils. It was, therefore, of the utmost importance to ensure a more healthy action within, before endeavouring to overcome the obstruction by mechanical means. Hence the douche was employed, and steel tonics administered, with the effect of diminishing very much the ozæna, and removing the crusts that had been hitherto accumulating in great abundance.

Any attempt at probing the sac in these cases is always attended with some risk of setting up increased irritation, and perhaps causing necrosis of the bones in the neighbourhood. The general health, therefore, should always be most carefully attended to, and in cases of syphilis it will often be necessary to give iodide of potassium and decoction of sarsaparilla until the swelling and sanious discharges have disappeared, and the general health has improved. The permanganate of potash douche is also most valuable as an adjuvant, and seems to improve both the local condition and the general health *pari passu* in a very short space of time. Iodide of iron seemed to be indicated in this case from the very cachectic aspect of the patient, and there can be little doubt that it very materially contributed to the success of the treatment.

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Clinical Records.

CASE OF HODGKIN'S DISEASE.

By M. CHARTERIS, M.D.,
Professor of Medicine, Anderson's College, and Lecturer on Clinical Medicine, Glasgow Royal Infirmary.

THE following case, for notes of which I am greatly indebted to my former resident assistant, Dr. N. A. Talpaid, brings out in remarkable prominence the leading features of this peculiar disease.

Previous History.—The patient, F. R., æt. 16, a tinsmith, was admitted into the Royal Infirmary on 7th March, 1879, having been recommended to my care by one of the physicians of Anderson's College Dispensary. His mother stated that about four years ago she first observed a swelling about the size of a marble below the right lobe of the ear. Two years afterwards a similar swelling appeared below the right lobe of the ear. About six months ago she noticed the thyroid gland swollen, and subsequent to this the glands in the armpit and left inguinal region were enlarged. Since these latter swellings began the patient has been feeling weak, unable to work, and gradually becoming thinner. The other members of her family, four in all, were healthy.

Condition on Admission.—The patient was observed to be a spare, thin, emaciated lad. His face was pale, and on undressing, the veins of the chest and abdomen were markedly prominent. The glands below the lobes of both ears were swollen to the size of an egg. The other glands of the neck, and particularly those along the border of the sterno-mastoid, were also enlarged. The thyroid was also enlarged to a considerable extent, and so also were the axillary glands of both sides. It was noteworthy, however, that while the inguinal glands of the left side were increased in size, those of the right remained normal. The glandular swellings were moveable, and were neither red, tender nor painful. The percussion note of the left side of the chest was duller than the right, and crepitation was observed in the left infra-clavicular region. The cardiac sounds were normal.

The patient complained of pain on pressure both in the hepatic and splenic regions, but there was no abnormal dulness either of the liver or spleen. Blood drawn from the finger and placed under the microscope showed no increase of the white corpuscles. The latter fact, and the non-enlargement of the spleen, were, during life, the main elements for diagnosing the case to be not one of leucocythæmia, but of lymphadenoma—the Hodgkin's disease of England, the œdema of Trousseau, the pseudo-leucæmia of some authors. It may also be mentioned that the urine was acid, of sp. gr. 1021, and was free then, and during all the illness, from albumen.

For the first two days the patient could walk across the room, although his gait was tottering and uncertain. After that he preferred to keep to his bed, and preserved a listless attitude, rarely choosing to answer questions, and preferring simply to be still, and caring little for either food or drink. His temperature, which was carefully taken, indicated 99° or 100° Fahr. in the morning, while in the evening it rose to 103° or 104°. Copious perspirations followed even the slightest sleep. Gradually he became weaker. The difficulty of breathing increased, and he was unable to retain any food. For the last two days of his life he was delirious, and his lips and mouth were covered with sordes.

At the morning visit of the 22nd of March his face was flushed, the difficulty of breathing was great, and he appeared as if he was choking. To give temporary relief to his distressing condition, Dr. Cameron performed tracheotomy. Twelve hours afterwards the patient died quietly.

Mr. Nelis's report of the post-mortem examination is as follows :—

Body spare and emaciated. Superficial glands very much enlarged in cervical, axillary, and inguinal regions. On opening the chest the mediastinal glands are found to be very much enlarged.

Lungs.—The *right* lung was apparently normal, except at its base, where it has some swollen nodules of white tissue resembling lymphatic glands. In the apex of the *left* lung there are a number of patches of yellow softening tubercle, and there is also a cavity about the size of a walnut which contains a quantity of semi-fluid, whitish material. The rest of the lung tissue is congested.

Spleen.—Normal in size, rather pale in colour. On section it presents a number of small, angular, whitish-yellow-looking bodies. There is a recent effusion of lymph around the hilus, and along the upper surface; and mixed up with this there is a small amount of blood.

Liver.—On section, presents a slightly yellowish, greasy, solid appearance, but is not otherwise abnormal.

Kidneys normal. Supra-renal bodies normal. Mesenteric glands everywhere enlarged.

MAGHERAFELT UNION HOSPITAL.

Comminuted Compound Fracture of Leg—Hæmorrhage—Traumatic Delirium—"Spreading Gangrene"—Amputation immediately below Knee-Joint on tenth day after injury—Recovery.

Under the charge of DR. VESEY.

Reported by Mr. F. R. CASSIDY.

AUGUST 23rd, 1878.—George Patterson, æt. 21, by occupation a navvy, an anæmic and delicate looking man, was this day admitted into the infirmary in a state of complete collapse, the result of shock and loss of blood, consequent on a comminuted compound fracture of both bones of the left leg. The fracture was caused by two railway waggons loaded with earth passing over the lower part of that limb just above the ankle.

On examination, splintered fragments of the tibia and fibula were found protuding from very extensive lacerated wounds situated on the anterior and lateral parts of the leg; and higher up a deep punctured wound on the anterior aspect of the limb, and situated immediately over the junction of the upper and middle thirds of the tibia. A portion of his stocking was deeply wedged between the bones. In about half-an-hour after admission this had to be removed, owing to severe hæmorrhage, which was arrested by elevating the limb, the application of tinct. of iron and matico; a bandage, and a tourniquet were applied. The collapsed state of the patient precluded any operative interferences other than the checking of the hæmorrhage and placing the limb in a suitable splint, and as this state remained unaltered on the following day, accompanied by retention of urine, and the use of the catheter, it was resolved in consultation to wait and see what measures would ultimately be necessary. Delay further lengthened by violent diffuse inflammation, which set in early on the third day in the injured limb. This extended rapidly up to the trunk, and was accompanied by high fever, and violent traumatic delirium, which at times required several persons to keep him in bed, the limb at this time presenting a most formidable appearance, being enormously enlarged and disfigured by bullæ which broke out all over the surface. The diffuse inflammation, however, yielded in a remarkable manner to the exhibition of iron, the perchloride being painted over the whole surface of the limb up to the trunk, except over the surface of the bullæ. Internally the perchloride of iron was freely given. The limb was also dusted over with flour.

On the fourth day gangrene showed itself in the foot (the foot and portion of the leg up to seat of fracture had remained of low temperature from the first; this portion was enveloped in wadding and hot jars were applied). The gangrene gradually advanced up into the leg, especially in the posterior parts. Antiseptic dressings were applied, and finally powdered charcoal was freely used. The punctured wound, which was terribly inflamed, being treated with poultice; on the ninth day the man rallied slightly.

At another consultation held on the afternoon of the tenth day it was resolved to amputate the leg just below the knee as a last resource. The operation was performed as agreed upon, without any anæsthetic. The patient, who was in a very low state, was kept alive by frequent administration of stimulants and nutriment. The method adopted was the ordinary circular, Esmarch's bandage having been first applied. The great œdema of the thigh prevented the action of the tourniquet. The femoral artery could not be felt; the first incision giving vent to a large discharge of bloody serum and pus, the flow of which and the distended state of the limb rendered the dissection of the flap a work of considerable difficulty; besides this, except some trouble in securing the main artery, no serious impediment was met with, very little blood being lost, and the whole operation was rapidly

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performed. A suspicion of hardness, hardly perceptible owing to the extreme distension of the limb, gave rise to a dread of infiltration into the thigh, to prevent which a moderately tight bandage was applied from the body down, causing a steady flow of fluid from the face of the stump. The edges of the wound were approximated with strips of adhesive plaster, and carbolic acid and oil applied. The patient was then put to bed in a cold and almost pulseless state, but under the application of hot-water bottles to the extremities and trunk, stimulants and nourishment being simultaneously administered, he slowly revived. This state was succeeded in about two hours by considerable fever, a great increase of temperature, and a pulse varying from 130 to 140. On the day following the operation this condition was improved, the patient being quiet and drowsy and sleeping for several hours towards evening. From this time his progress has been steady though slow, recovery being retarded by some unfavourable symptoms. Notably a large pyæmic abscess, which formed just over the sacrum, causing great constitutional disturbance, and preventing his lying in bed in the natural way as he could not remain on his back. This abscess, however, opened on the fifteenth day after operation, affording him great relief, and an immediate amelioration of his condition.

The after treatment was simple—full diet, beef, eggs, milk, two glasses of whiskey, and three of wine (for first week, then gradually diminished) every day, with tonics, especially comp. tinct. of bark, chlorate of potash, and carbonate of ammonia, a combination which agreed with him admirably, and sedatives, and a careful regulation of his bowels. The ligatures came away on the eleventh day, permitting the application of stimulating dressings, under the influence of which the wound rapidly filled up, and the patient is now (Oct. 1st) fit to get up and move about, a happy termination to this remarkable case, which was hardly anticipated when he was first admitted, even taking the most sanguine view of his case, and which seemed impossible as the various unfavourable symptoms manifested themselves, symptoms not alone depending on the nature of his injuries, but grave constitutional ones, such as swelling of the hands and face, which manifested itself about ten days after the operation, and had to be treated with the sweet spirits of nitre and iron. Finally, in considering what favoured his recovery, we must give some credit to the good effects of country air on surgical cases, a great deal to his having been previously of temperate habits, and the consequent effect stimulants had on him, and not less to the indomitable courage of the man himself, who never gave up hope even at the gravest crisis of his terrible illness.

Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

By JAS. PATTERSON CASSELLS, M.D., M.R.C.S., Lond.,

Fellow of the Faculty of Physicians and Surgeons; Surgeon to the Glasgow Dispensary for the Diseases of the Ear; Aural Surgeon to the Glagow Royal Infirmary; and Lecturer on Aural Surgery in the Royal Infirmary School of Medicine, Glasgow; Membre-Correspondant de la Société Royale des Sciences Médicales et Naturelles de Bruxelles.

(*Continued from page 92.*)

Since Bonnafort, Miot, and Field have shown by their successes, the shallowness of the fears which were inspired by proposed operations in the osseous tumours of the external ear, practitioners, encouraged by their results, are no longer content to make a narrow passage through the tumour or by its side; they desire to do more, in order to augment the diameter of the perforation, as much as possible, not only by the help of graduated drills and cauterisations of nitrate of silver and other very powerful caustics, but the gouge, cutting forceps, and the file have been used, according as circumstances indicated the use of one or other of these auxiliaries. It would be, besides, impossible to trace out an immutable line of conduct in the treatment of the tumours in question, because what succeeds in one case does not succeed in another, and it is often necessary to employ a variety of means before obtaining the desired results, as the following observation of Dr. L. B. proves (*Archives für Ohrenheilkunde*).

This *confrère* was 43 years old when, in 1868, he discovered by chance a hard substance in his left ear, which was insensible to the touch of instruments. Till then he had never felt anything in his ears, and had always enjoyed good hearing. But after having tried to remove the obstacle himself by the help of forceps, not without occasioning violent pain, a sero-purulent discharge came from the ear, accompanied by a deafness, which got so rapidly worse that at the end of six days the watch could no longer be heard in contact with the auricle. He then decided to consult two of his *confrères*, who found the lumen of the left meatus obstructed by a hard and white tumour rising from the posterior wall of the canal, besides two analagous growths, smaller, and placed side by side in the right ear.

He was recommended to use astringent instillations to combat the traumatic inflammation of the left ear, and to wait the effects of that medication. The hearing was soon restored, and remained good till April, 1873. He commenced at that time to experience frequent tinnitus, and, wishing to ascertain if it arose from a mechanical cause, he had the misfortune to introduce a probe into the right ear, which came against the membrana tympani, and occasioned a strong irritation of that membrane.

From that time the tinnitus increased and became permanent; whilst, on the other hand, the hearing was almost gone. There was no discharge. After alternations in this condition, he awoke the 14th June, 1873, completely deaf in both ears.

The hearing was soon restored in the left ear, but as the deafness persisted in the right, a consultation was held, at which the patient's *confrères* proposed to establish a sufficient passage for the sonorous waves in the right meatus, by means of an operation. Dr. Knorre who operated, succeeded in making a way through the thickness of the exostosis by means of a trephine, having recourse to toothed forceps, in order to enlarge it. The interior of the excrescence was constituted of thick and resisting spongy osseous tissue. These manœuvres occasioned a discharge and an abundant proliferation of cellular tissue, which soon covered the tumour. With a view to subdue these granulations, muriatic acid was tried, for which sulphuric acid was substituted at the end of three weeks. These very painful appliances produced no effects after eight weeks' usage. Having due regard to these accidents, an iron heated to whiteness was passed rapidly through the opening in the exostosis, and which was repeated several times, without causing much more pain than the caustic substances.

After some days of rest, the inflammation of the soft parts gradually disappeared, and the pain, suppuration, and tinnitus rapidly mended; after a fortnight the patient again heard the watch at 4 c.m. Meanwhile, the improvement in hearing was limited to that distance, and as to the tinnitus, it had not disappeared, but varied in intensity from day to day.

The opening, by which the hearing was re-established, was so narrow that the patient could not pass the smallest probe into it. By way of enlarging it he, at first, tried the laminaria, but not having obtained the desired result, he undertook to accomplish his object by using the file; and although, for more certainty, the patient did this upon himself, he was obliged at last to give it up, as the discharge had reappeared and with it the granulations. A month later, he again renewed these attempts until an inflammatory reaction, more intense than the former, induced him to give up the experiment. His persevering efforts however succeeded in enlarging the diameter of the opening of the meatus, and since the month of April,

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1874, he not only enjoyed excellent hearing, but the tinnitus completely disappeared.

On the left side, which had not been operated upon, the hearing has been maintained.

Although our private and hospital practice, the latter in the hospital Saint Jean, have furnished us with twenty-five perfectly characteristic cases of exostosis of the external auditory meatus, we have only met with two subjects, in whom the new osseous formation was enough developed for an operation.

One of them, J. C., young man of 21 years of age, had had in his childhood frequent discharges from the ear, whose appearance had been each time preceded with violent pain. The bilateral deafness, with which he had been attacked, dated from nine years previously. By examination of the ears, we discovered on the left side a smooth and slightly convex exostosis, filling up the lumen of the meatus at a depth of about 1½ c.m. On the right side there was a tumour, in every way like the other, but situated still deeper in the meatus. The deafness was so marked that, in order to be understood, one was obliged to roar into the patient's ear; however, the functional sensitiveness of the auditory nerves did not seem to have been attacked since it permitted him to hear clearly the ticking of the watch at whatever part of the skull the latter was applied. There was every reason to hope for good results from an operation for re-establishing the perviousness of the meatuses; but before submitting to it the patient wished to think over it and, to our great regret, he did not again appear at the policlinique.

Fortunately it was not thus with our second patient, and the observation which concerns him, is interesting in relation to the proceedings and the success which attended them.

P. D., carver in bronze, at Brussels, æt. 25, of a good constitution and exempt from all syphilitic or rheumatismal antecedents, presented himself the 23rd February, 1875, at the otological poli-clinique of the hospital St. John. Apart from otorrhœa in the left, in infancy, and which dried up spontaneously after some weeks, he does not remember having had anything the matter with his ears till he was eighteen.

In March, 1869, while he was washing his head, a little cold water having gone in at the left ear, immediately caused the sensation of a violent blow and pain so acute that he was obliged to throw himself upon his bed, where he remained stretched out for more than half an hour, feeling himself unable to make the least movement. At the same time there were tinnitus and vertigo, but no tendency to vomit. That day the patient could attend to his duties as usual, only experiencing in the ear a supportable pain, which lasted till the appearance, forty-eight hours later, of a slight oozing (myringite ?).

That accident left no trace, and it was only after an interval of two years that the patient again commenced to feel pain and tinnitus in the same ear, accompanied with slight dulness of hearing.

Added to these symptoms, sometimes so intense as to deprive the patient of sleep, the presence of a foreign body in the interior of the external auditory meatus was felt, and the patient, prompted by the desire to remove this obstacle by means of an ear-picker, knew that the point of the instrument struck against a hard body situated pretty far down in the meatus.

These explorations, renewed from time to time, enabled him to ascertain that the obstacle gradually increased in size, and that its sensitiveness to the touch of the instrument, at first very great, became dulled. Finally, the point of the little finger, introduced into the ear, could reach it easily.

The hearing on this side became weaker from day to day, but it only became really worse after the appearance of a slight sero-purulent running, the consequence of an attempt at extraction made by the patient with less care than the preceding efforts.

On the morning of the 16th February the patient awoke completely deaf in the left ear, and suffering on that side from an intolerable tinnitus. When he presented himself at the hospital St. Jean, the following was the result of our first investigations—

Right ear perfectly normal in all respects.

About a centimètre from the orifice of the meatus of the left ear, was to be seen a white mass, whose surface was very convex and smooth, and which quite obstructed the lumen of that canal. It was also very hard and could be struck with force by the handle of a probe, without occasioning pain. It was in appearance like to a little polished ivory ball, which had been dropped accidently into that place, the half of it only being visible. The watch was not heard in contact with the ear, but it was very well heard on being applied to the mastoid process, or to the corresponding temporal regions, The vibrations of the diapason placed on the vertex were perceived in the left ear.

The diagnosis was not doubtful and as to the prognosis, it was favourable for establishing, in a certain measure, the perviousness of the auditory meatus.

The first trials that were made to effect this object did not lead to anything, on account of the circumference of the exostosis, coming so closely in contact with the walls of the canal; therefore, several sittings were necessary, in order to introduce the end of a thin silver probe between the walls of the meatus and the tumour, and, being obliged to force a passage, the suffering was great. The instrument was withdrawn after a few minutes and the patient could hear the watch on the side affected, at a distance of several centimètres. We resolved to profit immediately by this discovery, by introducing a gum-tent into the opening just made. However, the latter could not be kept in its place longer than an hour, at the very most, and the next day the ear became the seat of an extremely violent inflammatory reaction, which lasted about a fortnight. A second trial of dilatation between the tumour and the meatus brought about the same results. After these experiences it was resolved to have recourse to perforation of the exostosis.

Accordingly a small drill was made having a lance-steel point of a width of 2 mm., and with that instrument, after three short sittings, the tumour was pierced through and through. It measured from front to back nearly 2 c.m., and on its other side the space was entirely free, being bounded by the membrana tympani.

Contrary to our expectations the operation, was except at the commencement of the first sitting, accompanied by no painful sensation, and what was still more astonishing, it was only followed by a very moderate inflammatory reaction.

After some days, during which the patient, from time to time, introduced a gum bougie of sufficient size, it was decided to increase the dimensions of the perforation by attacking its edges with a larger drill. This time again, the consecutive inflammation was only perceived by a little sensitiveness of the walls of the auditory canal, and by a very notable increase in the quantity of the sero-purulent secretion, which was there before the treatment.

The tissue of which the tumour was composed was only compact really on the surface. At the depth of some lines, it became spongy and could be pierced without pain by the blade of the perforator.

If, in this case, it had only been a question of re-establishing the hearing, the patient might have been dismissed, that object having been now accomplished. But there existed an otorrhœa, which made us detain the patient longer, in order to try a more complete cure, with a view to averting the danger, which might result from the stagnation and decomposition of matter in the depth of the organ.

Rather than have recourse to the use of graduated tents, an attempt was made to realise this intention by touching with the point of a probe, which had been dipped in chloride of zinc, the walls of the opening in the tumour, in order to cause the mortification of the bared osseous surfaces. The result that followed this proceeding was

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the more satisfying, because, under the influence of this powerful caustic, not only was a marked increase in the diameter of the opening obtained, but there was also a perceptible lessening of the size of the exostosis.

From that time we knew on which side it was necessary to work, in order to complete the clearing of the canal. Two different parts of the anterior portion of the exostosis were then attacked, at first by means of a little saw, but the irritation that followed caused it to be abandoned for the blade of a probe-pointed bistoury, with which, and without much trouble, a fragment of bone in the form of an angle and representing more than a third of the tumour, was detached. After some more applications of chloride of zinc to the remainder of the tumour, it was deemed unnecessary to interfere further, and the patient was dismissed in September, 1875, cured of the affection; a slight otorrhœa alone remaining. When the left ear was cleared of the matter, he could hear the watch at about the distance of a metre.

This patient was lost sight of till March, 1876, when he returned to the hospital again, suffering this time from a deafness with tinnitus in the right.

The hearing distance on that side did not reach 10 c.m. It was, happily, an acute catarrhal otitis of the middle ear only, from which the patient suffered, and which some insufflations of ammoniacal vapours through the catheter set right; meanwhile, the tinnitus, although less intense, still persisted when the patient was dismissed.

The examination at this time of the left ear, the one formerly operated on, revealed to us the following state: The remainder of the exostosis formed a semi-lunar swelling of about 2 mm. in thickness on the posterio-superior wall of the osseous canal. The width of the meatus, even in that place, measured 6 or 8 m.m. The membrana tympani was in a normal state, dry and translucid, except its anterio-inferior segment, where there was a very opaque calcareous deposit, nevertheless the cone of light was sharply defined even in correspondence with that part. All running had ceased for some months.

We saw the patient for the last time on the 21st July, 1877. The state of the left ear was not modified, but in the right the membrana tympani, formerly translucid in its entire extent, presented a uniform calcareous filtration. Its luminous spot did not measure more than one m.m. Besides, the right ear continued to be the seat of a slightly whizzing noise.

At this date the hearing distance measured during the stillness of night, gave for the left, 1 metre 60., and for the right, 1 metre 50., if anything, the left ear was better than the right.

(To be continued.)

Department of Lunacy.

FEMALE PHYSICIANS.

A Bill for the employment of female physicians in State asylums for the insane, is now before the Legislature of America. As the said Bill is short, we give it in detail as follows:—

"The trustees of the several State asylums for the insane, namely at Utica, Poughkeepsie, Middletown, and Willard, shall employ one or more competent and well-educated female physicians to have charge of the female patients of the said asylums, under the direction of the medical superintendents of the several asylums, as in the case of the other or male assistant physicians, and to take the place of such male assistant physician or physicians in the wards for female patients."

On general principles we are in favour of the employment of female assistant physicians in the female wards of insane asylums. There is no doubt that they will do their work thoroughly and conscientiously; neither is there any doubt that a sufficient number of thoroughly educated female physicians can be found for such situations. Having said thus much, we call attention to a particular wording of the Bill, which is quite objectionable, in that it makes the appointment of these women to such positions obligatory on the part of the superintendent, instead of simply permissive.

We so strongly incline to the wisdom of the latter course, that we cannot endorse the Bill as it stands. Furthermore, as it at present carries the conviction on its face of being a striking example of class legislation, its defeat is certain unless some compromise is made. But, it is such an easy matter to alter the objectionable phraseology, that we have no doubt it will be done.

The Lunacy Laws.—On Thursday last, in the House of Lords, Lord Aberdare asked whether it was the intention of her Majesty's Government to introduce a Bill amending the Lunacy Laws. The Lord Chancellor said the Government were anxious to bring forward a Bill to consolidate the Lunacy Laws, and to introduce certain amendments on this subject which might not of themselves be of great importance, but which experience had shown to be desirable in the existing statutes. In the present state of public business, however, and at this period of the session, there was no hope of the Government being able to bring forward such a Bill.

Lunacy in Ireland.—In the House of Lords, on Friday last, Lord O'Hagan proceeded to call attention to the report of the late Irish Lunatic Inquiry Commission, remarking that that report was a most masterly document, embodying a large mass of information, and containing suggestions which appeared to him to be wise, judicious, and humane. A number of months had elapsed since it was presented; but nothing had as yet been done to carry those suggestions into effect. It seemed to him that there were circumstances and considerations in this case which would render prompt action most desirable. There was a very large class of lunatics in Ireland who were absolutely abandoned—who were useless to themselves and to their fellow creatures. At this moment there were in that country some 6,709 lunatics at large, and 3,352 neglected lunatics. In short, up to a recent period the treatment of lunatics, not merely in Ireland, but in England—and, indeed, all the world over—had been intolerably bad. He desired to know what steps the Government intended to take, with a view to carrying out the report of the commission. The Lord Chancellor said that the subjects referred to by the noble lord were of the greatest importance, and that they had and would continue to engage the most serious consideration of her Majesty's Government. Before long he hoped that the Government would be able to act upon some of the suggestions contained in the report of the Commission.

Hydrophobia Cured by Oxygen.—This case is reported in the *Lyon Medicale*, by Drs. Schmit and Zebeden, from Russia: The first symptoms of rabies appeared seventeen days after the injury. The patient was made to inhale three cubic feet of oxygen, and two hours afterwards he was in a state of perfect calm. Two days afterwards the symptoms of rabies reappeared, and and another inhalation of oxygen was administered with the same success. This time the inhalation was continued for forty-five minutes. A slight dyspnœa, which persisted after the disappearance of the graver symptoms, was treated for three weeks by the monobromide of camphor.

Irritability of the Brain.—If the irritation of the motor cortical region of the brain be prolonged (*Gaz. Med. de Paris*, Feb. 15, 1879), the corresponding muscles will return to their previous condition of repose despite

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the persistence of the stimulation. This muscular relaxation is due to momentary loss of the cortical excitability. It is characteristic of this phenomenon, that the exhaustion is limited to the centre which is stimulated; when the stimulation is suspended for a few minutes, the centre spontaneously recovers its irritability. Irritation of the grey substance of the motor zone gives rise to epileptiform convulsions on the other side of the body. Irritation of even much greater intensity, when applied to the white matter underneath the cortex, after removal of the grey substance is not followed by similar phenomena; so long as the irritation is applied, the muscles of the corresponding links remain in a tetanic condition, but their contraction ceases as soon as the stimulus is removed.

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

,, IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 6, 1879.

LEGISLATION FOR DIPSOMANIACS.

ALTHOUGH it is long since we had much to say on this subject, it is not because we have failed to sympathise with the movement that has at last successfully culminated in the passing of the "Habitual Drunkards Bill." At the commencement of this movement, and when it was very doubtful whether the proposed legislation would be approved of by Parliament, the *Medical Press and Circular* was among the first to show the necessity of a certain class of habitual drunkards being placed under some kind of restraint; and now that the Bill has this session passed into an Act, which is to be in force for the next ten years, we shall persist in advocating not only an indefinite prolongation of its operation, but also the prospective introduction of compulsory clauses which will meet a class of cases at present untouched by this Act. We need scarcely remind the reader that the present Act is only a permissive one, and that the dipsomaniac can do as he likes about entering one of those "retreats" which are established for his detention and control. We are, however, convinced that until the Act is made in some respects a compulsory one, or is otherwise amended, some of the most deplorable evils arising from habitual drunkenness will remain unremedied. If there be any doubt on the matter, the address which has just been sent to the Home Secretary by the victim of a drunken wife is well calculated to remove it. The writer is a copying-clerk under the Local Government Board, and is in the receipt of only £117 per annum, after twenty-three years' service. From this address, which appeared last Friday in one or two of the morning papers, it will be seen that few lots could be more cruel than that endured by this poor hard-working clerk. His home is made wretched, his house is wrecked, his children are neglected, he himself made desperately miserable, and crime itself threatens to break into the sanctuary of his hearth—all through the conduct of an habitually drunken wife. After toiling all day with his pen, with an evening of extra work, he returns home to find this woman drunk in bed with her clothes on, and with no fewer than thirty-seven pawnbrokers' duplicates, relating to a variety of articles which she had pawned, even to the clothing of her youngest children. As he dared not trust his two elder boys with their drunken mother, he was obliged to send them to a boarding-school; and it may easily be imagined how heavily their maintenance there must press upon a man who, in these hard times, has an income of less than £120 per annum. "I need not," he says," "enter into painful details of the neglect of my two young children, and the general discomfort of my home. It is sufficient to say that my life has become one of distressing anxiety, utterly unfitting me at times for my ordinary employment, which is of a mental nature. . . . . I am in that unfortunate position that my life is in the utmost danger. It was only the other evening that, in her drunken frenzy, I was threatened to be stabbed; and to have things hurled at me is no unusual circumstance." Were this a rare or isolated case we should take no notice of it, but, unfortunately, as we medical men too well know, "homes that are converted by drunken wives into hells are shockingly numerous." And yet these are the class of cases in which the law, notwithstanding the passing of the "Habitual Drunkards Bill," is utterly powerless. Should it be thus? We think not, although we must acknowledge the great difficulties there are in the way of removing grievances of this kind. In its notice of this wretched story of modern life, the *Daily Telegraph*, which, perhaps more than any other paper, sympathises with and exposes the wrongs and miseries to which the poor are subjected almost despairs of finding a remedy for this class of cases. We are told that the present retreats for inebriety are too select and expensive for the class of people who most require control; that there is no place where the poverty-stricken dipsomaniac can be taken; that the present Bill is only on its trial, and that it is very doubtful whether Parliament would consent to grant large sums of money for the erection and maintanence of state asylums for dipsomaniacs.

It appears to us, however, that there are two main con-

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ditions on which the solution of this great social problem must rest. In the first place the pecuniary difficulty is not the chief one to contend with. If we had, as has been suggested, "retreats" supported by voluntary contributions, they would be only partially successful, unless there was some law to compel the inveterate and incurable drunkard to enter them. No amount of persuasion would induce such a woman as the wife of this poor clerk to voluntarily put herself under the control of the keeper of either a public or private asylum. The pauper or working man, moreover, would be more prejudiced against such treatment than the gentleman, and women more than men. No class of people would prove more obstreperous than the drunken wives of poor men, and yet in no other class is enforced restraint more desirable. The well-to-do drunkard, if a bachelor, is only an enemy to himself. If a married man, there is still the loving mother to keep his house in order and look after his children. But when the poor man's wife takes to drink, the prospect is indeed a sad one; the husband out at work all day long, while the wife is at full liberty to bring ruination and misery where she ought to gladden and protect. No doubt a law such as that which enables the relatives of a lunatic to place him in an asylum, might be open to abuse. But then what law is there to which the same objection may not be made? And we see no reason why a compulsory Act might not contain so many safe-guards against any illegal or unwarrantable incarceration or detention of Her Majesty's subjects as to reduce to a minimum the abuse to which such an Act might be exposed. With regard to this much dreaded abuse, there is one advantage which the habitual drunkard would have over the lunatic. The lunacy or not of an individual is a question about which there may be two opinions; and no doubt in a few cases people have been kept under restraint when they might have been allowed to go at large. But no such mistake is possible in the case we are considering. There is no room for any refinement of diagnosis in the examination of the confirmed dipsomaniac. The most careless observer will see how the case stands as well as the most eminent expert. Not two, but a hundred witnesses will be ready to come forward to testify to the real character of the habitual drunkard. For this and other reasons we think that the fears entertained by many as to the results of compulsory legislation are, in a great measure, groundless. Then again, the monetary obstacles in the way of maintaining retreats for the reception of pauper patients have been somewhat exaggerated. The case might be met without Parliament being called upon to grant large sums of money for the establishment and support of great State asylums for the inebriate. Owing to the domestic inconveniences attending the removal of the head, or the mother, of a family, the law would be but partially taken advantage of. Only the worst cases would be sent to the inebriate asylum, and for a long time to come room might be found for the applicants in some of the institutions already existing, and which might be partly subsidised by the Government for the purpose. Moreover, as our contemporary has suggested, voluntary contributions might effect that which the Government, the country, or the Local Government Board may be unable or unwilling to do. At all events, before many years have elapsed, it will be desirable to do something for such cases as that to which we have just drawn attention. We have before us the second Annual Report of the "Society for Promoting Legislation for the Control and Cure of Habitual Drunkards," and we are glad to see that its committee do not intend to relinquish their efforts to promote further legislation on the subject. They will endeavour to prove the present Act a success as far as it goes, and to secure an indefinite prolongation of its operation as well as the addition of strong enabling powers to municipalities and other local authorities.

THE SELECT COMMITTEE.

So the Select Committee has finished its work for the present, and not till next session, if then, will any more evidence be taken. Among the witnesses who have yet to be examined is Mr. Bradford, the discreet and much respected representative of the Apothecaries Society. He was expected to give evidence last Tuesday, but preferred waiting till next year. His examination will be looked forward to with much interest, and will, no doubt, remove some of the prejudices that have been recently raised against a corporation which has done more for the medical education of the English general practitioner than all the other corporations put together. It is, however, to be regretted that another year must pass before the Committee can complete its labours, as the more delay there is the more risk there will be of the whole inquiry being almost barren of results, and of things being allowed to remain much in the same state as they were before. As regards the Conjoint Board Scheme it is "looming in the future" more than ever. On this question time is a great factor in favour of the policy adopted by the Scotch corporations; and they know it. Even the College of Surgeons are getting disgusted with the slow current of events, so that we cannot wonder at Mr. Simon saying that unless the questions involved in medical reform are settled very shortly, it would be the duty of the College to look to their own interests irrespective of a conjoint board or any other examining body.

Nor do we envy the task of the Committee in sifting the mass of contradictory evidence already before them. The adage about doctors differing has been painfully exemplified in the course of this investigation, and amid the diversity of opinion expressed on the subject the Committee or the Government will have no little difficulty in deciding what course to take. Some of the views and statements of the witnesses are open to a good deal of criticism, and were, in certain cases, absolutely erroneous. Such might be said of the evasive evidence given by Dr. Acland and the Nihilistic utterances of Sir Dominic Corrigan. Then we find Mr. Simon saying that the introduction of two or three general practitioners into the Medical Council would be turning that body into a "trades union!" and Professor Haughton falling into the error of supposing that the Apothecaries Society admitted women to their license, when they do nothing of the kind.

With regard to the Medical Council there is at present no indication of what will become of it. This much is

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certain that it will not be allowed to remain as it is; and that its warmest apologists had very little to say in its defence. Dr. Lush put rather a significant question when he asked "would not the work be cheaper and more efficiently done if you abolished the Council altogether, and left it to be done by the Privy Council, as was the case in every other department of education?" We feel confident there are many who would answer this question in the affirmative, and, in fact, we have heard many express such an opinion on the subject, and if we consider the actual amount of work accomplished by the Council, the cost of the work, and the time it has had to do it, it must be confessed the abolition of this body altogether is not so unreasonable a proposition as it may at first sight appear. In his reply, however, Professor Haughton expressed a different opinion, and said "we should certainly not allow the Privy Council to interfere with the education of men in the University of Dublin." But the answer was a weak one, as even if the Medical Council were abolished and its work put into the hands of the Privy Council, the latter need not interfere with the medical education of the university student any more than it now interferes with the general education of an undergraduate at Oxford or Cambridge. However, the retention of a Medical Council, re-constructed according to the wishes of the profession, would be, perhaps, a preferable proceeding, and that in conjunction with the realisation of those other reforms which have been pressed upon the attention of the Government, would in all probability settle this long pending question of Medical Reform for many years to come.

THE CASE OF THE IRISH PRISON SURGEONS.

THE relation of the new Prison Board to its medical officers and the autocratic attempt of Mr. Charles Bourke to force upon them new duties with insufficient payment, in the teeth of the Act of Parliament, was brought last week under the notice of the Chief Secretary by Dr. Brunker, the Secretary to the Prison Surgeons Association, who was accompanied in his interview by the Marquis of Hamilton, Mr. Bruen, Mr. King-Harman, Mr. E. Dwyer Gray, Mr. Meldon, Mr. S. Moore, Major O'Gorman, Major O'Beirne, Lord A. Hill-Trevor, Lord Claud Hamilton, Hon. D. Plunket, Sir John Leslie, Mr. Macartney, Mr. Brooks, Colonel Colthurst, and Mr. Verner.

Dr. Brunker, in opening the subject, protested warmly against any gaol surgeon being offered, as Dr. Little, of Lifford, has been, £40 a year for all the duties of the office, including compounding. The salary of surgeons under the Grand Jury Act now commenced at £74 a year, and under the old system the amount was £65, though at Drogheda only £47 was paid. The apothecaries in each case where they existed were to be continued, but it was expected that the Irish Prison Board meant to ultimately abolish them. It had been considered that there ought to be two medical officers in some cases, whose opinions it might be necessary to take at the same time. According to the circular issued by the Prisons Board of the 3rd May, 1879, revoking the appointments of gaol surgeons, it did not dismiss the apothecaries, though the surgeons were summarily dismissed. Dr. Brunker entered a strong protest against a circular which had been issued to the governors of the gaols requiring them to report any irregularities on the part of any officer, including the medical officer. Now, this was harsh, if not offensive, to the prison surgeons. He would now explain to what extent the duties of the prison surgeons were increased. The medical officer under the old system was bound to visit the prison at least twice a week, and when required by the governor on the occurrence of illness of sufficient seriousness. He had nothing to do with the dietary or the sanitary arrangements of the prison. He had on his regular visits —and the frequency of these he regulated himself—to visit any prisoner in his cell who might being undergoing punishment. Certificates were paid for by fees in cases of lunacy. Under the new system all the old duties were continued, and in addition the medical officer had to bear greatly increased responsibility. He had to see every prisoner once a week, daily such prisoners as were confined to punishment cells, daily or oftener visit the sick, daily enter in his journal an account of the state of every sick prisoner, name of his disease, description of the medicines, diet, and other treatment ordered once in every three months, inspect every part of the prison, recording the result in respect to the cleanliness, drainage, warmth, ventilation, quality of provisions, insufficient clothing and bedding, quantity and quality of water, and any other cause which may affect the health of the prisoner. Watch and direct as to the state of mind of prisoners, and report as to the times when they require the special notice of the chaplain. The surgeons have also to make entries fixing upon themselves the responsibilities in the event of death in the prison, and to make detailed entries about every prisoner before being passed to his ward. They have also to certify whether a prisoner was fit for hard labour or to work the treadwheel. They had also to direct the amount of exercise, and be responsible with regard to infectious diseases and anything calculated to endanger the lives of the prisoners, and in addition the medical officers were called upon to fill up numerous certificates. It was no wonder that upon this statement Major O'Gorman had asked whether all this was to be done for £40 a year.

Mr. Bruen said it would be impossible with the fixed salary of £40 a year to attract a well-qualified doctor, and it was important that each prison surgeon should be fully qualified, having due regard to the great responsibility cast upon him by the Act. . . . . The services to the prisoners might not depend upon the number, but upon the extent, of the prisons in which they were detained, because the visits to the small jails had to be as numerous as those to the large jails.

In reply, the Chief Secretary for Ireland said, Well, as to the question of the scale of salary, it appears to be founded upon the idea that £40 is the general remuneration, but in fact, I may say that it only leaked out incidentally in a discussion upon the subject in this house, and the scale of payment rose higher under certain circumstances. There is also a point with regard to the compounding of medicines which seems to have been ignored, viz. :—that men of very high reputation compound their

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own medicines, holding the position of medical officers in workhouses. Mr. Meldon says they are not of the eminence of the men who are prison officials, but I believe they are a very estimable body of gentlemen, and as a fact they do compound their own medicines. But whether they offend in doing this against their charters or regulations of their profession it is not for me to say. I am not, indeed, prepared to admit that there is anything *infra dig* or derogatory in medical men compounding their own medicines. As to the question of remuneration, that has not been fixed by the Irish Government, but by the Treasury. I have not had my attention called to the subject of the remuneration being inadequate, but I will consider the point and communicate with the Treasury on the subject. As to the compounding, I will make inquiries, and see how far the case of surgeons of jails is different from the case of men of high standing who compounded themselves, and see whether it is necessary that a different rule should be made in their case to what prevails in other branches of the medical profession. I assure you, gentlemen, that the whole subject shall receive the careful attention of the Government.

Although a previous experience of Mr. Lowther's platitudes, and of the chances of anything coming of his consideration, does not inspire the hope of much immediate result of this deputation, we are, nevertheless, of opinion that Dr. Brunker's representations, and the interest which he evoked on the part of the Irish members, will prove invaluable to his cause. We are reasonably certain that if the prison surgeons maintain a bold and firm front, they will defeat Mr. Bourke's attempt upon them. but they will probably not succeed in doing so without being prepared to re-open the question in the next session of Parliament. We heartily wish Dr. Brunker's cause success.

Notes on Current Topics.

The Bark Cure for Dipsomaniacs.

In the *Medical Temperance Journal* for July there is a good paper on this subject by Dr. Norman Kerr, who has had much experience in the treatment of habitual drunkards. Although he ridicules the vaunted virtues which have been ascribed to cinchona bark in the cure of drunkenness, and says that its pretensions are baseless, and its promises as fallacious as those of its predecessor, yet he admits that it is a valuable adjuvant to other remedies in the treatment of this affection. He thinks it of great service in restoring the broken tone and power of the shattered mental and physical constitution of the hapless dipsomaniac. Dr. Kerr justly observes that drunkenness is at once a moral and physical evil. While we must look to the will, however weakened, of the inebriate for an effectual and a lasting cure, his physical system must be strengthened and his craving for alcohol at least lessened. To aid in the accomplishment of such desirable ends, we can usefully employ various medicinal remedies, various hygienic measures, and various modifications of diet. Equally, and even of more importance, is the moral treatment of the dipsomaniac. "To whatever of will may be left to him—and very often, alas, there seems none at all remaining—we must look for true reformation and a permanent cure. If all moral power have vanished, and every spark of mental energy fled, the only thing left is to forcibly keep the miserable wreck of humanity where no alcohol is . . . . but no charmed potion will ever slay the dragon of dipsomania." Dr. Kerr gives several formulæ for making preparations of red cinchona, among which he recommends a decoction prepared as follows:—Add one ounce of the powdered bark to one pint of water, acidulated with 100 minims of dilute hydrochloric acid. Boil for ten minutes, and strain when cold. Pour water over the contents of the strainer till the product measures one pint. Of this give two ounces, or a wine glassful, every three hours, gradually diminishing the frequency and quantity of the dose after the first day, till in six or seven days it is reduced to a teaspoonful three times daily. The bark may sometimes be advantageously administered with other drugs. Mr. Moseley has been able to subdue the craving for alcohol by prescribing a non-spirituous combination of red bark, chisetta, and a hot general stimulant. But the most reliable temporary alleviation of this craving that Dr. Kerr has ever witnessed has followed the use of a full emetic dose of ipecacuanha. He also speaks favourably of the Turkish bath in these cases, as it, he says, tends to soothe the inordinately excited brain and nerve centres, and to induce sleep more refreshing and infinitely less dangerous than the sleep produced by chloral or opium, while it strengthens the body, calms the perturbation of the mind, and reawakens the appetite for food.

Letter-Answering.

The idiosyncrasy of some people, many of whom we know by experience to be within our own profession, not to answer any letter or trouble themselves with a written reply to anything, is a psychological item worthy of notice. It would seem that a good many people regard the writing, even of a postcard, with the same undefined repugnance as is felt by others to the making of their will, or the insuring of their life, and from such people, a letter, even when it relates to their own direct personal interests, never receives a reply. It would seem inconceivable that any member of the profession should run the risk of having his name struck out of the Medical Register, and his official rights taken from him, to save himself the trouble or the exercise of decisiveness of character to the very limited extent of writing a letter, and yet we are aware that a large number of practitioners permit their names to be removed from the Medical Register under the 14th section of the Medical Act, rather than give an answer to either of the two registered letters, which it is the duty of the registrar to address to him. We have received from the Irish Branch Registration Office a list of no list than twelve names who have thus been struck out of the Register, and we have reason to believe that several of the gentlemen who are thus honoured are alive, well, resident at their usual address, abundantly at leisure for letter-writing, but, nevertheless, quite incapable of the effort of replying to one.

It is not wonderful, therefore, that the editor of the Irish Medical Directory should complain of the hopeless impossibility of inducing the profession to reply to his circular, for though anyone can see that it is worth at

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least a halfpenny, and the expenditure of one minute to ensure that one's qualifications should be accurately set out in an official directory, which is the recognised reference record of the profession in Ireland, yet experience tells us that an immense number of persons will not accept even that small trouble in their own direct personal interest.

For such people, we fancy, there must be something not quite right as regards their brain functions, and we cannot, therefore, encourage the editor with the hope that his importunity will induce his refractory constituents to cultivate the habit of replying to a letter.

A Healthy Town and the Causes of it.

The town of St. Louis, U.S., is remarkable for its low mortality rate, and for the generally good health enjoyed by its inhabitants. Within our recollection (says the *St. Louis Courier of Medicine*) there was the cholera of 1866-7 and the small-pox a few years later. With these exceptions we have been exempt from contagious diseases, such as scarlet fever, cerebro-spinal meningitis, diphtheria, &c. Several circumstances appear to contribute to the sanitary advantages of this town. It enjoys an unusual amount of fair weather. This is especially the case in the autumnal season; but in other parts of the year fair weather and bright sunshine prevail, "to the great benefit of organised life and the well-being of the human family." The summer rains mostly descend with great abundance and in a comparatively short time, thus thoroughly washing the surface of the well-graded streets and flushing the sewers. The city is about 350 feet above the level of the sea; and it rises gently from the banks of the Mississippi in the form of three broad terraces or miniature plateaux, until its highest or most inland terrace reaches a height of 200 feet above the river. Hence there is a good fall for the drainage, whilst 180 miles of pipe conduct the sewage rapidly into the river, and the quick constant current of which carries from the city front all refuse material. There is an average daily consumption of 22,000,000 gallons of pure river water, and this flowing through the sewers, with an occasional sharp rainfall, keeps them well flushed. There is also an excellent system of reservoirs for settling the water used for drinking purposes. Under the surface soil is a substratum of lime-rock, which probably acts the part of a drain and keeps the soil dry. Lastly, the city is not at all crowded, and its sanitary condition is under the supervision of an active and efficient health department, which looks to the prevention of epidemics by thorough vaccination, removal of nuisances, preventing over-crowding of tenement houses, interdicting the sale of unwholesome food and drink, the prompt removal of dead animals, slops, &c., &c.

The London Hospital.

We are sorry to see that the governors of this very large and useful hospital are obliged to make a general appeal to the public and profession for subscriptions in aid of their maintenance fund, which absorbs as much as £30,000 annually more than the fixed income of the charity. There is certainly no other hospital in London which has more claim upon the benevolence of the public than the London Hospital, and we trust that the appeal it is now making will not be in vain. We do not think, however, that the governors are showing good taste, or are studying their own dignity and position, in sending out in the form of a tract a reprint of an article which lately appeared in *Belgravia*, under the heading "At Night in a Hospital." Such a proceeding might do in the case of some tenth-rate or newly-established institution, but is scarcely consistent with the great reputation which the London Hospital has now for a long time enjoyed.

International Congress of Hygiene in 1880.

One very hopeful feature of hygiene is that the advancement of this department of medicine is not confined to one country. We therefore trust that the proposed meeting at Turin in 1880 will be a successful one. The first meeting of this congress was held at Brussels in 1876, and the next at Paris in 1878. A committee of organisation has already been formed under the able direction of Prof. Pacchiotti. The Italian Society of Hygiene will take an active part in the management of the work to be done; and there is every reason to believe that the sympathy in the movement shown by other countries will be a clear manifestation of the progress that preventive medicine is making, and of the necessity of studying all questions that relate both to public and private hygiene.

Memory in different Races and People.

M. Delaunay has made a communication to the *Societé de Biologie* respecting memory as studied under various biological conditions. The inferior races of mankind, such as Negroes, the Chinese, &c., have more memory than those of a higher type of civilisation. Primitive races which were unacquainted with the art of writing had a wonderful memory, and were for ages in the habit of handing down from one generation to another hymns as voluminous as the Bible. Prompters and professors of declamation know that women have more memory than men. French women will learn a foreign language quicker than their husbands. Youths have more memory than adults. It is well developed in children, attains its maximum about the fourteenth or fifteenth year, and then decreases. Feeble individuals of a lymphatic temperament have more memory than the strong. Students who obtain the prize for memory and recitation chiefly belong to the former class. Parisian students have also less memory than those who come from the provinces. At the *Ecole Normale* and other schools the pupils who have the best memory are not the most intelligent. The memory is more developed among the peasantry than among citizens, and among the clergy than among the laity. The memory remains intact in diseases of the left side of the brain, and is much affected in those of the right, from which it may be inferred that the right side is more the seat of this faculty than the left.

From a physiological point of view memory is diminished by over-feeding, by physical exercise, and by education, in this sense, that the illiterate have potentially more memory than those who know how to read and write. We remember, moreover, better in the morning than in the evening, in the summer than in the winter, and better in warm than in cold climates. Memory is therefore, to a certain

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extent, in inverse proportion to nutrition; and more than that, it is in inverse proportion to evolution, since it is greatest in those individuals who are the least advanced from an evolutionary point of view—inferior races, women, children, the feeble, &c. In short, according to M. Delaunay, there is an evolution of the memory, which is first sensorial, literal, and then intelligent; but memory, properly speaking, diminishes inversely as the evolution.

The Mortality of Great Cities.

In pursuance of our comparison of the mortality of Dublin with that of other great cities, we append the relative death-rates of British and Foreign towns, as noted by the Registrar-General for the past week.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Portsmouth 10, Norwich 12, Bristol 14, Nottingham 14, Hull 15, Edinburgh 19, Birmingham 17, Salford 17, London 17, Glasgow 18, Sheffield 18, Newcastle-upon-Tyne 18, Liverpool 19, Bradford 19, Leeds 19, Wolverhampton 19, Leicester 20, Plymouth 20, Oldham 21, Manchester 21, Brighton 21, Sunderland 21.

The mortality of Dublin for the same time was 25 per 1,000, or about 10 per cent. higher than that of the other most unhealthy town as recorded.

The rates of mortality, in the principal foreign cities according to the most recent weekly returns, were—Calcutta 27, Bombay 28, Madras 32; Paris 23; Geneva 22; Brussels 26; Amsterdam 21, Rotterdam 27; The Hague 17; Copenhagen 18; Stockholm 23; Christiania 14; St. Petersburgh 37; Berlin 50, Hamburg 21, Dresden 24, Breslau 31, Munich 33, Vienna 30, Buda-Pesth 39; Rome 23, Naples 31, Turin 83, Venice 27; Alexandria 42; Brooklyn 21, Philadelphia 18, and Baltimore 34, per 1,000 of the population.

We recently pointed out that the neglect of sanitation in Dublin was actually costing 6,000 lives in each year, and yet we find the Government utterly lethargic, and the Sanitary Authorities of the city actually hostile to every suggested improvement. For instance, we observe that on the subject being recently brought under the notice of one of the Dublin sanitary authorities the mover of the resolution was reproached for making public statements which would frighten tourists and injure the shopkeepers' trade, and eventually the Board decided against taking any notice of the matter. It may be as well, once and for all, to state here that there is not a shadow of truth or reason in the defence of Dublin insalubrity frequently put forward—that an excessive number of provincial sick come to Dublin to die, and thus increase the death-rate. This objection, if there were any truth in it, applies with still greater force to London, Manchester, Liverpool, and all large cities, and as the Dublin death-rate is founded on a comparison with that of these cities, the defence has no weight at all.

But the excuse is actually untrue, because, as a fact, the deaths of hospital patients who come from the country are carefully eliminated by the Registrar-General, and the high death-rate is therefore in no sense due to them.

The New Northern University.

A memorial has just been presented to the Privy Council in reference to the proposed establishment of the Victoria University in Manchester. Bearing as it does the names of the Presidents of the London College of Surgeons and of the British Medical Association, and those of a great number of the leading hospital surgeons and teachers of London and the other teaching centres of England, it reaches the Privy Council with much influence. The memorial is very brief, and it expresses the opinion that it is "undesirable that the power of conferring degrees or licences to practise medicine or surgery should be granted to the proposed Victoria University on the following grounds:—

"1st. That there already exist *nineteen* such corporations.

"2nd. That the competition arising out of this number of licensing bodies is detrimental to the public and the medical profession, as tending to lower the standard of medical qualification.

"3rd. That the Manchester School of Medicine has no superior claims over other schools in London and the provinces which can entitle it to such a special distinction as that of conferring degrees to practise medicine or surgery."

There is much force in these arguments, and we question whether everything which the memorial contains may not be applied with equal force—*mutato nomine*—to the proposed New Irish University. We are strong in the belief that if the medical profession were to express its opinion as to the foundation of new qualifying bodies, it would, with one voice, declare that neither the public nor the science of medicine would derive any benefit whatever therefrom.

The Proposed Army Medical Examination.

On the occasion of the ceremonial of administering the declaration to the candidates for the Letters Testimonial of the Irish College of Surgeons on Thursday last, the President of the College, Dr. Mapother, stated that he was authorised to make it known that Sir William Muir, the Director-General of the Army Medical Department, would positively refuse his assent to the holding of the proposed army examination unless the long-promised warrant should be previously promulgated. We rejoice to observe this loyalty to the officers of his own department thus evinced by the Director-General, and we are convinced that the hint will have due effect. Indeed, we are aware that there is a large class of students now in Dublin prepared for examination, and anxious to enter the Army Medical Service, but determined not to offer themselves until they know what terms they are to expect. They unanimously decline to trust the Department or to have anything to say to the Queen's Service until the War Office is pledged in actual black and white to a fair reform of the existing system. In fact, the authorities are at length learning that the trick they played on a former occasion of promising a warrant and breaking their promise when their wants were satisfied cannot be repeated a second time. It is looked upon as quite likely that if Colonel Stanley and the Duke of Cambridge can

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only entice enough students, however indifferent in quality, for the immediate and pressing wants of the Army Medical Service, they will at once drop the warrant and leave the medical officers in their present condition, until the time comes when the army can no longer exist without a proper medical branch.

Syphilitic Phthisis and S. Pneumonia.

In the *Wiener Med. Presse* Prof. Schnitzter, of Vienna, calls attention to the prevalence of syphilitic consumption. The symptoms, he says, resemble those of ordinary tuberculosis, and the diagnosis is some times difficult. The existence of syphilitic symptoms in any other part of the body should lead to the suspicion that the phthisis is of like origin; and so also should a confession of previous venereal infection. The recognition of the nature of the case is of the greatest importance, as specific treatment in the early stages will generally effect a prompt cure. In another German paper syphilitic pneumonia is differentiated from syphilitic phthisis. In the former the constitution of the patient is said to be robust. The objective signs of pulmonary induration, dulness, diminution of the respiratory murmur, more pronounced depression above and below the clavicles, short respiration, dyspnœa, and pain in the chest, all point to syphilitic pneumonia. The absence of cough, expectoration, and crepitant râles, and of fever, together with the good effect of iodic or mercurial treatment, are also in favour of this form of pneumonia.

The Medical Education of Women.

Judging from a letter received by a correspondent of the *Boston Medical and Surgical Journal*, the medical education of women seems to be receiving a good deal of encouragement from the authorities at Zurich. "Our cause," says the fair writer, "gains friends every year, and perhaps nowhere is it more noticeable than here. Even Hermann, our professor of physiology, has a woman for his assistant. She is a Swiss, and had worked with him as a student, so he knew what he was doing when he took her as assistant. And Prof. Rose, the surgeon, has had a woman to assist him for two years. I think I have not written to you since I accepted this position with him. I like the place very much, but have to work very hard to keep up with my work. [Here follows a description of the various surgical operations at which she has assisted, which includes nearly every operation ordinarily performed.] Prof. Rose treats me splendidly. I could not ask any more from him or from the other doctors, so you may imagine I am happy and contented."

The Quinine Duty in the United States.

On the last day of the session the Senate unanimously passed the House Bill removing the duty upon foreign quinine, so that the monopolies which have hitherto existed, and which made quinine rather an expensive drug in that country, will now be done away with. Alluding to the fact that a large manufacturer of this drug has given orders for his machinery to be stopped after present contracts were filled, the *Louisville Medical News* says it is melancholy to consider the number of men that will be thrown out of work by this decision, "but we will take comfort in the thought that, as the Messrs Powers and Weightman have bagged some twenty odd millions of dollars in the monopoly they possessed, their lot will not be as bitter as the drug they made."

Thymol-Camphor.

The *London Medical Record* calls attention to a communication of Dr. Symes in the *Pharmaceutical Journal*, in which he gives the results of his researches on the combination of thymol, chloral-hydrate, and camphor, acting as an antiseptic. The two former drugs are rubbed together in a mortar, and an equal quantity of camphor added, which liquefies the whole, and produces a powerful antiseptic. If thymol and camphor alone are rubbed together, they also become liquid, and this is a convenient form from which to prepare the ointment. Thymol-camphor can be mixed in almost any proportion with vaseline, *ung. petrolei*, or ozokerine, and the thymol will not separate, as in crystals, when thymol alone is used. A solution of thymol in water (1 in 1,000) is sufficiently strong for the spray in surgical operations. If used for the throat, milk and glacial acetic acid will be found to good solvents for it.

The Sanitary Authoritis at Memphis have isolated the city, so that there is now no communication thereto by land or water. Twenty-six deaths from yellow fever occurred last week, which is a considerable reduction upon previous returns, and the epidemic is abating.

The will of Dr. Tilbury Fox, late of Harley Street, who died suddenly, of heart disease, on July 7th, at Paris, was proved on July 16th by Mrs. Sophia Campbell Fox, the widow and sole executrix, the personal estate in the United Kingdom being sworn under £18,000.

We understand that out of eight candidates for the Membership of the Royal College of Physicians of London last week, five failed to acquit themselves to the satisfaction of the examiners. By way of contrast we would add that out of thirty-two candidates for the Licence only two were rejected. For the Primary twelve presented themselves and six passed.

We understand that Dr. Patterson Cassells, of Glasgow, was last week elected a corresponding member of the *Societé Royale des Sciences Medicales et Naturelles de Bruxelles*. Dr. Cassells' name is attached to the translation of those excellent papers "On Osseous Tumours of the External Auditory Meatus," by Dr. Delstanche, which have been appearing during the last few weeks in our columns.

The notorious "Dr. Sutton" was at the police court last week in a new character. He seems to have turned his attentions to various callings, since it was "proved to demonstration" that he was not the man for doctoring foolish young men. One of the last characters in which we heard of him was that of the peacock. He next took a fancy to a bycicle, and forgot to pay for it, and now he appears as an adept at the "confidence trick." For the

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present his wants are being cared for by a merciful country.

Another quack was also in trouble last week, and when in extenuation of his offence he pleaded that whereas in former times he was frequently before the court, he had so far reformed that this was the first time for three years that he had been charged with an offence, the magistrate was inclined to take a lenient view of the case in consideration of his good behaviour, till a prison warder, with more zeal for his business than for the reformed doctor's feelings, said, "Please your worship, he's been under my care these three years." His worship thereupon altered his opinion.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Graduation Ceremony at the University of Glasgow.—On the 31st ult., the ceremony of capping the graduates in law, medicine, and science, took place in the lower hall of the Museum at the University. Principal Caird presided, and there was a large attendance of ladies and gentlemen. The medical graduates were presented by Professor Gairdner. At the conclusion of the ceremony Professor McKendrick addressed the graduates, and referring to the present agitation for medical reform, did so with the usual university bias. At present, he observed, a man may enter the medical profession by nineteen different portals, and it was asserted that these portals were not uniform, so that one might get in easier than another. To remedy this state of things the principle of conjoint boards had been strongly urged. It had been proposed to have three conjoint boards, one for each division of the United Kingdom, and to insist that every one must pass the examination of a conjoint board. Hence there would be three instead of nineteen portals, and Dr. McKendrick argued the evils of the present system would not be abolished, but only reduced to one-sixth. No mean achievement certainly. He did not admit that any inconveniences existed under the present system, but at the same time proposed a remedy in the shape of more efficient supervision on the part of the Medical Council, or by means of some mode of state examination. If that would not satisfy he would revert to the other alternative of a state examination on practical subjects subsequent to the student or graduate taking his diploma. It seems, he would approve in short, of any scheme which would not disturb the monopoly of the universities, nor diminish the emoluments of the professors.

Hospital Accommodation in Edinburgh for Infectious Diseases.—At a recent meeting of the Edinburgh Town Council, a representation was submitted from the Medical Officer of Health, in which Dr. Littlejohn pointed out that there was no provision in the New Royal Infirmary for the treatment of infectious diseases, and stated that it was of great importance the subject should be considered by the Council, involving as it did the health of the city, the satisfactory state of which could not be maintained unless adequate accommodation were provided for the speedy treatment of fever and other infectious diseases. Following up this representation, a sub-committee of the Lord Provost's committee ha[illegible]e recently with a sub-committee of the Public Health committee, while representatives of the two sub-committees had a meeting with a number of the managers of the infirmary regarding the matter. There was submitted to the joint meeting minutes of previous conferences between the two bodies, from which it would appear that the managers of the infirmary had undertaken to maintain 75 beds for the treatment of infectious diseases in the Old Infirmary buildings, leaving the local authority to deal with such diseases when they assumed an epidemic form. The representatives of the Council having indicated their determination to abide by the agreement in question, the managers of the Infirmary present stated that they would report the result of the interview to the next meeting of the Board of Managers.

Health of the Eight Principal Towns of Scotland.—The Registrar-General, in his weekly return of the births, deaths, and marriages in the eight principal towns in Scotland for the week ending Saturday, the 26th ult., says the death-rate was 17·4 per 1,000 of the estimated population. This rate is 3·8 under that for the corresponding week of last year, but 0·8 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 14·2, and the highest in Perth, viz., 23·4. The mortality from the seven most familiar zymotic diseases was at the rate of 2·5 per 1,000, being an increase of 6·6 on the proportion for the previous week. Diphtheria, whooping-cough, and diarrhœa, were the diseases in which the increase occurred. The number of deaths from acute diseases of the chest is almost the same as for the previous week. The mean temperature of the week was 57·7, being 3·4 above that of the week immediately preceding, and 4·0 under that of the thirtieth week of 1878.

Glasgow Death-Rate.—The death-rate in the city of Glasgow during the week ending the 26th July, was 18 per 1,000 per annum, as compared with 16 the preceding week, and 24 in the corresponding week of 1878.

The Health of Edinburgh.—The mortality of Edinburgh still keeps low. Last week (ending 26th ult.), the registered deaths amounted to 70, giving a death-rate of 17 per 1,000. There were only two deaths from zymotic diseases, viz., 1 in the new town from measles, and one in the old town from scarlatina. The birth-rate is high.

Literature.

THE BRAIN AND ITS DISEASES. (a)

It is difficult within the limits usually assigned to such notices to give any but the most superficial view of the contents of such a well-digested and practical volume as the one before us. We perfectly agree with the author that the subject of constitutional syphilis—and as it usually comes under the observation of the physician—has not hitherto received the attention from the profession which its importance merits, and thus every honest and painstaking contribution to the subject commands respectful consideration. Considering the protean manifestations of constitutional syphilis, and their manifestly signal amenability to treatment, the field is an inviting one to cultivate. The present work is divided into eight chapters, in the first of which "The History and Nature of Syphilis" are succinctly epitomised; and in it the author professes himself an unicist in respect of the nature of the syphilitic virus, though admitting that according to individual idiosyncrasy the phenomena of syphilis may be modified; and in harmony with this idea, the opinion (in which we coincide with the author) is

(a) "The Brain and its Diseases. Vol. I.—Syphilis of the Brain." By Thomas Stretch Dowse, M.D. London: Baillière Tindall, and Cox. 1879.

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expressed that a sore, "to produce its trail of sequence, need not (as at one time supposed) be of necessity a hard Hunterian chancre." Furthermore, it is pointed out that not unfrequently well-marked signs of constitutional syphilis exist where all evidence of primary infection is absent. Dr. Dowse seems to regard it as a recognised fact that the stages of so-called syphilitic fever can be completely upset (leaving diathesis or temperament out of the question altogether) by the mode of life of the person infected, and instances in this regard, its sudden evolution in the lower class of prostitutes, who live to drink and rarely eat. If this view has reference to the physical effect of the mode of life, and *its* influence on the evolution of the syphilitic phenomena, we agree with the author. Generally speaking, the class referred to are in a wretched state of health, and thus unable to resist disease so powerfully as the robust, and it is indifferent by what disease they are attacked, the power of resistance being reduced to its minimum, the conflagration, so to speak, is rapid and complete. Syphilis, therefore, forms no exception to the general rule. It is maintained in these pages that the syphilitic poison keeps dormant the tendency to gout, tuberculosis, and scrofula. Leaving its influence on gout an open question, it is undoubted that tuberculosis, scrofula, and syphilis frequently coexist, and it is all but impossible to differentiate in such cases the respective preponderance of the different morbid processes. The chapter concludes with a fair statement of the persistency of syphilis, the ravages which it is capable of causing, and the subtlety of its nature.

Chapter II. is devoted to the "Diagnosis of Constitutional Syphilis;" and several highly important cases are quoted to illustrate the symptoms, and somewhat by anticipation, the signal value of mercury and iodide of potassium in the disease under consideration. We perfectly agree with Dr. Dowse "that a heavy responsibility rests upon the shoulders of any medical man who neglects to enforce upon his patients the absolute necessity of a mercurial course in the primary stage of syphilis, for an incomplete hesitating treatment of external syphilis specially predisposes to subsequent affections of the nervous system." We are very gratified to note that Dr. Dowse has thus not been carried away by that servility to change and fashion so detrimental to medical science, and that his highly instructive cases afford the most signal testimony to the efficacy of the two preparations mentioned, in the treatment not only of primary, but of secondary, syphilis—a fact one of the most certain in the whole domain of therapeutics. The distinguishing features of cerebral syphilis are clearly indicated, and due attention is directed to syphilitic affections of the spinal cord.

Chapter III. treats of "Diseases of the Sympathetic Nervous System." Four interesting cases of vaso-motor derangement are recorded, and the efficacy of the mercurial treatment further demonstrated.

In the record of case XI., "Unaccountable Nervous Systems" is obviously enough a misprint. The dependence of the symptoms on syphilis in this case, however, is not conclusively demonstrated. It is hardly justifiable to conclude, in the absence of specific indications of syphilis, that because a cure has followed the exhibition of mercury, the *fons et origo mali* must of necessity have been syphilitic.

"Disease of Peripheral Nerves and Neuralgias," is treated in Chapter IV. It is indicated that while the nerve structure may itself be primarily the seat of specific degeneration or neoplasm, it is rather from pressure than from intrinsic inflammatory changes that the nerve substance becomes affected, or from the infiltration into it of gummatous inflammations. A case illustrating the effects of syphilitic changes at the base of the brain, involving the optic nerve and Gasserian ganglion, is reported, and one of supposed syphilitic neuralgia of the sciatic nerve, with atrophy of the right buttock.

Chapter V. is devoted to "Treatment," and at the outset the encouraging remark is made that "of all diseases of the brain and nervous system, I may say that there is not any which yield more readily and rapidly to appropriate treatment than do those which are due to, and have, syphilis for their origin;" while obviously enough much will depend on the stage at which the disease is attacked, the prognosis being grave as there are indications of structural change, and *vice versâ*. In the case of syphilitic lardaceous changes, it is contended that mercury especially, and iodide of potassium, are as hurtful to the individual as opium would be in the coma of uræmia. This being so, it is not clear why it is remarked by the author, "I preface the administration of bichloride of mercury in these cases by giving for three or four weeks the tincture of the perchloride of iron three times a day." Stimulants, cautiously used, are indicated in these cases.

While Dr. Dowse's book is, on the whole, excellently written, the foregoing and the subsequent paragraphs are not a little enigmatical: "I maintain that it is utterly useless to endeavour to be empirical in the treatment of diseased states. Yet there are many of the syphilographic school who would have us believe that in syphilis—no matter so long as it is syphilis—mercury or iodide of potassium is at once demanded. I must say that my own practice does not bear out this conclusion; but if there is one thing in therapeutics of which I am more certain than any other, it is that mercury is the antidote to syphilis."

Now it has always occurred to us that empiricism was unfortunately the rule in the treatment of disease, and that the impossibility seemed to be in the opposite direction. It is certainly far more easy to be empirical than rational; and many a worthless reputation is based on self-sufficient and self-deluding imperfect observation; hence the value of empiricism depends upon the observer; hence the encumbrance of medical science with "false facts." The treatment of syphilis by mercury and iodide of potassium is purely empirical; but it is based on the all but concurrent testimony of the best observers of the present and preceding times. Not so the multitude of ephemeral remedies which, having their day, cease to be, and subserve solely the unfortunate purpose of hampering medical literature, and perplexing noviciates in our art. Notoriety, as contra-distinguished from reputation, is thus made in a twofold manner; on the one hand, by a species of iconoclasm which unblushingly denies the observation and experience of centuries: on the other by alleging the most unlooked for phenomena from the most commonplace appliances—untruths equally reprehensible, encouraged unstintingly by medical journals, and the propensity to talk and invent wherever two or three *savans* (?) are met together.

If mercury be, as Dr. Dowse alleges, the "antidote to syphilis," it would seem reasonable that mercury should be administered in every form of syphilis; but to maintain that mercury is an absolute antidote to syphilis is to put the undoubted efficacy of the drug, it appears to us, in too strong a light; for while it certainly subdues the manifestations of syphilis in a most striking manner, it is open to the gravest doubt if syphilis is ever completely recovered from. It is possible, however, that in certain cases the internal administration of mercury may be contra-indicated; but we are not precluded from the aid of the drug in consequence, seeing that the mildest, and possibly the most efficacious mode of administering mercury, particularly in secondary syphilis, consists in the mercurial vapour bath; and it was not without considerable surprise that we noted the remark of Dr. Dowse, that he had not found any special advantage from mercurial baths. This chapter concludes with general remarks on treatment, to which no exception can be taken, and which call for no special observations.

In chapter VI. "Hereditary Syphilis" is reviewed. Two woodcuts are given illustrating the text, and several interesting cases are recorded.

Chapter VII. treats of "Syphilitic Epilepsy." The characteristics of epilepsy comprise impairment of volitional consciousness, with perversion of sensory or motor function, or of the two combined. While epilepsy from acquired syphilis seems to be a rare disease, it is held that primary idiopathic epilepsies are more frequently due to hereditary syphilis than they are to any other cause. This chapter is an interesting one, and may be *par excellence* described as the metaphysical one of the book.

The concluding chapter (VIII.) is devoted to "Pathology," is mainly made up of interesting and valuable cases, and rather supplements the foregoing chapters than introduces any special novelty. It will repay perusal equally well with the others. The woodcuts and coloured lithographs are excellent, and serve to illustrate the text in an interesting and instructive manner. The chief value of this work consists in the fact of its being based so largely on personal experience, and of exhibiting so clearly the incalculable efficacy of mercury and iodide of potassium in a large and important class of cerebral affections. The work is well-written, is not encumbered with extraneous nor

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irrelevant details, and may justly be characterised as a valuable contribution to the important subject of which it treats. It remains just to add that the duties of the printer and publisher have been admirably performed, and that an excellent index adds materially to the value of the work.

THE WASTING DISEASES OF INFANTS AND CHILDREN. (a)

THAT Dr. Eustace Smith's efforts on behalf of the profession have met a want, and that he has rightly interpreted it, is sufficiently evident from the fact of the appearance within ten years of a third edition of his manual on the Wasting Diseases of Infants and Children.

Those who compare a new edition of a work with the older issues of it cannot but experience a mingled feeling of pleasure and pain; of unfeigned pleasure in every token the new edition presents of more perfect knowledge, of more exact information, of any real emendation of former methods of expression; of pain that some of the old illustrations come not as of yore, that here or there something has or has not been added, or something has not been subtracted, which was respectively either wanting or redundant in the older edition of the work.

Some such thoughts as these have passed through our minds while reading anew the third edition of this useful book.

Now, as well as when first written, it continues to supply a manifest desideratum, for as yet the text-books have not discussed with sufficient earnestness the subject-matter therein treated. The very nature of such text-books precludes anything like an exhaustive consideration of wasting disease in infancy and childhood; and such being the case, the subject is fortunate in having in the author of this manual one so well qualified and so able to discuss it as he has done.

Of the two aspects of a review—viz., praise and criticism—it were easier and more pleasant first to consider the former, but it will be better here to mention in friendly criticism some points in the third edition which appear worthy of critical notice.

First among these is the absence of the names of authors and authorities, of the references and of the sources of information to which the author—judging from the liberal acknowledgments made in a former edition—appears to have been indebted for a very large portion of the information he has so well collated and collected for the profession. In reference to this remark we would note here and there the appropriate mention is absent of such names as those of Trousseau, Rilliet and Barthez, Sir William Jenner, Dr. Underwood, Dr. Dunglinson, and others. Again, many of the clinical observations so laboriously detailed by the author, were obtained in connection with recognised institutions to which he was attached as physician; and as every man is, or should regard himself, a debtor to his profession, all who obtain and publish information in connection with public appointments do well who follow the example of the great masters of our art, and gracefully acknowledge, however briefly, their obligations.

At page 37, in reference to the preparation of cow's milk, we observe with regret that the following passage occurs: "The whole is then put into a perfectly clean feeding bottle, and is heated to a temperature of about 95° F.," *horribile dictû*, "by steeping the bottle in hot water." This is a legacy from the past generation which should be speedily expelled from the nursery; and so long as our recognised authors tolerate and promulgate the advice, so long will the reform be in abeyance, and the evil results of such a practice abound. Theoretically it appears sound and easy of application, but all who watch the effect in practice know full well that even a good nurse will not trouble herself much about the details of the warmth obtained—sometimes the milk is scalding hot, at others barely luke warm, and as a consequence this practice is no small factor in the production of subacute gastritis in infancy.

At page 94, probably owing to a lapsus, we notice Recipe, followed by the genitive instead of the accusative, which in the other prescriptions, followed by ad., &c., so correctly appears.

There is hardly a chapter in the book that will not repay perusal, and if there is no great evidence of originality in the work, yet the information given is presented in a clear and readable form; and the relation between cause and effect in reference to diagnosis, prognosis, and treatment is lucidly expressed.

In the Introductory chapter the subject of wasting is considered generally, and the relation of remedies employed in its treatment discussed on the broad lines of their respective physiological and therapeutical value as external applications and internal remedies.

Chapter I. is devoted to the consideration of simple atrophy from insufficient nourishment. This portion of the work is very important in relation to the forensic aspects of wasting; and we think the author would have done well to have discussed the pathological relationship between starvation, wasting, and death. Clinically, it is often painfully interesting to watch the slow, insidious, but certain, approach of death when starvation, through ignorance, has been the cause of a wasting, the consequences of which we are summoned too late to avert. A still further interest attaches to the pathological aspect of wasting. A knowledge of the true pathological condition caused by insufficient nourishment would be a valuable guide to ascertaining the cause of the pathological condition, when, as for instance in a medico-legal necropsy, the post-mortem appearances are all that the practitioner has to guide him, in directing the coroner and jury, as to the cause of death. Wilful murder often results from systematic starvation, and its attendant wasting. Chronic diarrhœa leads to virtual starvation, wasting, and death. The pathological relationships are diverse and distinct, and should offer materials for a sure and certain differential diagnosis, which might be based on the pathological state alone.

At pages 76-78 the anatomical characters of chronic diarrhœa are discussed, based on information, such as may be found in Dr. West's work on the Diseases of Infancy and Childhood. We would be glad to see the pathology of wasting from insufficient nourishment likewise treated, and the lines of demarcation between the two states differentially expressed.

In treating simple atrophy, as well as in the directions for the treatment of other conditions associated with wasting, the author has given the profession a full benefit of his individual experience; and with such a guide at hand it would be difficult to avoid treating such conditions as the author describes with accuracy and success.

In the treatment of chronic diarrhœa sufficient guidance is wanting as to the quantity to be employed as an enema. In one case half-an-ounce of thin warm starch is mentioned as the vehicle; in another, no less than four ounces of mucilage of starch; in another, one grain of nitrate of silver is to be dissolved in five ounces of water. Again, no information is given as to the relative value of warmth and cold for enemata. Vogel insists on the value of small enemata for infants, from one to four drams, following a preliminary enema of warm water, to evacuate scybalæ, as recommended by the author. In America the use of cold, even iced, water enemata has proved most useful in the treatment of chronic diarrhœa without any internal treatment whatever. The ambiguity which surrounds this part of the chapter needs revision.

In Chapter III., on Chronic Vomiting, the use of enemata is mentioned in the synopsis, but scant notice of how or when to employ them occurs in the text. Rightly administered in all forms of vomiting, we apprehend in infancy and childhood that enemata might be employed more frequently than is the case.

In the chapter on Rickets will be found a good *résumé* of the subject, and in its treatment the author has brought to the front a large amount of clinical experience which he applies to the various stages and complications with scientific earnestness and candour. Vogel insists upon cod oil being useful to a certain class of rachitic patients, while to others it is practically detrimental; and it would be well did the text-books and manuals which treat of rachitis differentiate between them.

One of the most interesting, practical, and, to our mind, original chapters in the work is the sixth, devoted to Mucous Disease. Many years ago, we remember reading it, and how

(a) "The Wasting Diseases of Infants and Children." By Eustace Smith, M.D. Lond. Third Edition. London: J. and A. Churchill, New Burlington Street. 1878.

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its clinical accuracy at once gave an interest to many cases previously obscure (for it threw light, by means of which the differential diagnosis between wasting from this cause and several others might be established). No doubt mucous disease is an important factor in causing somnambulism, but we cannot go quite so far as the author, and state—"in fact most of the cases of somnambulism in children are due to this cause." Enlargement of the tonsils, as pointed out by Mr. Warrington Haward and others, is a very frequent cause; also reflex irritation from adherent prepuce, as mentioned by Prof. Sayre, a not uncommon one. May not the mucous disease, the enlarged tonsils, the adherent prepuce, each and all prove excitants to a nervous system undergoing rapid development, readily excited and prone to manifest cerebro-spinal activity, arising from one or many of several peripheral irritations?

(To be continued.)

THE PHYSIOLOGY AND PATHOLOGY OF THE SYMPATHETIC SYSTEM OF NERVES. (a)

This contribution to the literature of the sympathetic nerves is one of several essays upon the subject sent in to compete for the Astley Cooper Prize. In fact, the judges awarded it the prize, but in consequence of its being the joint production of two individuals the adjudication could not be maintained upon legal grounds.

For the student who wishes to make himself conversant with the views of the most able investigators concerning the physiology and pathology of the sympathetic system of nerves, this essay should be read most carefully; for in it he will find all that is known of the subject. We think, however, there is little to be learned from it by men who keep themselves acquainted with the leading writing of the day. In other words, there is little that is new or original about it. Its chief merit (and one of no mean order) seems to us to consist in its being a singularly concise and able *résumé* by physicians and physiologists who are practical masters of their subject, and who have collated with great care and wisdom the views of others.

The many vexed questions involved, and the different opinions held by authors regarding the function of many of the sympathetic centres are carefully and succinctly brought before the reader, so that upon the whole the essay deserves high commendation.

We regret, however, that the translator's work is not so satisfactory, the errors in proof-reading are very numerous, and the string of errata too long even for a work ten times its size.

Literary Notes and Gossip.

We are glad to know that medical authors will be well represented at Cork this week. Messrs. Churchill are exhibiting no less than 86 new books and new editions (a list of which will be found in our advertisement sheet), published by them since the last Annual Meeting of the Association. Messrs. Longmans, Smith Elder, Baillière, Tindall, and Cox, and other leading medical publishers, have also large stocks, under the care of Messrs. Fannin and Co., of Dublin, whose stall in the museum the profession should not fail to visit.

* * *

Amongst the novelties exhibited in the literary department of the Cork meeting, are a series of *Movable Atlases* illustrating in sections by means of superposed coloured plates the entire human economy. When they originally appeared in France we were much struck with the ingenuity displayed in the formation and fixing of the delicate internal organs, and we welcome the effort now being made by Messrs. Baillière, Tindall, and Cox, to reproduce them with English text in this country. The parts before us are the *Trunk*, the text being translated by Dr. R. Hunter Semple, and the *Throat*, with the *Mechanism of Voice, Speech, and Taste*; text by Mr. Lennox Browne. The *Female Generative Organs*, with text by Dr. Palfrey, is, we understand, nearly ready, and the *Eye and the Mechanism of Vision* will shortly follow with text by Mr. Henry Power. Members of the Association will do well to make themselves acquainted with these works.

* * *

Owing to the lamentable death of the Princess Alice, the subject of diphtheria has created in Germany, simultaneously with this country, a considerable amount of attention, while it has cumulated in Royalty taking the matter up, and offering in the august person of Her Imperial Majesty, the Empress of Germany, a prize of £100 for the best essay on the subject. Competitors may use the English, French, or German language, and must send in their essays by the 15th December, 1880. No one need, therefore, complain of the shortness of time allowed, and every idea can be well-digested without hurry. The adjudicators are:—Professors Klebs, of Prague; von Nägeli and Oertel, of Munich; Thiersch, of Leipzig; and Liebreich, Virchow, and Langenbeck, of Berlin; an array of continental celebrities sufficient to limit the number of competitors to reasonable bounds.

* * *

Our readers will remember the controversy which raged in the pages of the *Contemporary Review* in the spring of this year; how the representative men in the profession seemed to be drawn irresistibly into the contest, and the medical and lay press floating on the current of divergent opinion, threshed the subject to tatters. And, as "after a storm comes a calm," lovers of a quiet glass still indulge in their luxury, evidently believing that the motto of a celebrated preacher but wrong doer, is that of the profession: "Do as I say not as I do." But Mr. Strachan, the enterprising publisher of the *Contemporary*, is not so content, and so he issues to-day "in one volume, the Alcohol Question, by Sir James Paget, Sir Wm. Gull, Drs. Bennett, Bernays, Brunton, Garrod, Moxon, Murchison, Radcliffe, Wilks, and Mr. R. B. Carter," a reprint from the magazine. What an array of big guns for a few shillings!

* * *

Time was when the house of Robert Hardwicke was almost as familiarly known to the profession as the House of Commons to its members. Less than a quarter of a century ago, there were but two medical publishers of note in the metropolis, John Churchill and Robert Hardwicke. There were one or two others on a small scale, like Renshaw who survives; and Walton, who produced some good books, but finally failing in business died, it is said of "a broken heart." There were also the houses of Longmans, of world-wide reputation, as classical and school publishers, with one or two medical books only, and Bailliere's, which was chiefly noted as *the* foreign medical establishment. Now all this is changed, and the purveyors of the medical "food of youth, and the delight of old age," have trebled; and while one like Robert Hardwicke has passed away, another has sprung up to take his place, aye to remove it altogether, so that "the place which knew him once, shall know him no more for ever."

* * *

Henceforth the name of Hardwicke, medical publisher, will be removed from the escutcheon of fame, and the House in Piccadilly once-famed for its "food for the mind," is being rapidly converted into one for the supply of "food for the body;" a restaurant in fact. It may not be unnaturally asked by some, why obliterate a name so well-known to the profession and the public? We have taken the trouble to inquire, only to find what we already knew, that the last days of poor Hardwicke were the reverse of satisfactory to authors, that one-by-one his friends dropped off, being unable to get statements or aught else satisfactory about their books, until the name became derogatory rather than famous to its new proprietor. Hence Mr. Bogue's decision to drop the name of Hardwicke, so that works issued by this house will in future bear the name of David Bogue only, and the address, 3 St. Martin's Place, Trafalgar Square.

* * *

Messrs. Macmillan have now in the press what is likely to prove of great interest to anthropologists, viz., the first portion of a work called "Man and Civilisation," on which the author, Mr. E. B. Taylor, F.R.S., has been long engaged. It is designed to serve as a text-book of anthropology, and will be printed uniform with Professor Huxley's "Physiography." Mr. Ray Lankester has undertaken to contribute

(a) "The Physiology and Pathology of the Sympathetic System of Nerves." By Drs. Eulenberg and Guttman. Translated by Alex. Napier, M.D. London: J. and A. Churchill.

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chapters on the anatomical portion of the subject. The book is expected to be ready by the end of the year.

* * *

As a step towards a universal halfpenny letter-rate, may be mentioned the new postal regulation which comes into operation on the 1st September, by which almost anything short of an actually written letter may be sent under a sealed envelope, with the ends slightly open, for a halfpenny. It will come under the book-post regulations, and is officially defined as "a letter which from internal evidence appears to be intended for transmission in identical terms to several persons, and the whole or greater part of which is produced by means of ordinary type, engraving, lithography, or any other mechanical process." Sixpenny telegrams are, we understand, also under the consideration of the authorities.

* * *

House and Home, a very excellent little journal, devoted to the purpose of illustrating and discussing matters of sanitary interest, as they chiefly affect the lower classes, is giving some excellent portraits of eminent members of our profession. Of the accompanying biographical sketches, we cannot speak so highly, albeit they are truthful in most particulars. Everyone will endorse what is said of the late Dr. Parkes, that his work was of that rare order which sunk self in everything he did for the general weal. That the sketch of Dr. Richardson is equally happy, some may be inclined to doubt. Few have probably done so much to further the cause of temperance as this gentleman, and much honour is due to him therefore; but it can hardly be of so disinterested a nature when he has been known to charge as much £25 for the delivery of a lecture on the subject he has so much at heart.

* * *

To the curious in history, M. Grave's work just published at Nantes, on the "State of Medicine and Pharmacy in France," will afford an immense field of observation and research. In it the author traces the History of Medicine and Pharmacy from the Egyptian, Grecian, and Roman eras to the present time. From the Dark Ages when medicine and pharmacy were in the hands of two classes—wandering Jews and Arabs, who hawked their wretched drugs through Central Europe; and the clergy, who M. Grave contends, "were no more than commentators, or imitators of Galen. He had made some renowned mixtures; mixtures were therefore the rule. The study of medicine led to the sale of drugs, and Pope Pelagius II., at the end of the sixth century, forbade the clergy and ecclesiastics to vend medicines like merchants or apothecaries. In the fourteenth century the faculty of medicine was founded at Paris. The members of the faculty were required to discontinue at once all manual labour, or to employ subordinates to handle the pestle and mortar on pain of exclusion from the dignity of master of arts." This opens up a good many thoughts for discussion: who is a physician? what diplomas enable him so to style himself? can he dispense his own medicines, &c.? Of these, however, our columns have had enough of late, and we forbear.

* * *

THAT the critic should be criticised is no more than is expected by those engaged in literary pursuits. Fortunately, for our peace of mind it does not take the form of such strong aperients as the following:—"To the editor of the *Cincinnati Lancet*. My very amiable (?) truthful (?) impertinent assenine friend: As a reviewer you have immortalised yourself as the chief among ignorant, contemptible, and infamous liars and imposters. You are like the 'stumped' shool-boy; you throw down the book, and give it the best *cussing* your mortification brings to your aid. Bray again! Yours with contempt, C. T. Reber, M.D." The above is an exact reprint of what appeared in the last number of our American contemporary, and was probably drawn forth from the exasperated author during the present tropical heat on the other side of the Atlantic, on account of the following criticism:—"As a specimen of *asylum literature*, as an evolution from the inner consciousness, this book would be a success were it not for the fact that the doctor does not disdain to recommend as a cure the use of his hypo-thermata quinine." The editor is still fanning himself.

* * *

WHEN in 1804, Edgeworth wrote that by a careful computation there were as many as 80,000 persons in Great Britain, being nearly one-hundredth part of its inhabitants who could read, he probably considered that a marvellous state of intelligence at which the nation had arrived. At the present time this would average, allowing for increase of population, about one reader in every three hundred persons living in these Islands. What would that celebrated writer exclaim at the progress of education now? It has been computed by some that about one-sixth of the population are readers; our excellent contemporary, the *Leisure Hour*, puts it at one half, which, however, we deem excessive, and are rather inclined to put it at one-fourth or about 8,000,000 in the United Kingdom. A medical man who moves about much, especially among the poor, can form a pretty fair estimate.

* * *

THAT the British Association for the advancement of science is strongly cosmopolitan, none will deny, when its choice of presidents is taken into account. Thus there have been popular leaders in science, such as Sedgwick and Murchison, Herschel, Brewster, Lyell, Huxley, Dr. Hooker, and Dr. William Spottiswood, the retiring president. This year the great exponent of zoological literature, Dr. George Johnston Allman has been chosen. This writer, besides a "History of Fresh-water Polyzoa" and a "Monograph on Gymnoblastic Hydroids," has contributed numerous memoirs to the Transactions of the Royal Society, the Royal Irish Academy, and other learned bodies with which he is connected. The new President for several years occupied the chair of Natural History in the Edinburgh University, and is well and favourably known in the world of literature.

* * *

MESSRS. LIPPINCOTT & Co., of Philadelphia and London, have just issued an English translation of Wurtz's "Elements of Modern Chemistry." The work will be welcomed by those who are already familiar with the same author's "History of Chemical Theory."

* * *

MR. JOHN ANGELL, F.C.S., Senior Science Master at the Manchester Grammar School, has reprinted in pamphlet form, the letters contributed by him in reply to Sir Wm. Gull, and others, on the "Alcohol Question." His contentions are good and ably supported by evidence, and will be read with interest by all who have followed the discussion in the public press.

* * *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, July 9:—"Movable Atlas of the Throat, showing the mechanism of Voice, Speech, and Taste," by Dr. Witkowski and Mr. Lennox Brown, F.R.C.S. "An Introduction to Commercial Organic Analyses," by A. H. Allen, F.C.S. Guy's Hospital Reports, vol. xxiv. "Injuries and Diseases of the Lymphatic System," by S. Messenger Bradley, F.R.C.S. "A Treatise on Hydrophobia," by J. McNeill, M.D. "Hygiene of the Sea," by Dr. Victor Grazzi; Translation by F. W. Wright. "The Student's Guide to Surgical Diagnosis," by C. Heath, F.R.C.S. "Sleep and Sleeplessness," by J. Mortimer Granville, M.D. "The Skin and its Troubles" (Health Primers). "L'Anèe Medical for 1878," par le Dr. Bourneville. "The Value of Human Life," by the Rev. F. Dodd, M.A. Transactions of the American Medical Association, vol. xxix. "Klein and Smith's Atlas of Histology." Part IV.

* * *

PAMPHLETS.—The following have been received since the publication of our last list, July 9:—"Medical Education and Medical Organisation," by Walter Rivington, F.R.C.S. "Tetanus: Cure by Nerve-Stretching," by H. E. Clark, M.R.C.S. "The Mortality from Intemperance," by Norman Kerr, M.D. "A Birds-Eye View of the Scientific Claims of Vivisection," by A. P. Childs, F.R.C.S. "American Nervousness," by G. M. Beard, M.D. "A few Remarks on proposed Lunacy Legislation." "Second Annual Report of the Society for Promoting Legislation for the Control and Cure of Habitual Drunkards." "Medical and other Notes on Arcahon, Biarritz, Pau, and the principal watering places of the Pyrenees," by Dr. Roth. "Report of the Association for the Oral Instruction of the Deaf and Dumb." "Remarks on the Routine Use of the Ophthalmoscope in Cerebral Disease." By J. Hughlings Jackson, M.D.

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Correspondence.

THE DISCUSSION ON THE USE OF THE FORCEPS IN LINGERING LABOUR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your leading article, July 30th, on the above subject, you remark that I "did not give a very direct answer to the question at issue, but incidentally admitted that it had been my practice to use the forceps in certain cases before the os uteri was fully dilated." Will you kindly permit me to occupy a small space in reply, as I think you have misunderstood the whole tenour of my remarks.

In the first place, I alluded to two publications of mine, the first, twelve years ago, in which I had already affirmatively answered the questions at issue, and in which I had flattered myself I had laid down rules for our guidance; based, not on numerical computation, but on the states of the patient, the varying and opposite conditions of whom in relation to this matter, I think I may claim as having been the first to clearly point out. These I reiterated in my remarks, believing them to be an invaluable guide in practice.

Second. In the answers I gave to the two questions which preceded the propositions, I gave distinct assent, the first being "Is lingering labour dangerous to mother and child?" The second, "Is the forceps necessary or useful before the full dilatation of the cervix?" I said I had seen many sacrificed for the want of this help.

Thirdly, I then, in giving assent to the propositions, proceeded to point out the conditions which occurred necessitating the use of the forceps, and argued that when the necessity compelled us to act we were to do it as carefully as possible, but not terrified by the accounts given of the dangers, showing that damage to the os after the forceps use were not always the result of their use. I was anxious to insist that it was by the *condition of the uterus* we were to judge, and not by the fact that we may have exceeded or not the proper percentage. The terms of the proposition required in the answers more precision than "generally." These words permitted the speakers to widen their remarks, but unless the remarks were more precise, no good would be gained; and I confess that in the remarks of the majority of speakers I was disappointed, for I could discover no rules by which they were guided in the particular case, nor any directions that others could follow. Hence it was I dwelt more lengthily on the states which do or do not necessitate the employment of the forceps, the fœtus being still in utero.

But I think you will see in the particulars above-mentioned, and in the general tenour of my remarks, that for years I have done, and still do, recommend the use of the forceps "before the os uteri is fully dilated;" but *how frequently*, depends on the frequency with which the conditions I have stated present themselves to us after certain alternatives I mentioned had failed.

I am, yours, &c.,

J. BRAXTON HICKS, M.D., F.R.S.

George St., Hanover Square, S.W.

Medico-Parliamentary.

HOUSE OF COMMONS.—WEDNESDAY, JULY 30TH.

VACCINATION PROSECUTIONS.

IN reply to Mr. Sejeant Simon, Mr. SCLATER-BOOTH said, I am aware that proceedings have been taken lately against a large number of persons in the Dewsbury union for neglecting to cause their children to be vaccinated, and I fear they may have been encouraged in that course by those who are entrusted with the administration of the law. Proceedings are taken under three heads—1st, for a penalty for neglect to have the child vaccinated; 2nd, there may be a summons to show cause why an order should not be made for the vaccination; and, 3rd, there may be a summons for a penalty for non-compliance with the order. The vaccination officer has written to me, stating that in no single instance has he taken proceedings under the third head against a defaulter previously convicted under the first. That being so, his conduct has not been contrary to the instructions of the Local Government Board, nor to the spirit of the letter to the Evesham guardians. No doubt it is contrary to the resolution of the Dewsbury guardians; but that resolution, as they have been informed, is illegal, and, in fact, a nullity. There seems to me no ground for putting an end to the system of payment of the vaccination officer by fees, which has been generally adopted and works well; nor is it found to encourage prosecutions. The fees are not regulated by the number of prosecutions, but by the number of cases of successful vaccination.

FRIDAY, AUGUST 1ST.

VACCINATION ACTS (IRELAND) AMENDMENT BILL.

Mr. G. BROWNE asked whether it was intended to proceed further with this Bill.

Mr. J. LOWTHER said it was. The Bill would have been brought forward long ago, but for some amendments which had been put down preventing its being taken. If the hon. gentleman would prevail on some of his political friends to withdraw these amendments it would very much facilitate matters.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows of this College on July 31:

Bright, Geo. Chas., M.D. Oxford, Cannes, France.
Sparks, Edward Isaac, M.B. Oxford, Crewkerne.

Admitted Members:—

Lush, William George Vawdrey, M.D. London, Weymouth.
Sharkey, Seymour John, M.B. Oxford, St. Thomas' Hosp., S.E.
Simon, Robert Michael, M.B. Cambridge, Manchester.

The following having passed the required Examinations, received the Licence of the College on July 31:—

Ashe, William Percy, 20 Linden Gardens, W.
Bullock, Charles, St. Bartholomew's Hospital, E.C.
Burwash, Henry John, 144 Kennington Road, S.E.
Chamberlain, Edward Twyford, Southsea.
Coles, Donald Alexander, St. Bartholomew's Hospital, E.C.
Dale, Frederic, York.
Davies, Hugh Edward, University Hospital, W.C.
Evans, Arthur Llewellyn, University Hospital, W.C.
Francis, William, 21 Huntley Street, W.C.
Freeman, William Thomas, Burnham.
Gibbes, Heneage, 28 Oberstein Road, S.W.
Goyder, Charles McIvhor, Infirmary, Newcastle-on-Tyne.
Gurd, David Fraser, 78 Lambeth Road, S.E.
Hassan, Syed 18 Bedford Place, W.C.
Henderson, Cecil, Clifton.
Hill, Charles Birnie, University Hospital, W.C.
Lewis, John George Stephen, 1 Windsor Road, Ealing, W.
Lunn, John Reuben, Children's Hospital, Shadwell, E.
Macdonald, George Alexander, Hull.
McMunn, James, 42 Gower Street, W.C.
Nicholson, James Edward, St. Bartholomew's Hospital, E.C.
Palmer, William Pitt, Ashill, Ilminster.
Patterson, George Henry, Brighton.
Pierson, Alfred Henry, 21 Blessington Road, Lee, S.E.
Price, Edward Morris, 24 York Road, Leamington Park, W.
Sykes, William Ainley, Golcar, Huddersfield.
White, Richard Watts, Guy's Hospital, S.E.

South London School of Chemistry and Pharmacy.—The following prizes were awarded last week at this popular School:—SESSION, 1878-79.—Senior Chemistry (Medal)—Mr. Crook. Senior Chemistry (Certificate)—Mr. Grimble. Junior Chemistry (Medal)—Mr. Roughton. Junior Chemistry (Certificate)—Mr. Parkin. Botany (Medal)—Mr. Sagar. Botany (Certificates)—Messrs. Roughton and Harburn. Materia Medica (Medal)—Mr. Harburn. Materia Medica (Certificate)—Mr. Roughton. Practical Pharmacy and Dispensing (Medal)—Mr. Parkin. Practical Pharmacy and Dispensing (Certificate)—Mr. Roughton.

Royal College of Surgeons of England.—The following gentleman, having passed the required examination for the diploma, received the M.R.C.S. of the College at the meetings

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of the Court of Examiners on July 24th, 25th, 28th, 29th, and 30th.

Adams, Alexander Peers.
Aske, Wm. Percy, L.R.C.P.Lond.
Baker, William James.
Barling, Harry Gilbert.
Bond, Charles John.
Bowlby, Anthony Alfred, L.S.A.
Banks, William.
Butler, Herbert Paton.
Crew, William Thomas.
Clowes, Henry Alfred.
Cottell, Arthur Bowditch.
Cowan, George Hoyle, M.B.
Colborne, William Wriothesley.
Crook, John Siddon.
Clark, W. T. Marston.
Cronk, Herbert George.
Cuthbert, C. Firmin, L.S.A.
Davies, R. T. Edward.
Deane, Arthur Dorman.
Dickinson, Thomas Vincent.
Davies, James David.
Emerson, Peter Henry.
Esmon, John Farrell.
Falla, Walter.
Faulkner, Joseph.
Ford, Richard William.
Graves, Thomas William, L.S.A.
Grimoldby, George Henry.
Haig, Alexander.
Hassar, Syed, L.R.C.P. Lond.
Hine, John Edward.
Harrison, Edmund Meredith, L.S.A.
Hoskyn, Donald Templeton.
Harwood, John Casson.
Hardy, H. L. Preston, L.S.A.
Hubbard, Henry William.
Howard, Henry, M.B. Cantab.
Ingledew, George.
Kirsopp, Thomas, L.S.A.
Lewis, Christopher John.
Lawton, John Wesley.
Lindeman, Sidney Herbert, L.S.A.
M'Donnell, Denis.
Morse, Richard E. R.
Neale, William Henry.
Nadin, Joseph.
Newsholme, Arthur, L.S.A.
Porritt, Norman.
Parker, Hibbert Sullivan.
Patterson, Geo. Henry, L.S.A.
Phillips, John.
Pope, Frank Montague.
Pope, H. F. Montagu.
Read, Mabyn, M.B. Cantab.
Ross, Ronald.
Shaw, John, L.S.A.
Shears, C. H. Bedwell.
Sheild, Arthur Marmaduke.
Skinner, Bruce Moreland.
Steele, Warwick Charles.
Schlesinger, Richard Emyl.
Sharley, Frank.
Shaw, William Wright.
Sherrard, Cæsar D., L.K.Q.C.P.I.
Smith, John, L.S.A.
Spackman, Henry Robert.
Saunders, Francis Henry.
Thompson, Edward Charles
Vivian, Richard Thomas.
Walker, Horatio Ed., L.S.A.
Williams, Patrick St. George.
Williams, William Rees.
Wright, Herbert Elliston.
Webb, John Gascoigne.
Walton, Robert Spence.
Wray, George Bury.
Yate, Henry Wright.

The Physiology of Saliva.—The action of saliva from the mouth in digestion has lately been studied by Herr Von der Velden. By extraction, with the pump, of numerous samples of gastric juice in various stages of digestive process it was demonstrated that in the first period after taking a meal (three-quarters to one, or even two, hours), free hydrochloric acid did not appear; it was met with only later. Further, it was shown that only so long as the hydrochloric acid continues to be absent, is starch saccharified (iodide of potassium presents only a bright yellow colour); whereas, after occurrence of the hydrochloric acid, the starch remains unaltered (blue colouration). There is, accordingly, a first stage of stomachic digestion, in which alone salivary action can take place; and a second, in which albumen digestion begins, or, at least, arrives, at full intensity.

Doctors in St. Petersburgh.—The entire number of medical practitioners in St. Petersburgh amounts to 743, or a doctor to every 887 inhabitants.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

AN INQUIRER.—Our representative at the Cork meeting will be Dr. Jacob, of Dublin, who will be happy to answer any inquiries.

MR. GANT—Your case of "Epithelioma of Rectum" will appear in our next.

DR. NORMAN KERR is thanked.

DR. J. STEWART.—With pleasure.

AN ESSAYIST.—The French metre is about equal to 3 feet 3 inches, English measurement; the kilometre about 1,093 yards. A millimetre is equal to ·03937079 of a metre, and a centimetre is equal to ·3937079.

A PROVINCIAL.—We understand that Messrs. Fannin & Co. will exhibit several kinds of spray-producers at the Cork meeting; doubtless other instrument makers will do likewise, you will thus have the opportunity of deciding upon the best yourself.

DR. THOMAS is thanked.

MR. W. D. N.—Not by any means expensive.

A CANDIDATE will see the official announcement in our advertising columns, present number.

DR. P.—Translation received, and will be utilised as soon as space permits.

A VICTIM OF QUACKS.—We never prescribe in these columns. The case is perfectly simple and could be readily treated by any qualified practitioner in your town. If you have sufficient courage, by all means prosecute the fellow who has so grossly swindled and deceived you.

EVOLUTIONIST.—The translation of Haeckel's new work on "The Evolution of Man" is published by C. Hegan Paul & Co., 1 Paternoster Square. It will be reviewed before long in these columns.

QUERY.—We cannot give an answer to your question till next week.

BOTANIST.—You will find either Silver's or Oliver's "Manual of Botany" very suitable for the purpose; but we would particularly recommend Otto W. Thome's "Text-book of Structural and Physiological Botany," translated by A. W. Bennett, and published by Longmans & Co.

A VICTIM.—We shall shortly direct our attention to the grievance you complain of.

HISTO.—If you read French, Corneille and Ranvier's Histology is by far the best and most complete histology in any language. There is nothing English to be compared to it.

VACANCIES.

Carmarthen County Asylum.—House Surgeon. Salary, £125. A knowledge of Welsh desirable. Applications to Mr. Howells, 58 King Street, Carmarthen, by Aug. 12.
Carrick-on-Suir Union, Piltown Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, August 14. (See Advt.)
County Asylum, Bristol.—Assistant Medical Officer. Salary, £100, with board. Applications to the Chairman before Aug. 20.
Sheffield School of Medicine.—Medical Tutor. Salary, £120. Applications, stating qualifications, to the Hon. Sec.
Sheffield General Infirmary.—House Surgeon and Assistant House Surgeon. Salaries, £120 and £80 respectively, with board, &c. Applications to the Medical Staff before August 16.
Shillelagh Union, Hacketstown Dispensary.—Medical Officer. Salary, £100, with fees, and £16 as Officer of Health. Election, Aug. 14.
West Riding Asylum, Wakefield.—Clinical Assistant. Board, but no salary. Applications to Dr. Herbert Major, at the Asylum.

APPOINTMENTS.

CALDWELL, S., L.K.Q.C.P.I., L.R.C.S.I., Certifying Factory Surgeon for the District of Virginia, co. Cavan.
CLARK, J. G., M.R.C.S., House Surgeon to the London Hospital.
CROCKER, H. R., M.D., M.R.C.P.L., Physician to the Skin Department of the University College Hospital.
CUMMING, G. W. H., L.R.C.P.Ed., House Surgeon to the West London Hospital.
MURPHY, J. J., L.R.C.P.Edin., L.R.C.S.Edin., Medical Office to the Irish Mercantile Clerk's Association, Dublin.
O'FARRELL, H., M.D., F.R.C.S.I., Certifying Factory Surgeon for the District of Boyle, co. Roscommon.
OWEN, R., L.R.C.P.Ed., L.R.C.S.Ed., House Surgeon to the County and Brecon General Infirmary.
PEACOCK, H. G., L.R.C.P.Ed., M.R.C.S.E., Assistant Medical Officer to the Dorsetshire Lunatic Asylum, near Dorchester.
POTTS, E., M.R.C.S., Assistant Surgeon to the Gateshead Dispensary.
WILSON, A. F., M.R.C.S.E., Medical Officer for the Dunchurch District of the Rugby Union.

Births.

BATTERBURY.—On July 31, at Berkhampstead, the wife of R. L. Batterbury, M.B.Lond., of a son.
MURPHY.—On July 30, at 18 Harcourt Street, Dublin, the wife of J. J. Murphy, L.R.C.P.Edin., of a son.

Marriages.

NORTON—ADAMS.—On July 30, at Earshan Church, Norfolk, R. R. Norton, M.R.C.S., L.R.C.P., of Tottenham, to Lucie, second daughter of E. B. Adams, of Bungay, Suffolk.
WOODHOUSE—HOLBROOK.—On July 29, at St. Peter's Church, Dublin, Stewart Woodhouse, M.A., M.D., to Charlotte, widow of the late Thos. Holbrook, C.E., Clontarf, and fourth daughter of the late Isaac Corry, J.P., D.L., Abbey Yard, Newry, co. Down.

Deaths.

FAIRCLOTH.—On July 21, at Northampton, John Faircloth, M.D., Senior Physician to the Northampton General Infirmary.
GOSS.—On July 14, at Heavitree, Exeter, James Goss, M.R.C.S.E., formerly of Bishopsteignton, aged 78.
KAYE.—On July 22, at Stand Lane, Radcliffe, Lancashire, Ralph Holt Kaye, M.R.C.S.E., aged 72.
MOULD.—On July 28, at Plymstock, Devon, William Pattison Mould, M.R.C.S.E.
OSMOND.—On July 25, at Thorpe-le-Soken, Essex, Thomas Osmond, M.R.C.S.E., aged 37.
RIGBY.—On July 24, at North Road, Preston, John Rigby, M.R.C.S., aged about 50.
WEBER.—On July 30, at Green Street, London, S., C. A. Weber, B.A., B.Sc., son of Dr. F. Weber, aged 25.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 13, 1879.

CONTENTS.

PRESIDENT'S ADDRESS

DELIVERED AT

THE FORTY-SEVENTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

Held in CORK, August 5th, 6th, 7th, and 8th, 1879.

BY

DENIS CHARLES O'CONNOR, A.B., M.B.,

Professor of the Practice of Medicine in Queen's College, Cork.

MY PROFESSIONAL BRETHREN, MEMBERS OF THE BRITISH MEDICAL ASSOCIATION,—I wish I could in suitable terms convey to you my deep sense of gratitude for the honour you have conferred on me by electing me to be your President. The gratification which I should feel on receiving this honour is, however, associated with a consciousness of my demerits, contrasting myself with the distinguished men who have filled this chair up to its latest occupant, Dr. Falconer, whose urbanity, courtesy, and high professional rank, largely contributed to the success of last year's meeting at Bath; but, above all, when I remember that the last and only meeting in this country was presided over by Dr. Stokes, whose name is fresh in the memory of every Irish physician, whose talents shed a lustre on his profession and country, and whose virtues—simplicity, truth, and honour—made him the idol of all those who had the happiness of his acquaintance. As I cannot deceive myself with the belief that I owe this elevation to superior learning or professional eminence, you, perhaps, give me credit for qualities of a less elevated character, which would enable me to represent worthily the dignity and decorum which will be sure to characterise your proceedings. The keystone of an arch is an important part of the structure, solely because by its position it establishes an equilibrium between opposing forces. The chairman of a meeting exhibits a similar passive resistance, in moderating the expression of contradictory opinions and preserving the calm necessary for the discussion of great subjects.

Of one thing I am certain that, whatever defects or errors may be seen in the execution of my official duties, they will meet with a favourable construction—more especially from the most distinguished members of my profession. The most charitable critics are those who themselves are beyond the reach of criticism.

Some of my predecessors in this chair, on occasions like the present, thought well of pointing out circumstances of interest associated with the locality of the meeting. In a few brief words, I will follow their example. Though you have not come hither for æsthetic enjoyment, still, the surroundings of Cork, which Spenser called the "beautiful citie," must attract your pleasurable notice on every side. This, added to the mildness of the climate, makes the vicinity of Cork an agreeable as well as valuable winter health resort. In this character it is associated with Queenstown and Glengarriff, which has recently acquired a high repute. The sanitary condition of the city is exemplified by the low death-rate, and the gradual disappearance of typhus, which in the last century appeared every seven years; in the early part of this century, every ten years; and now, since the famine fever, we have had but one outbreak of any severity, and that nearly fifteen years since. We owe this to the admirable supply of pure water, and to an extensive system of sewerage, provided by the Corporation. I am far from saying that there is not still much to be done by the sanitary authorities. Pure air and pure water are not useful solely in preventing epidemics; they are also necessary for the preservation of a general healthy condition of the system.

It might not be without interest to mention that, a few paces from where this meeting is being held, stood Gill Abbey, one of those collegiate monasteries so famous in this country in the eighth and ninth centuries, to which, according to Camden and Venerable Bede, "the gentry of England flocked as to a mart of learning," and "which sent forth swarms of holy men all over Europe, spreading learning and religion." We see some resemblance to that happy period in this meeting, when Englishmen come hither to repay, with great interest, any literary indebtedness their ancestors might have incurred. I do not refer to this oasis in Irish history, as families in re-

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duced circumstances display the portraits of distinguished progenitors, but rather to stimulate the present generation to imitate their great ancestors, and, like them, to seek distinction for themselves and their country in the practice of virtue and the cultivation of learning. Though entering late in the race of civilisation, if we take this city as affording an example of the general result, we will be found to have made rapid advances in a short time. Many years of this century had passed before any arrangements were made for the education of the poor, especially of the male sex. Now, nine thousand children are receiving gratuitous education—in some instances of the highest order. It may be paradoxical, but it is true, that in these instances it is better than could be obtained for any amount of payment. It is creditable to this city that it freely taxes itself for the support of a School of Design; and that it is the only city, as I understand, that pays a tax for the support of a Musical Academy. It has contributed a few distinguished names to the roll of British artists, in James Barry, Macalise, and Hogan; and to literature, in Magin, Father Prout (Mahony), and Justin McCarthy; and to both, a large number whose reputation is not so widely known. In sympathy with the poor—the highest function of civilisation—it will be found that ample progress has been made in this city. Within a very few years, ten different asylums have been established—for orphans, for the aged, or those who have strayed outside the confines of morality in early life. Five new hospitals have been opened, in addition to those already in existence. This has emanated, not from humanitarianism nor from utilitarianism, but from the spontaneous outpouring of christian charity. I make no distinction between different religious denominations. Happily the barriers that separated these have been removed, and, seeing each other from a nearer point of view, men have found good citizenship and brotherly love where they expected to meet aversion and hostility. The same good feeling has been manifested of late in the courtesy shown towards each other by the different sections of the Corporation; and may we not believe that it is owing to such teaching and example from the affluent, that serious crime is almost unknown in this city; and that, for more than half a century, no High Sheriff was under the necessity of carrying out the extreme penalty of the law within this borough?

Having, I fear at too great length, referred to the physical aspect of the city which you have honoured with this visit, and to the social and moral condition of its inhabitants, as they appear to me, I must proceed to make some observations on the composition and objects of this Association, which must appear trite to all but the most junior members or such of the public as take an interest in our proceedings.

When several thousand men, many of them the most distinguished and honoured in their profession for genius and learning, are banded together for one common object, we may readily assume that object to be large, comprehensive, and benevolent; and what purpose of greater magnitude can occupy the human mind or stir the human heart than the effort to lighten the burden of sickness and misery, and to defer the inevitable death in which we all have a common inheritance? In forwarding this work we follow the instincts as men, obey our duty as physicians, and receive a divine sanction as Christians. It can then be well understood how so many, leaving their homes, crossing the seas or ocean, have come hither to unite in this common brotherhood of benevolence. I only hope that the success of this meeting, by increasing our knowledge and diffusing throughoutthe entire medical community sound principles to guide our practice, may be the reward of their sacrifices.

A hasty survey of the composition of this Association, the brilliant genius of many of its members, and their continuous labours from year to year, would lead to a feeling of disappointment that greater results have not followed, which would place medical doctrines on a firm lasting basis, rendering them free from doubt or controversy. This mode of thinking arises from comparing medicine with the physical sciences, in which all phenomena may be traced to a few general principles. Such complete generalisation is not to be expected in the science of vital phenomena, with such multitudinous details, varying under the influence of an equal number of circumstances. Still, to this end have been directed all our labours, hitherto attended with ever-increasing approximation. We are not to reject what is useful because of the garb in which it is presented to us. Even in physical science isolated facts were availed of for the benefit of mankind when the theories which explained them were still erroneous. Sailors could navigate their ships before the time of Copernicus, and the movements of the heavenly bodies were understood before Newton explained the cause, while the manner in which this cause acts is still a mystery, and the greatest mathematicians lament the shortcomings of their most accurate science. All knowledge appears to be but a fragment of truths beyond our reach. It is so with medicine. We can learn from sacred scripture as well as from Homer, the estimation in which our profession was held from the earliest dawn of civilisation. If we had no other guide but the works of Hippocrates, our art would still be a great boon to mankind. The discoveries of Harvey, Jenner, Hunter, and Laennec, have each after the other added to our stock of knowledge, but did not efface what had previously existed. We are here to follow in their footsteps with the light they have shed on our path, and with aids to the investigation of physiological and pathological phenomena which they did not possess. A new point of departure has taken place in the application of the microscope to ascertain the minute structure of organs, and the changes made in them by diseases, which has already produced splendid results. It need not, however, be feared that you will not have a sufficient scope for your labours, when the origination and transmission of nervous power is still undiscovered. The limited nature of our powers of observation and the vastness of the fields for discovery will for ever furnish fresh objects to stimulate the human mind and preserve it from stagnation, which is equally destructive of mental and of physical energy. If thus mental activity find stimulants to its energies in the cultivation of other sciences, how much more should it be in medicine, which may be called the science of sciences, not alone from the importance of its aims, but because every branch of natural knowledge is made auxiliary to its development, whilst the boundaries between physics and physiology are every day disappearing, until the latter has become almost a branch of the former—its laws arranged with supreme wisdom for the production of vital phenomena. When the subjects to be investigated are so many and so diversified, we can see the necessity of such an assemblage as the present of men with minds equally diversified in character, each fitted to develope some particular branch of knowledge, and all uniting like converging rays of light, to illuminate the path of the practical physician. In this the economy of a division of labour is perceptible in nature's design as in the ordinary affairs of life.

Some there are who are destined by their nature to increase the stock of human knowledge. Uninfluenced by self-interest or personal ambition, seeking no other reward but the gratification of an instinct, fed by a hope of ultimate success, not disheartened by failures or by adverse criticism, they labour onward till through the darkness a light is seen breaking, which reveals to their receptive minds, as an established truth, that which was before an unsettled theory or a happy conjecture, and clearing away difficulties which for ages disturbed the minds of medical inquirers. In all the great centres of thought, though divided by space, still united for a common object, such men have by their joint labours within the last half-

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century, raised a solid superstructure of physiological and pathological knowledge which has all the characteristics of a true science. The briefest reference to the subjects which have been undergoing investigation by members of this Association since its last meeting (embracing the most important and abstruce problems in medicine) would show that they are imbued with the same disinterested zeal, and filled with the same lofty ambition as those to whom I have referred. They do not, however, constitute a large section of this Association, and would not of any similar assembly. *Non omnia possumus omnes*—we cannot all do all things, but everyone can do something towards the common object. For the practical man—the everyday working physician—there is presented the important duty of collecting facts from which the man of genius will derive general principles, and thus assist in bridging over the large space which divides physiology and pathology from practical medicine. To make a good syllogism with physiology and pathology, as major and minor premisses, and the treatment of disease as the conclusion, remains still the difficulty to remove which all our energies are directed. Theories founded on imperfect generalisation cannot be adopted in medicine with as little injury as in other sciences. It is of no consequence to the student of optics whether the undulatory theory of light be true or false, or to the astronomer whether the Copernican system is capable of mathematical demonstration; but it is of great moment to the physician as to whether alcohol is a food or merely a stimulant—whether it is entirely or in part, or not at all, consumed in the body; and still contradictory statements of this kind have been propounded for the last twenty years in succession, each professedly founded on experiments. In this instance, as in many others, error passes by a species of exosmose to the general public, who adopt the views most agreeable to the senses, believing alcohol to be indispensable for the cure of all diseases, and for sustaining bodily health and mental energy. Happily the timely declaration of two hundred and sixty of the most eminent London physicians—which might be printed in letters of gold—has placed the question on its true basis, stating that, "while unable to abandon the use of alcohol in *some* diseases, no medical practitioner should prescribe it without a sense of grave responsibility, and with as much care as any powerful drug."

This and several other instances show that, although practical men should bow to the declarations of science, they should hesitate before accepting unfinished generalisations, which a fresh experiment or a newly ascertained fact might destroy. Even deductions derived from experiments on animals, to test the effects of medicines on the living organism, though of great value, must be received with a certain amount of caution—justified by the fact that certain deadly poisons for man are nutritive food to some animals; that zymotic diseases are not intercommunicable between men and animals, or rarely so; and that even age and idiosyncrasies modify the effects of medicines, so as to make it uncertain as to what may be the effects of a given medicine in one case when we see its effects in another. Add to this the unnatural condition in which the animal experimented on is placed. How modestly, and at the same time philosophically, does Dr. Rutherford express himself on this subject. After "fourteen hundred hours of hard labour," spent in his investigation, he says, "the experiment on the healthy liver of the dog, on the normal and abnormal human liver, are three sets of experiments closely related, but still distinct. The facts derived from any one of the three cannot be substituted for either of the other two. Each set of facts has its own proper place, and must be kept there." And then he advises the clinical observer to test in his practice the deductions derived from experiments on animals. We can thus see that, in the deliberations which will take place in the sectional meetings, there is a place for the purely practical as well as for the scientific man. Their views test and are tested by each other. Rationalism enlightens empiricism, and enlightened empiricism is a check—a drag-chain—on hasty theorising, from which medicine suffered so much injury through its whole history. Much as science has accomplished in establishing the physiological action of many medicines previously used empirically, the practical physician must still in most cases be guided by the results of the combined experience of wise men, free from egotism, vanity, self-interest, or other passions which cloud the judgment and prejudice its conclusions—while always hoping for and striving after a full knowledge of the relation between the medicine and its physiological effects. There are many diseases entirely under the control of medicines, others only partially and indirectly, and a third class, zymotic diseases, in which we can only apply our treatment to the cure of symptoms and regulation of functions, leaving to Nature the task of bringing the disease to a favourable issue. I believe that all attempts to cut short these diseases are fruitless or injurious.

In the early part of this century a different opinion prevailed, and attempts were made to arrest fever by strong purgatives and bleeding. This violent treatment was soon discontinued, but I cannot help thinking that there are again signs of a return to the old heroic treatment, when, in a work of the highest repute, I find it recommended to begin the treatment of typhoid fever with four doses of calomel, of eight grains each, six cold baths in twenty-four hours, twenty-seven to forty-five grains of quinine, to be given frequently in the course of the disease, and twenty-two grains of digitalis as an ordinary dose. We walk in darkness with a slow and cautious step; but here, where we are utterly ignorant of the processes by which the poison is eliminated from the system, we are recommended to give medicines which would test the constitution of one in perfect health. This treatment, though recommended by deservedly high authority, has not as yet found favour in this country, where confidence in the curative powers of Nature in this class of disease still prevails. When we see the care with which each bodily organ is protected, and the wisdom with which the functions are regulated for the preservation of life, we cannot believe that Creative power which arranged those things so wisely would send the finished work adrift to combat with destructive forces without prearrangement for reparation in case of injury, internal as well as external, in fever as well as in fractured limbs, or in union by the first intention. The physiology of health is not more wonderful than what may be called the physiology of disease, by which disturbed functions are restored to their normal condition. It is not a humiliating office for the physician to study the means by which Nature accomplishes her ends, and, as far as his knowledge permits, to imitate her. I know the assertion of a *vis medicatrix naturæ* is now nearly obsolete, and equally so the seeking of primary causes for vital phenomena. These old-fashioned ideas have been extinguished by modern philosophy, which asserts that all organisation and its operations are the result of blind chance, without a mind to fashion or to guide them. The physician, with his opportunities for observation, must be blind indeed who does not see beyond this darkness a clear light, showing him that all Nature has been conceived and formed in beauty and order, the result of a divine purpose, directed by divine benevolence.

Whatever differences there may be in the expression of our views about treatment, or whatever disputes about theories, when we meet disease in a concrete form, in a fellow-man appealing to us for help, minor distinctions disappear, and we find we have been differing in words, not in substance; and as happens in cities, from frequent consultations, there is a levelling of extreme views, and an unwritten practice of medicine becomes established. The chaff is scattered to the winds, and solid truth remains. "*Opinionum commenta delet dies; naturæ judicia confirmat.*"

Whatever drawback the physician might feel on the pride and satisfaction which ought to attend the practice

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of his profession, there is none from the study of Hygiene and the enforcement of its principles on governments, corporations, and the general public. Here he is the more than disinterested servant of humanity, elevated far above the ordinary pursuits of professional life. Much has been accomplished by legislation since Jenner reversed the sentence of death or deformity pronounced against millions of the human race, removing the dark shadow that hung over every cradle. Still this great science is only in its infancy, and must ultimately sweep from the nosology most preventable diseases. A most important branch of this subject—"Personal Hygiene"—is not influenced by legislation, each individual having the power of obeying or violating its laws, at his discretion—guided on the one hand by his intellectual and moral faculties, and on the other yielding to the cravings of his animal nature; the one tending to elevate, the other to depress and degrade, by subjecting the will to sensual gratifications and emotional instincts. The physician, in his private consultations, is the lawgiver in these cases; and never does his profession afford him greater power of doing good, by enabling him to give advice to each patient as to the food suitable to his age, occupation, and circumstances in life, as to the danger of luxurious living, and the deceitfulness of the senses, ever craving what is pleasing instead of what is useful: above all, by counselling extreme moderation in the use of stimulants, if they should be required at all. And when we find how weak a man's nature is to resist animal enjoyments, particularly the weakly, the miserable, and the poor, who are willing to purchase an hour's exultation of their depressed spirits at the cost of many hours' misery; and how impossible it is to stop the downward course (*facilis descensus*) once begun; we will find many to whom we may advise absolute restraint, and thus counteract the vitiated opinion which prevails amongst the public, that stimulants are useful in every form of disease—every derangement of health—which they commence to use as a cure, and continue as a poison. I cannot avoid speaking strongly on this subject, knowing the widespread destruction resulting from these erroneous views.

Having referred "feebly, I fear, and only in obedience to official custom," to some of the objects of the Association, I must conclude with a few remarks on the influence these meetings are calculated to produce on the personal and professional character of its members. It must stimulate the industry of each of us to see men from the remote corners of the earth, of different nationalities, speaking different languages, assembling, ready to lay down their prejudices, if any exist, or offer up any increase of knowledge they may have attained, at the common altar of science, in order that through all civilised nations there may be a uniformity of opinion and practice. The old man, no longer "*laudator temporis acti, castigator censorque minorum*," enters into free discussion with his younger brethren, claiming no consideration except what may be conceded to his knowledge. Perhaps his slowness to adopt new views, or unwillingness to discard old opinions any more than old friends, may temper the heat of the youthful mind which Horace, the Shakespeare of antiquity, describes thus: "*Colligit ac ponit temere et mutatur in horas*," each mind being thus the complement of the other; nothing is adopted merely because it is new, and nothing rejected for being old. The physician whose name has already reached the temple of fame, to be its permanent inhabitant, comes hither to have his opinions tested by the humblest member of the profession; and thus many, who have hitherto been contented with routine knowledge, will be stimulated to enter on a renewed course of study. We should always feel that, though receiving no supernatural mission, we have assumed responsibilities that attach to no other calling. We profess to be ready, night and day, to meet all emergencies. In the army, the officer when on duty is punished doubly for any offence or negligence committed; but the physician is always on duty, ever in actual combat: the enemies being disease and death. In years gone by, the physician asserted the specialty of his calling by pretentious peculiarity of dress. This generation does not tolerate class distinctions of this nature. By levelling up and levelling down, the gentleman and his groom, the young lady and her brother, have become very much alike. Still there is a dignity without pomp, a dignity associated with humility and simplicity of character, which the physician should possess, making him ever feel that society and his profession have a claim on his conduct and actions. His ministrations to the poor, in dispensaries and hospitals, if he would only spiritualise his motives, would raise him to the highest dignity attainable by humanity.

To show the estimation in which our profession is held by many outside of it, I will quote a few words from an English divine, Father Faber. Writing of St. Luke as a physician and painter, he says: "There is something kindred in the spirit of two occupations. The quick eye, the observant gentleness, the appreciation of character, the genial spirit, minute attentiveness and sympathising heart, the impressionableness to all that is soft and winning, weak and piteous—all these things belong to the true physician. He is the minister of love, not of fear, vested with a sympathetic office of consolation, which seems the more tender and unselfish because it is official." Few there are who could claim this portrait as their own. Still all should labour towards this ideal, however exalted. Unless the heart be kept warm by sympathy, familiarity with suffering will make it hardened; and the physician becomes a skilful machine, deprived of all moral enjoyment in his actions. Never could it be more necessary that our minds should be pure, and our motives exalted, than when entering on the work of this Association. There is something solemn in the deliberations of large assemblies, which, like the force of gravity, attract individual opinions as to a common centre—rendering it all the more necessary that unalloyed truth, wisdom, and benevolence should characterise our proceedings. And, returning to your homes, this meeting may be ever associated in your minds with a recollection of duties conscientiously discharged; of the friendship of early life restored, and of new ones formed on mutual respect, similarity of tastes and pursuits; and of renewed devotion to the advancement of our great profession and the welfare of its members.

Allow me, before I conclude, to avail of this the first opportunity presented to me to express, on behalf of the profession in this city, our pride and satisfaction at the alacrity with which our fellow-citizens have come forward, in spite of adverse circumstances, to do honour to this Association on their arrival amongst them. In acting thus, they will transmit to a future generation the character for hospitality and respect for the stranger inherited from their ancestors. You have only to look through the College, at the excellent arrangements made for holding the various meetings, to know that there is another person eminently deserving of our gratitude, namely, the President of the Queen's College, who has never ceased, by counsel and by action, to aid us in the preparations for this meeting, as he does in every movement calculated to benefit his fellow-citizens. How can I speak, without apparent exaggeration, of the exertions of Professor Jones in promoting the arrangements necessary for the success of this meeting? When he first proposed inviting the Association to Cork, I was nervous and alarmed at the magnitude of the undertaking; but I soon became aware that he made no miscalculation, and that he was able to realise his original promises by unceasing energy, tact, and thorough knowledge of the subject. He was not only the first to suggest the invitation to Cork, but the first to form a local Branch in Ireland, thus establishing a cordial union between the members of our profession in the two great divisions of the empire. For myself, I have to express to him my warmest thanks for saving me much trouble and anxiety; and I am sure I can express the same feeling on behalf of every member of the profession—Honour to whom honour is due.

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AN ADDRESS DELIVERED AT THE OPENING OF THE SECTION OF MEDICINE,

At the Annual Meeting of the British Medical Association, in Cork, August, 1879.

By ANDREW CLARK, M.D., F.R.C.P.,
Physician to the London Hospital; President of the Section.

MEDICAL EDUCATION—PRESENT STATE OF THERAPEUTICS — PROSPECTS OF EXPERIMENTAL INQUIRY.

It has been the practice of the previous occupants of this chair to open the proceedings of the Section by a general address. Usage has transfigured this practice into a rule, and now with very limited time at our disposal and important subjects pressing for discussion and promising in manifold ways to repay it, I am constrained by the forces of custom and expectation to make sacrifice of some precious time at the shrine of this Procrustean tyranny.

When I examine the addresses of my predecessors, I find them occupied in setting forth the dignity of medicine, the greatness of her achievements, her increasing services to mankind, the spirit in which she is to be cultivated, and the self-sacrifice demanded of her cultivators. They are all stately hymns of praise. There is not in one of them a hint of imperfection or a thought of wrong. What completion, what perfection, what greatness has this medicine? How good a thing it is to be numbered, however humbly, in her ranks! There we can rejoice in the thoughts of the furthering of knowledge and in the doing of good. There our satisfactions need have no checks from doubts, from reproaches, or from fears. There is our Utopia. Come let us extol and give thanks.

And who, understanding the difficulties, the responsibilities, and the anxieties of medicine, who knowing her toils, her sacrifices, her triumphs, and her meagre rewards, would grudge her liberal tributes of grateful praise? No one with any pretensions to a just and generous mind. Surely not I. As her merits are beyond measurement, so let her praise be without stint. But there is another side to considerations of this kind, and it may not be forgotten without serious peril. Medicine cannot stand still. Changes go on within her, changes inseparable from her history go on around her, and they are not always either parallel or congruous. And yet, if medicine is to advance, they must be continuously re-adjusted and harmonised; left unadjusted from blindness, from indolence, or from calculations of self-interest, medicine must decline. Nothing in this matter contributes more to imperfect vision as well as to imperfect action than self-satisfaction. In professions, in individuals, and in peoples alike it is an obstacle to progress and a prelude to decay. He, therefore, who truly loves his profession will not fail to warn her of this peril, to remind her that she has defects to make good and errors to correct, and to show her that in the pursuit of an ever-widening ideal alone can she find the fulness of her knowledge and strength of her larger uses to the race and of her just honour among men.

In the medicine of these days, there are many topics, both of polity and of practice, which urgently demand and would amply repay the fullest consideration and discussion. But on the present occasion neither will time nor circumstances permit the free handling of even one of them. I must content myself with merely touching upon a few of the more important, and with hoping that I may excite in minds abler than my own such an interest in their further consideration as will lead to their juster settlement.

There are three questions upon which I desire to offer reflections. They are the questions of medical education, of the present state of therapeutics, and of the prospects in this country of experimental inquiry.

Now, as respects this question of medical education, it seems to me to be in a gravely unsatisfactory condition, and to require the immediate and earnest attention of the profession. Jostled on the one side by quackery, and on the other by science, it is failing in its true work of training students to be sound practitioners of the art of medicine. Medicine is an art, and its end is practice, and the worth or worthlessness of any system of education must be tried by the degree in which it helps or hinders this end.

Tried by this test, the present system of medical education is, for the following, among other, reasons, found wanting:—

1. That, whilst it has added to the curriculum and enlarged the range of examination, it has left the time for study the same. This is destructive of that thoroughness in learning which should be a prime object in education.

2. It has introduced into the curriculum, or it has left in it, subjects difficult to acquire, worthless as mental gymnastics, useless in practice, and speedily forgotten when acquired.

3. It makes no sufficient separation between the various stages of medical education; it permits the one to interfere with the other—the lowest with the highest, so that when the student should be in the wards studying disease and the effects of remedies, he is somewhere else committing to memory botanical characters of plants or the complex formulæ of chemical compounds.

4. It does not enforce the regular attendance of students in the wards; it does not require them to take a personal share in the clinical work; and it does not insist upon a period of unencumbered practical study sufficient for the acquisition of that knowledge of disease and remedy which should never fail upon an emergency and be always ready for immediate use.

5. Its examinations are so constructed, or have acquired such a construction, that they determine the nature, character, and extent of the previous instruction, and that the student when he has passed them finds himself in possession of knowledge which he does not need, and lacking that which he should have acquired in the wards, and which, now leaving the hospital, he cannot afterwards obtain. Almost no future industry and almost no experience in private practice will ever fully compensate for defective clinical study and training in the hospital wards, when the mind is plastic, and the student learns disease as a child learns speech.

6. It sanctions imperfect and even vicious methods of teaching. The student is told, not taught. The teacher describes rather than demonstrates; and, instead of making the student follow him step by step in his methods of observing, collecting, comparing, testing, and recording facts, and of reasoning thereon, the teacher leaves them to be learned by being described, forgetful that they can be learned only by being practised.

7. Careless of the manner in which knowledge is acquired, and sceptical as to the permanent educational value of discipline, training, and habit, it makes examination the test of fitness, the answering of questions at intermittent periods an adequate guarantee of continuous practical work.

8. The main tendency, then, of the present scheme of medical education is to give students smatterings of scientific knowledge at the cost of that thorough knowledge of their art which is essential to its successful exercise.

It will, doubtless, be objected to any scheme proposed for remedying the defects and correcting the errors of the present system that it will injuriously restrict the limits and degrade the character of medical education, and that it will hinder rather than help the development of scientific as opposed to empirical methods of inquiry. But such objections spring from misapprehension of the aims and end of science. Science is not a subject; it is not an object. It is merely a regulated method of inquiry in a certain attitude of mind into relative truth and its conditions, and is the same in its nature and its uses, whether dealing with the problems presented by sickness in man, or with the problems presented by catastrophes in the crust of the earth.

There is a cant in science as well as in religion, and both are alike base and baleful. Surely nothing can be more unscientific than discursive dabblings in many subjects. Nothing can be more scientific than the training of the mind to habits of minute, careful, and methodised observation and registration of the phenomena of disease. Nothing is more ignoble than ignorance of the calling which we profess to know and are trusted to exercise. I, for my part, shall continue to believe that the physician, in investigating the phenomena of disease, and the laws which regulate their association, succession, and issues, may be as truly scientific, and may become as highly cultured, as any chemist in speculating upon the constitution of organic

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radicals, or any astronomer in calculating the times and distances of unknown stars, or any natural philosopher who, from his inquiries into matter and force, propounds conclusions opposed to the ineradicable instincts of the human race.

I turn now for a few moments to the second question upon which I proposed to touch—that is, the present state of therapeutics.

When, but a little while ago, Sir William Hamilton asked quite seriously if the practice of medicine had made a single step in advance since the time of Hippocrates; when we hear that the leaders of medicine both here and abroad are sceptical of the curative influence of drugs upon disease; and when we know that experienced practitioners are divided in opinion as to the effects upon the body of the commonest medicines, we cannot doubt that this, the highest department of our art, and one of its chief ends, is in a backward and unsatisfactory condition, and demands, like the question of education, the serious consideration and action of the profession. Beyond the inherent difficulties of the subject, which are undoubtedly many and great, the reasons of this lie near at hand, and are not difficult to discover.

In the first place, although there are many and excellent books on the actions and uses of drugs, there does not exist, as far as I know, with one exception, any treatise on therapeutics in the full sense of that term; neither do I know of any physician of experience and authority who teaches the subject. What is taught in the schools is materia medica; and it is taught at a period in medical education when the knowledge of the natural history of diseases, which is the fundamental starting-point of therapeutics, and the true criterion of therapeutical success, is almost a blank. Of some forms of acute disease—of pneumonia, for example—we have trustworthy and almost sufficient knowledge; but of the natural history of most chronic diseases; of their course from first to last; of the modes in which the organism, uninfluenced by drugs, and favoured only by the conditions of health, deals with these maladies in their origin, in their modes of progression, in their influence upon other parts, and in their issues either in recovery or in death—we know almost nothing, and certainly not enough for the commonest purposes of the therapeutic art.

In the third place, we have no trustworthy knowledge, and therefore no distinctive teachings, of the respective provinces and powers of nature and of art in bringing about recovery from disease.

In the fourth place, we have to exact information as to the conditions in which, when Nature unaided fails to bring about recovery, we may employ the known physiological properties of drugs with any sure prospect of success. This is the province of physiologal therapeutics, and in whatever quarter or from whatever point of view we examine it, there appears the richest promise of future discovery.

In phthisical patients attacked with bronchitis there is a condition of the bronchial mucous membrane fraught with peril not only to the lung, but to the life of the patient. The membrane is congested, swollen, dry, and coated with a thin, but tenacious and irritating, secretion. This condition may continue for days, producing fever and paroxysms of ineffectual coughing, which exhausts the strength of the patient, and puts him in peril of hæmorrhage. In ordinary cases nature brings about relief by free secretion from the affected membrane. In the cases under consideration, nature fails, and the problem is, how to induce this stage of free secretion, which our knowledge of the natural history of the malady assures us will bring speedy relief and safety to the patient. Here becomes available our knowledge of the physiological properties of drugs. There are several that will excite free secretion from the bronchial mucous membrane. There are, for example, ipecacuan and antimony. The latter is the better, and if we give a twenty-fifth of a grain of it every hour, the mucous membrane, after a dozen doses, will begin to secrete, the patient's cough will become looser, and he will cease from suffering and from peril.

In the fifth place, we have no accurate account of the phenomena, physiological, pathological, or chemical, which accompany the administration of remedies, the effects of which are in some degree certain, but the modes of action of which are utterly unknown. This is the province of empirical therapeutics, and one which would have speedily enlarged but for the checks which unhappily have been put upon experimental investigation by the hysterical clamour of sickly-minded humanitarians.

In the sixth place, there exists an assumption which, in any general sense, is at once unproved and doubtful, that the physiological effects of drugs upon living textures or organs in a state of health are identical with the effects of the same drugs upon textures or organs in a state, and in almost any state, of disease.

In the seventh place, there is the almost absolute neglect of any comprehensive and connected cultivation of animal chemistry in its relation to pathological and therapeutic processes. And yet it is certain that chemical changes accompany, if they do not determine, the genesis, growth, development, retrogression, and recovery, not only of every pathological condition. Nor is it improbable that chemical changes due to chemical errors are the initiative and constituent factors of many diseases. Indeed, the problems presented by diabetes, acidity, liathiasis, oxaluria, gout, rheumatism, intra-vascular blood-clotting (inopexia), and fevers, require for their solution but a slight advance of our knowledge of the chemistry of nutritive metamorphosis. In rickets it has been found that the bones and the tissues immediately investing them contain lactic acid; and it has been supposed, with some show of probability, that it is to the solvent action of this substance that the disappearance of mineral matters from the rachitic bone is due.

In the eighth place, there is the strange and fantastic theory, that diseases are immutable, and that the types of morbid action are for ever the same—that out of certain conditions in the early history of the race and its environments, never to recur, diseases arose, were stereotyped, and have retained their primitive characters up to this day.

But to accept such a theory as this would be to make the better part of historical and scientific knowledge impossible, and to cast us back into the ages when observation, experiments, and reason were the slaves of authority and superstition. Undoubtedly there are affections, such as colic and catarrhs, which have been common to man, and which have retained their likeness from his birth until now. This, however, is but a fragment of the truth; and when one comes to examine with a critical understanding the history of the race, and the moral and physical agencies influencing it in its progress through the successive ages of the world, we are forced to admit that diseases have come and gone, that successive epochs have had their characteristic maladies, that different regions of the globe possessed their pathologies as well as their floras, and that the disorders of man took form and character and colour from the changing climates and civilisation in the midst of which he dwelt, and of which, in a cosmical sense, he formed a constituent part.

Indeed, from a theoretical point of view, all this must be so; nay, it is even demonstrable that it is so. Man, in his journey through time, has been witness to the most stupendous terrestial revolutions; the lineaments of the globe have oftentimes changed; seas have taken the place of continents, and continents of seas; races of animals have arisen, have flourished, and have become extinct; arctic cold has been displaced by tropic heats; scorching droughts with endless rains; tribes, and peoples, and nations, with their varying barbarisms and civilisations, have passed across this mighty stage. Change has followed after change upon the earth, until now its physiognomy and its climate have become so transfigured that, if its earlier denizens were to revisit the scene they would no longer recognise it as their primeval dwelling-place.

How then is it possible, in the midst of all these cosmical, terrestial, and human changes, that the disorders and the diseases of man alone should remain unchanged? By what show of facts and arguments can this pathological immutability be explained and vindicated? By none, I think, capable of sustaining a just criticism. But what may be conceded to indefinite duration may be denied to the narrow age in which we live. Geological epochs may count for something in their influences upon the human constitution, but the span of modern civilisation for nothing. This position also, I think, is untenable. We are living at a time, in conditions, and under influences when, with a carefully trained eye, we may see that the human organism is readjusting itself to its progressively-varying environments. The man of to-day is not the man of two hundred years ago. The nervous system, cultivated in every direction, and

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strained and hurried by an intenser life, has assumed almost new relations to the other parts of the organism, altered the complexion of accustomed diseases, and engendered disordered states unknown to the literature of the past. The syphilis of Jean de Vigo, and even of Collis, is so little like the syphilis of these days that the accuracy, and even the veracity, of those writers might not unwarrantably be questioned. There was a time when it was not, and its later history justifies the hope that a time when it will cease to be. The groups of nervous affections which cluster round an intensified physical self-consciousness were unknown even to Whytt, and yet they constitute a large and growing proportion of the troubles which afflict the more highly cultivated men and women of the present time.

In the increasing duration of the menstrual epoch, in the greater age to which powers of mental work are prolonged, in a slowly-deepening intolerance of alcohol, in the steady growth of our comparatively new sense of the beauties of nature, in the expansion of our capacities for scientific inquiries, and for abstract discussions, in our views of the foundations and force of ethical relationships, and in our perfect tolerance (signalised by some flagrant exceptions) of intellectual and religious freedom, we see evidences that the race is undergoing a constitutional change; and we know that this change must modify the diseases and the treatment of the diseases of mankind.

But I must hurry away from this attractive, although outlying, part of my subject to say, in the ninth place, that another fertile source of failure in therapeutics is the absence of an adequate recognition of the enormous influence exerted upon disease and its treatment by all that is implied in the individuality of the patient—by hereditary temperament, education, habit, the prevailing attitude of mind to the future, and all the circumstances of the higher life. There are few principles in medicine, and, in this sense, it is certainly one among the most unprincipled of arts. Every case is a law to itself, and contains within itself the conditions for its own management. It is the quick perception of these conditions, and the ready and happy use of remedies for their control, which makes skill in therapeutics. Lastly, there lies a serious hindrance to therapeutic progress in a still prevailing looseness of therapeutic investigations, and in a painful want of accuracy in recording the results of these. One cannot review the therapeutic history of the last quarter of a century, without experiencing a feeling of shame, as well as of sorrow, for the pretentious and baseless statements with which it abounds. A few crude and ill-digested experiments upon animals, supplemented by some equally crude and undigested observations on man, tricked out in the phraseology of science, surrounded with much parade, devoid of accuracy, completeness, or strength, make up the substance of many of these scientific investigations; and their conclusions are committed to the profession, in words of sublime audacity, with as much confidence as if they were the conclusions mathematically demonstrable of chemistry and physics. The authors of such statements as those to which I allude are not merely intellectually, they are also morally, deficient; and, if a just criticism lived among us, they would be scourged into becoming silence. We long for the advent of another Socrates, who shall put these sciolists to a pitiless cross-examination, and prove to them out of their own mouths that they have nothing in them of the spirit of science, and know not even the true meaning of the name which they appropriate and desecrate.

And now, with a few more words upon the subject of experimental inquiry, I shall cease to trespass upon your indulgence.

I believe that it is to experiment upon animals, in some shape or another, that we owe the bulk of our recent gains in medicine; and that it is to experiment, aided by practical chemistry and physiology, that we shall have to look hereafter for our most substantial additions to the knowledge both of the nature and of the treatment of disease. "Its importance, indeed, cannot be overrated; for through its help we shall have often to look for the criterion of uncertain doctrines, the solution of unsettled problems, the organisation of fresh inquiries, the annexation of outlying truths, the discovery of unknown facts and laws." (Dr. Andrew Clark's Introductory Address, 1876.)

Undoubtedly experiment has also its other side; and, disregarding its inherent difficulties, which are neither few nor slight, it is beset with dangers which must be watched with a jealous eye and guarded against with a firm hand. By the *prestige* of precision, often unmerited, which they carry with them, experiments sometimes cover the most flagrant errors and give currency to false or inadequate generalisations. Even when every precaution has been taken to secure precision and accuracy in every particular, it cannot safely be inferred that the results of certain experiments upon animals will be identical with those which would happen in man submitted to like conditions. Nor, without other authority, would it be justifiable to use those results in the explanation of physiological, pathological, or therapeutical facts; for, however numerous may be the results of experiment, however important may seem to be their bearing upon the progress of science, they will be of no avail to medicine, and it will not be safe to use them in her service, until they have been filtered through the checks and counterchecks of clinical experience, and have responded to the tests and countertests of clinical trial.

Now, experiments cannot be performed on animals without the infliction of suffering; and we, whose lives are spent in aiming at its relief, ought not to be indifferent to this inevitable and painful fact, nor regardless of the solemn responsibility which its existence imposes upon us. I rejoice to believe that we need not reproach ourselves for this sin; and that, as a body, we have never transgressed the limits set to our inquiries by the order of nature, the exigencies of human suffering, and the sanctions of wise and good men.

Three years ago, a certain section of the public thought otherwise; and, by dint of clamorous outcries against our humanity and the circulation of accusations of cruelty either exaggerated or false, forced the Government into a hasty legislation, which, whilst it permitted the show, sacrificed much of the substance, of freedom in this matter. Since then, although crippled in every limb, inquiry has managed to limp along and to do some useful work. No experimental atrocities have been heard of, and no occasion has arisen to make men and women forget their loyalty to charity, to justice, and to truth. In these circumstances, whilst conforming in good faith to the conditions imposed upon us, we might justly have expected to be left to travel unmolested along our narrow and difficult way. But it is quite otherwise, and I have learned upon undoubted authority that means are being rapidly collected for a fresh crusade, that no quarter is to be given in the coming conflict, and that no peace will be concluded until the liberty of inquiry by experiments upon animals is unconditionally extinguished.

It is hard to understand the reasons of this passionate antagonism, and still harder to believe that it has no other foundation than the desire to protect the lower animals from unnecessary suffering. For, if this be true, why do our antagonists confine their warfare within such narrow limits? The infliction of suffering for ulterior ends everywhere manifest in nature, now adjusting the balance of nations or establishing the anatomies of peoples, pervades the whole structure and relations of civilised life. What is all the suffering inflicted by all the vivisectionists of all the world, in comparison with those hecatombs of suffering which political experimenters have inflicted upon mankind in their vain attempts to settle the question of the balance of power in Europe? Are the sufferings of men of less account than the sufferings of brutes? Is their blood less precious? Are the countless woes of countless human hearts to be reckoned but as dust in the balance against the wounds of guinea-pigs and frogs? Surely the love of knowledge is as pure and true a human desire as the love of sport; and whilst the fruits of this die with the individual and his interests, the fruits of that live for ever in growing uses to the race.

If it be true, then, that we are again in peril of a fresh attack, and that the one object of it is to be the unconditional extinction of experiment upon animals, I trust that we shall not stand idly and timidly by whilst this great evil is being done. I trust that every member of our great profession, and every thoughtful man beyond its pale, will unite to make this cause their own, and will offer to threatenings of fresh legislation such an implacable opposition that the statute-book of England shall never again be sullied by penal enactments against the just liberties of knowledge. The highest heritage of humanity is in our keeping; all the past and all the future conspire to make us loyal to this sacred charge; and, at whatsoever cost, of whatsoever kind, we must hand down the right and the freedom of inquiry unmortgaged to future generations.

And now, having occupied rather more than the sacred quarter of an hour, I shall no longer interpose between you

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and the important discussions which are before us. I shall content myself with expressing the hope that, each effacing himself and uniting together for the higher objects of this Association, our deliberations and discussions may issue in some advancement of knowledge and its still wider application to the uses of men.

Clinical Lecture

ON TUBERCULAR DISEASE OF THE TESTES.

By ARTHUR T. NORTON, F.R.C.S.,
Surgeon to, and Lecturer on Surgery at, St. Mary's Hospital.

THE subject of this disease was 33 years of age; a brother and a sister had died of phthisis, and another sister was dying of the same affection. Both testicles enlarged: the right around long diameter, 10 inches; around short diameter, 8½ inches. Left testicle, long, 11½; short, 10 inches.

The right testicle oval, surface smooth, tense, hard and solid, not fluctuant except at upper extremity, veins of surface full. This testicle was kicked by a colt twenty years previously: it was then swollen and painful, and necessitated him keeping his bed for nearly three months; the swelling subsequently subsided to a great extent, but the organ had never resumed its natural size. About ten years later this testicle was again kicked by a horse, on account of which he was laid up for five weeks. About two years before his admission into the hospital it was kicked by a horse for the third time, which compelled him to lay up for ten weeks, and since which time the testicle had retained the size mentioned above.

The *left testicle* had swelled about two years previously as the result of gonorrhœa: the surface veins injected, the lower two-thirds hard, upper one-third fluctuant, in the depth of the fluctuating cavity the structure hard, irregular and nodular. The fluid in this cavity was drawn off, and found to be thin albuminous serum. Both cords were considerably thickened, and also the left vesicula seminalis. I may here state that one testicle was afterwards extirpated by me, and before making remarks upon the symptoms and treatment of the case we may examine the organ removed.

Here is the testicle which has been carefully injected by our Pathologist, Mr. Pepper. About half of the organ is composed of a tissue containing vessels, and is, therefore, red in colour; then there are masses or patches of yellow tissue without any trace of a vessel within them; then there is a large cavity with a thick wall—a cyst, the contents of which was clear serum, containing a large quantity of albumen: this cyst occupies a position about the junction of the epididymis with the body of the testis.

I have now pointed out to you the condition of the patient on his admission, and the condition of the testis shown by examination after removal, but which was completely ascertained by the signs and symptoms before removal.

Diagnosis.—It was not a matter of difficulty to decide that the tumours were in connection with the testes proper, and therefore only those tumours with which the testicle is liable to be affected required consideration. Among these there was sufficient evidence that inflammation was the original cause of the growths—for one testis had been inflamed by injury on three different occasions, and the other had been inflamed as the result of gonorrhœa. The disease might be described as simple sarcocele, or long continued chronic inflammation; but it has been mentioned that several members of the patient's family had been the victims of phthisis, and some surgeons would prefer to call the disease tubercular testis. The examination of the testicle after removal exhibits large masses of yellow substance, to which the name of tubercle might be given, and a microscopical examination of those yellow masses shows chronic inflammation, a light fibrinous matrix with exudation corpuscles, apparently an absence of vessels, and most certainly none of those giant-cells which have been described as typical of tubercle. I think we may learn from an examination of this testicle that the term tubercle is indefinite, and that it is differently understood by different surgeons, and by them employed to express different conditions.

From the family history it may be inferred that this man possessed a tubercular diathesis, if, indeed, such a condition can be said to exist, but it is certain that the tubercular disease of the testes would never have occurred had it not been for the extensive and repeated injuries received, and notwithstanding these injuries twenty years passed away before the disease had made sufficient progress to be of serious inconvenience to the patient. It was no specific constitutional disease which promoted the changes in these testicles. The disease was purely local. The pathological condition found here strengthens me in the opinion that I hold with regard to all cases of so-called surgical tubercle. I refer to the disease of joints, cancellous tissues of bones and glands as in the case before us—that they are all of traumatic origin, or the result of local subacute inflammation due to exposure to cold, or damp; that it is not any special tendency on the part of the individual to develop in any part of his body a particular tissue called tubercle, but that there is in many cases a state of the constitution predisposing to chronic inflammation—a state which may be best described as constitutional debility—a state which varies, from time to time, in the same individual; a state which may come, as for instance after fevers, upon the hitherto strongest of constitutions, remain for a time, and perhaps disappear. Is it possible to say when this state exists in any particular individual? I think not always, for there is no well-marked defining line at which it can be marked off from a state of supreme health. I would rather say we are all of us unexceptionally liable to chronic inflammation, some of us more than others, and so on in grades, to the victims of extreme scrofula.

But I am entering *in extenso* upon the relation which the constitution bears to the causation of local chronic inflammation. Now, on the other hand, can a chronic inflammation arise *in loco* apart from the constitutional condition? I am assuredly certain that such can take place; if any part becomes subacutely inflamed by injury or exposure, and have not the required rest, but is continually harassed by exercise, suppuration or chronic inflammation with its accompanying changes will take place, and if the part affected be one of importance, the constitution will become secondarily affected.

Many such instances occur in the form of traumatic arthritis, traumatic periostitis, with caries, &c.

Having regard to these views I diagnosed the disease to be chronic inflammation of both testicles, with complete destruction of the tubular tissue, and the formation of a large cyst in each testicle.

Prognosis in this case depended upon the destruction of tissue. In chronic inflammation there is infiltration with plastic material, which after remaining for an indefinite period may suppurate and form an abscess, or may become imperfectly organised into a cellulo-fibrous structure, having the least amount of vitality. This new tissue appears to press upon and destroy the normal tissue of the organ, and even to affect the blood-vessels—for, ultimately, scarcely any blood-vessels are to be found within it.

In forming a prognosis it is necessary to know what is the condition of this infiltrating exudation. If it is not yet organised, that is, if it still retains its fluid character, it will take the impress of a finger or thumb pressed slowly but firmly into it, but if, on the contrary, the exudation has assumed the form of a growth, the finger after withdrawal leaves no depression. This method of examination is, I consider, one of the greatest service in detecting the character of a tissue, though it is not referred to in our works on surgery.

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In neither testicle was there the least give to pressure, but on the contrary irregular nodules of growth could be detected. Further, the length of time over which the diseased changes had been taking place, namely, twenty years in one testicle, and the fact that the vesicula seminalis had become secondarily affected with chronic inflammation, all were evidence that treatment would avail little in reducing the size of the organs, but that they would continue to increase in size, until the formation of an abscess would bring about that condition which we know as hernia or fungous testis.

Treatment.—Having concluded in my own mind that absorption could not be accomplished, the question of operative interference remained to be considered. I, however, determined not to undertake the latter until other remedies had been tried and failed, and I therefore ordered a lotion of iodine (t. iodi, ʒj ; glycerine, ʒij ; ad aquæ, ʒj.) and the organ to be tightly compressed by a bandage. This lotion I use invariably to promote absorption, and recommend it in preference to all other preparations of iodine. It should be applied with oilskin so that no evaporation can take place, and it will be found that one drachm, or even half a drachm to the ounce, is often sufficient to produce vesication. The lotion should be applied of a strength short of producing vesication. After a fair trial of the palliative treatment, the operation of castration was performed, from which the patient made a good recovery.

Original Communications.

SIMULATIVE CEREBRO-SPINAL MENINGITIS, WITH ABNORMALLY HIGH TEMPERATURE.

By EDWARD D. O'NEILL, L.R.C.S.I., L.K.Q.C.P.I.

During a voyage in the present year, which I made to China, in medical charge of the *s.s. Deucalion*, touching at Malta, Port Said, Suez, Jeddah, Penang, Singapore, Hong Kong, Shanghai, and Japan, I had an opportunity of seeing examples of morbid states peculiar almost to the inhabitants of these places. The following case I extract from my note-book, as possessing some features of interest.

Abdallah, æt. 34, an Arab interpreter in charge of a number of Mahometans who had been on a pilgrimage to the tomb of Mahomet at Mecca, sent for me on the 3rd of March, 1879, three days after leaving Jeddah, and complained of the following symptoms, viz., pain in the frontal region and back of neck, with retraction of the head ; pains in the calves of the legs and small of the back. The pulse was 115 ; temp. 104·6° F. ; the skin harsh and dry ; pupils dilated ; the tongue brown and furred ; the bowels regular ; passing but very little urine. I ordered him quinine and saline aperients ; he continued in this state for some days. I found it difficult to satisfy my mind as to the precise diagnosis of this case. The pain in the neck and calves of the legs, with retraction of the head, pointed towards cerebro-spinal meningitis ; but there was no vomiting or increase of the pain on percussing the spinal column. The muscular pains in the back, with the other symptoms, were in favour of small-pox, but there was no eruption. On evening of the 12th of March, the thermometer registered 108·6° F. in axilla, mouth, and rectum, and thinking, perhaps, that the thermometer was at fault, I tried it on three different occasions that night, with the result of satisfying myself of its accuracy, and found it perfectly correct. He complained of no further head symptoms, and was perfectly conscious. Seeing the gravity of the case, as a *dernier ressort*, I had recourse to wet packing with marked beneficial results ; in four hours the thermometer registered 104·6° F., and the next morning I found him much improved, having slept for some hours. On the 13th his temperature was 107° F. in the evening, but yielded again to the wet packing, as also on two other occasions. On the 17th his temperature was 101° F., and remained so for three days ; from this time he commenced to mend, remaining very weak, and blanched in appearance. On the 29th of March I discharged him at Singapore perfectly well ; from the first time I saw him till he was discharged he never had a rigor or complained of shivering. On speaking of this case to Dr. Little, of the Shanghai Hospital, he informed me that a temperature of 104° F. to 106° F. was not uncommon in remittent fever there, but he knew of no case where the temperature went so high as 108·6° F. On my return to Singapore two months afterwards, I saw Abdallah, and he was enjoying perfect health, having had no return of the complaint.

I think that this case is of great interest, as it is the highest temperature recorded, even in remittent fever, where the patient survived, which, in my opinion, was entirely due to the wet packing. I conclude that the case was an aggravated form of remittent fever unaccompanied even by a rigor. I have thought, as practitioners in this country have so few—if, indeed, they have any—opportunities of seeing examples of these kinds of fevers, that a brief record of the leading facts in the case of Abdallah might be acceptable. And the benefit which followed the use of the wet pack will have peculiar interest for many of my *confrères* here at home.

Clinical Records.

ROYAL FREE HOSPITAL.

Epithelioma of Rectum : Excision, with a successful result.

(Under the care of Mr. Gant.)

Operations for the cure of epithelioma of the rectum having recently attracted much attention, the following case of excision will be interesting, as indicating the circumstances under which this operation may be practised, and with the prospect of a successful result. For the report we are indebted to Mr. R. Atkinson, F.R.C.S., senior house surgeon to the hospital.

T. S. was admitted into the Royal Free Hospital in February, 1879, under the care of Mr. Gant. He stated that his present illness had commenced fifteen months ago, he being at that time in Australia. He had then great pain in his rectum and frequent desire to defæcate, but no difficulty in expelling the fæces, and which still continued of natural form. He sought relief in the General Hospital at Sydney, and under the care of Dr. Mackellar, he was discharged apparently cured after about nine weeks. He went to sea, and remained quite well until November, 1878, when pain in the rectum returned, and his motions became small and streaked with blood. He also passed a good deal of slimy mucus, and had frequent attacks of diarrhœa, alternating with constipation. When he came to the Royal Free an annular stricture could be detected opposite the base of the prostate, and the rectum up to that part felt granular and firm. Externally, close to the anus, was a small, hard lump, not unlike a consolidated pile, from the base of which ran a fissure into the bowel. There being some syphilitic history, antisyphilitic remedies were administered, and dilatation with the common bougie was attempted, but soon abandoned. The nature of the new growth having been ascertained by careful examination, its removal was deemed justifiable, as the disease seemed limited to a portion of the gut fairly within reach of the operation, and no functional disturbance of any organ, or constitutional cachexy, gave evidence of secondary cancer. Accordingly, Mr. Gant excised the rectum to the extent of two inches and a half from the anus. The patient having been brought under the influence of ether, an incision was made from the anus to the coccyx, in order to obtain free access to the rectum ; then carrying the knife around the margin of the anus, including only a small fringe of the skin, the gut was easily detached from its loose con-

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nection in the ischio-rectal fossa on either side. In front, opposite the prostate, the firm fibrous junction with this body was separated by the finger rather than by cutting. Having reached the full extent of the disease, a Smith's clamp was applied, and the isolated portion of the rectum divided with the knife. A few vessels required ligatures, but no sutures were used to attach the end of the bowel to the integument. In the evening some reactionary hæmorrhage was checked by a plug of lint soaked in perchloride of iron. The wound healed gradually by healthy granulation under water dressing and scrupulous cleanliness. Considering the length of time requisite for the healing process over the surface upwards, the natural action of the bowels was not interrupted by the administration of opium. The patient being entirely free from the lancinating pains which had so much distressed him, his general health rapidly improved. He is not troubled with any rectal incontinence, but as soon as the desire to defæcate is felt, he is obliged to go at once to the closet. A tendency to cicatricial contraction around the wound is controlled by the occasional passage of a bougie. This service the patient can now render to himself, and he left the hospital convalescent within three months after the operation.

What may be the ultimate issue of this case is of course uncertain, but the relief of present suffering is certain, and with the prolongation of life.

Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

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(*Continued from page* 108.)

THE knowledge of a very interesting case of osseous occlusion of both external meatuses, came to us from Dr. Aldinger, of Furth. At first the tumour was in the right ear, then in the left one of the same person. Both tumours were removed successfully with the help of the gouge and mallet, by Professor Heinecke, of Erlangen.

The case was so much more serious in that, it was complicated with an inflammation of the middle ear, with an abundant purulent secretion and the presence of granulations on the membrana tympani, having a strong tendency to increase. It is therefore almost certain, that without the clever intervention of Heinecke, the patient would have succumbed, sooner or later, to the dangerous consequences of the retention and decomposition of pus in the depths of the auditory organ.

That was the first, and, till now, the only time where the gouge and mallet have been used for the removal of an exostosis situated in the external auditory meatus.

The subject of this observation was æt. 36 when, in 1848, he consulted Dr. Aldinger for a variable deafness in the left ear. On inspection a piece of cerumen was found in a very contracted auditory canal. This contraction arose from an osseous projection having the size of a lentil, and which sprang from the posterio-superior portion of the osseous canal, whence it proceeded in front and downwards, leaving only a small space free between its summit and the opposite wall of the meatus. It was this space that was obstructed by the mass of cerumen whose removal was immediately followed by the restoration of the hearing.

On the right there was the same appearance, but no cerumenous obstruction. What was seen of the membrana tympani did not present anything abnormal.

To begin with, in 1874, the exostosis of the right ear, which had remained stationary till then, commenced to increase in size, and finally the deafness became complete for the voice, whilst the perception of transmitted tones (ticking of a watch), was only heard through the bones of the skull.

At this period the patient consulted several celebrated specialists, who could not agree about what was to be done in his case. V. Troeltsch's opinion was to try dilatation by the use of the laminaria bougies, and to have recourse eventually to the use of the gouge. Politzer advised the introduction of a little tube into the fissure which still existed between the tumour and the wall of the meatus, through which injections could be made, in order to remove the cerumen accumulated behind the exostosis. Voltolini wished to cause its necrosis by divesting it of its periosteum with the galvano-caustic.

At last Heinecke, to whose care the patient finally confided himself, pronounced in favour of the ablation of the tumour by means of the gouge and mallet, a proceeding which he considered to be exempt from danger.

In the last weeks of 1874, the patient had violent pains in the right ear, and which after four days, led to an abundant secretion.

It was now necessary to intervene, seeing that this inflammation was in all probability due, on the one hand, to the pressure of the exostosis on the wall of the meatus, and on the other to the cerumen which had accumulated between the tumour and the membrana tympani. Consequently Heinecke undertook, the 2nd January, 1875, after having put the patient under chloroform, to remove the exostosis by the help of a gouge 3 lines in width. But the base of the exostosis, owing to its extreme hardness, offered such resistance to the instrument that Heinecke had to be content with attacking the top of it, from which he succeeded in removing some little portions.

In spite of the energy here displayed by the operator the reactional symptoms were insignificant.

Towards the third day a little suppuration declared itself, then after an interval of some days two new pieces of bone were expelled. Although the meatus had recovered the half of its normal diameter, the hearing was not improved, on account of abundant granulations on the membrana tympani, in the form of *condylomes acuminés*. The anterio-superior segment of that membrane, was the seat of a little perforation due to the circumstance, that the pus not being able to get out by the meatus had made itself a way in the direction of the tympanum. The vegetations were partly removed by the écraseur, and partly by cauterisation with lunar-caustic, and the use of astringents. Three weeks later the perforation was cicatrised, and under the influence of the air-douche, the hearing was so far improved as to allow the patient to hear the watch at a distance of about 3 feet.

Unfortunately, the denuded surface of the exostosis instead of cicatrising regularly, became the seat of a proliferation of tissue, so active, that the membrana tympani ceased to be visible, except in a very limited part of its anterior segment. Nevertheless, the dimensions of the opening gradually increased, and at the end of 1875, a pigeon's quill could be introduced.

An intercurrent eczema of the external auditory meatus and of the auricle, retarded the recovery, which was, however, none the less complete.

Towards the middle of 1875, the exostosis in the left ear of the same patient, stationary till then, commenced to increase in size. In September of that year, the occlu-

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sion of the ear by the tumour was complete, and there existed an abundant otorrhœa, whose commencement had been preceded by violent pain.

The same treatment as had been used for the right ear was now prescribed for the left one; but this time the use of the gouge and mallet removed almost the whole of the tumour in fragments. Lint soaked in a solution of carbolic acid served to dress the wound, and with the exception of a violent pain in the ear with a feeling of pressure on the nape of the neck, on the fourth day after the operation, every thing passed off according to our wishes.

On examination of the ear, on the 28th October, it was found that the part corresponding to that which had been occupied by the base of the exostosis, had a reddish surface about the size of a split pea. It was seen that a little bony splinter occupied the centre of this spot, but as it caused intense pain when touched, the idea of extracting it was given up. Two little vegetations covered the antero-superior segment of the membrana tympani, and a little lower down there was a linear perforation in that membrane.

The 12th November the deafness was still as great as before the removal of the osseous tumour, although the granular tissues had been removed in the interval by the application of nitrate of silver and astringent instillations. The perforation of the membrana tympani was of large size. Some days after, the left ear was in turn attacked with moist eczema, and in the course of that affection, the vegetations grew again in great abundance. One of them sprang from the tympanum through the opening in the membrana tympani. In eight days the cure of the eczema was complete, and every trace of vegetation had again disappeared. The patient heard the watch at a distance of 6 in. When the perforation was cicatrised, the hearing distance reached to 30 in. However, the opening of the membrana tympani has been reproduced since, and in March, 1876, there was still a little secretion. Besides, the lumen of the meatus, which, immediately after the operation, equalled two-thirds of its normal diameter, has been, since then, contracted to half that size, in consequence of the swelling of the surface of the denuded osseous tumour. In spite of that, the watch was heard at more than 30 inches, and a low tone, the whole length of the room.

In order to complete what we have already said in regard to the treatment of exostoses of the auditory meatus and to close the series of observations respecting it, the use of electricity for the removal of these tumours, remains to be mentioned.

We have already seen that Voltolini proposed to remove the osseous tumour, in the case which we have just related, by means of the galvano-caustic. But we did not know that it had been already used for that end, until a case published by Dr. Arbo in the *Norsk Magazin for Laegevid* came under our observation, and showed us the benefits that can be reaped from that proceeding, when circumstances favour the removal of exostosis *en bloc*.

V. Troeltsch has long recommended the removal of these productions, when they are pedunculated, by means of Wilde's écraseur. It was a similar proceeding, that Arbo had recourse to, in a man from 20 to 30 years of age, who had suffered for six months from tinnitus and progressive deafness, his auditory meatus being filled by an exostosis as large as a bean. Only, instead of a simple constriction of the tumour, he combined this effect, with that of an intense cauterisation, by using a wire heated to whiteness (*evidently by means of a galvano-caustic battery*), in order to remove the tumour. The hearing was immediately established.

(To be continued.)

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
,, IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

A. A. TINDALL, 20 King William Street, Strand, London, W.C

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SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 8s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, at the *Medical and Surgical Reporter* Office, post free in advance, six dollars (£1 8s. 6d.) per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-office Order

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 13, 1879.

THE BRITISH MEDICAL ASSOCIATION AT CORK.

THE cardinal topic of this week's medical journalism must necessarily be the festivities, intellectual and gastronomic, which have come and gone within the "antient citie" of Cork, since we last wrote. Both "those who were there and those who are not," will look with interest to the record of these doings—the one class—that they may see whether their own gratifications or criticisms are duly reflected by their journalist—the other class, that they may know whether their regrets at their own unwilling absence from the scene were justified, and whether they were really wiser to stay at home and mind their business, or would have done better to take the trip to the Green Isle at all risks. Every man looks at these annual gatherings from three points of view, each giving especial prominence in his mind to one or other, and we may follow the example by speaking of this meeting, firstly, as a congress of scientists; secondly, as an assembly of persons interested in the same objects, and joining for the furtherance of their own purposes; and thirdly, as a pleasure excursion in which the enjoyment of a brimming hospitality is the chief business of the time. We avoid the possibility of mingling a carping criticism with what should be unalloyed praise by speaking from the latter aspect of the meeting first. At once we may say that, as an interchange of friendly hospitality, and as a party of pleasure, the meeting was an absolute success. It was more—it was a triumph of energy and warm-heartedness over serious difficulties

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The increased growth of the Association, it should be recollected, has, of late years, made the task of receiving them doubly difficult for the medical men of a provincial town such as Cork; and so extensive is the organisation necessary for the successful entertainment of the Association that the task can be surmounted only by the medical fraternities of large towns such as Liverpool, Glasgow, and Manchester, or by those who, as did our hosts at Cork, were ready to devote their utmost energies, and a serious part of their resources to hospitality and to organisation. The Cork medical men are less numerous than those of average English provincial towns, and—practising within a comparatively unmonied circle—must necessarily be less independent of monetary consideration. But they set before them the task of acting as hosts to the Association, and we congratulate them on the perfect fulfilment of their aspirations. As that of the originator of the idea and the chief organiser of the reception, the name of Professor MacNaughton Jones was in every mouth, and the indefatigable zeal which he displayed, would alone have been sufficient to stimulate his helpers, if stimulus were necessary.

Not to dwell further on the matter, it was manifest to every guest that no incentive to hospitality was needed, and that, from the venerable President, Dr. O'Connor, and from the President of the Queen's College, every medical man in the City down to Dr. Ringrose Atkins, Dr. O'Connor, junior, and Dr. Jones, himself, were united in the effort to make their guests happy, and to do them honour.

The scientific work of the meeting was as satisfactory as it usually is, the communications being, we think, rather above the average, and an increased interest being given to the work of sections by the presence of distinguished foreigners, American and Continental. The connection of Dr. Jones with this particular meeting was marked by the very successful working of special sub-sections of Ophthalmology and Otology, and the wisdom of separating these specialities from the business of the Surgical Section was justified by the presence of a very unusual gathering of practitioners in these departments, and by the steadiness of their attendance at the business of these sub-sections. No one who was present at their deliberations can doubt that the time has come when these specialities should be recognised as able to stand by themselves, or that it would be for the good of the Association to attract specialists in these departments by providing them with an audience more appreciative than a section of general surgical practitioners can be expected to be. The address of the President was paternal and appropriate, that of Dr. Hudson was most thoughtful and interesting, that of Dr. Fergus erudite and valuable, but the *coup* of the meeting was reserved for Mr. Savory, whose counterblast to Listerism was powerfully planned and magnificently delivered. It was an effort of oratory well deserving of admiration, even if the subject matter of the discourse had been common-place. As it was, the address may well serve as an apology for the system which occupies so large a share of the Association's time with the annual orations on Medicine, Surgery, and Sanitation. Nevertheless, as Savorys are not to be had every year, we venture to suggest that the result derived from these addresses seldom justifies the expenditure upon them of time so greatly needed for the pressing and ephemeral affairs of the profession. At the past meeting were presented reports upon Medical Reform, upon Coroner's Law, Contagious Disease Legislation, Habitual Drunkards, Out Patient Reform, and other subjects without number, respecting which a large proportion of the members of the Association were warmly interested, but which were passed by in absolute silence, wanting the time to enter upon them. It may, we think, be seriously doubted whether such business should be kept in abeyance in order to permit of the delivery of orations which generally are erudite, sometimes interesting, and seldom directly useful; and we think that the experience of all those who attend the Association will corroborate our feelings that some alteration of system must take place, in order that the legitimate scientific and medico-political work may be brought within the compass of the four working days of the meeting's life.

The financial report of the Association inspires some apprehension that the organisation is in danger of outgrowing its strength, and we submit that it cannot be a healthy condition of things that so vast a sum as £12,000 a year should be devoted to the one object, we might almost say, of disseminating the literary contributions of its members, and expressing the views of the Association. We do not decry the value of a journalistic medium to such an institution as the British Medical Association, but we should desire to see a reasonable share of the very large income of the Society spared for the direct furtherance of scientific and medico-political purposes. At least, it would be reasonable that the voracity of the journal should not be allowed to bring the financial balance to the wrong side of the account as it is this year.

THE WATER SUPPLY OF LONDON.

A GROWING interest is manifest in the very important question of a purer and better water supply for London, one of the healthiest signs of which is the anxiety felt by the working classes, who met in a large body at Exeter Hall on the evening of this day week, to urge upon the Government the necessity of procuring powers to provide a constant and purer supply direct from the source whence it is obtained, and at a cheaper rate than is now charged for a bad article.

Mr. Thomson Hankey, M.P., occupied the chair, and he was well and ably supported by gentlemen who have already given considerable time and attention to the question.

A series of resolutions were unanimously passed by the meeting to the effect—"That the present water supply of London is most unsatisfactory in quality, quantity, and cost;" secondly, "That the evils complained of will not be remedied except by creating a new authority and administration;" and, thirdly, "That, with a view to urging this policy upon Parliament, central committees must be formed in the ten metropolitan boroughs, and the assistance of local authorities and Members of Parliament evoked to find a remedy for the evils complained of." Of the several questions brought under discussion

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there can be no doubt that that of the quality of the water is of by far the greatest importance—and for this reason, that upon it rests the health, and physical condition, and life of the community. Men of science, who have studied the subject with a singleness of purpose, and purely with a view of benefiting mankind, are perfectly in accord so far that nothing short of a purer and better supply of drinking water can be accepted as a final settlement of the difficulty. They are equally agreed as to the characteristics of a good and wholesome water supply. In the first place it must not only be quite free from organic matter of every kind, but at no times or seasons, or in periods of epidemics, must it be liable to be made a means of propagating disease, and endangering life. That it shall contain in suspension only a minimum of mineral and other matters that may act upon the lead pipes, and form a hard deposit when boiled. That when viewed in bulk it shall be clear and bright, and refreshing to the taste. to ensure this it shall be well aerated, and of a tolerably uniform temperature—that is to say, not above 51° Fahr. in summer, and much about the same in winter. These several points must be secured, otherwise it will be impossible to say that the water is all that we have a right to look for in a good, potable, drinking water. Nothing short of the conditions enumerated will be regarded as a satisfactory adjustment of the question at issue between the public and the water companies. Owing to the gigantic monopoly created by these companies, the public have hitherto only seen their just complaints met with a corresponding increase in dividends, made by increasing the rates. It is now quite obvious that the four millions of London's inhabitants must put up with its inferior and most unwholesome water-supply, at the dearest possible price, unless some determined action be at once resolved upon.

The sources from which the greater part of the London water is derived proves the position we have assumed of badness. The Thames, from whatever part of its course water may be collected, must be, and will remain, from the nature of things, most objectionable. After every rainfall it becomes more foul and more muddy, highly contaminated by the organic matters which are washed from the surface soil into the water shed. This is unavoidable, since an enormous floating mass of people, and a still larger number living on its banks are constantly pouring an enormous quantity of sewage and filth into it. It is an established fact that the consumers of Thames water simply "drink in a circle." The water of the New River Company is little better in quality.

It is quite reasonably a subject of grave complaint against this Company that it purposely spoils the good water it collects, by sending it from its Hertfordshire source through an open channel of twenty miles long, thus exposing it to constant deterioration and contamination from a variety of sources. And not content with having so far damaged its quality, it stores its water in large open reservoirs, and there leaves it to be acted upon by the sun, which promotes a rapid growth of vegetable and animal life, and which at the same time either raises or lowers its temperature to that of the surrounding medium. The New River Company supplies nearly a quarter of the inhabitants of London, and with the exception of a small part of the metropolis, within the jurisdiction of the Kent Water Company, the rest are compelled to drink water drawn from the Thames and Lea. The method employed by the Companies to free river-water from impurities is simply by passing it through a stratum of gravel and water-logged sand; a rude, coarse process termed filtration, which, in fact, as often tends to make bad water worse by accummulating remains of organic life, *débris* which is ultimately held in solution, and passed through the filter beds and service pipes into the cisterns of the consumer.

It sickens one to think of the very unsatisfactory condition of the London water in this respect. No physical difficulty exists for the removal of the evil, nor stands in the way of obtaining a purer and better supply. London is, indeed, exceptionally situated for the purpose; it is surrounded by high chalk hills. Stored up in the North Downs there are enormous quantities of water—a store practically inexhaustible, and of the very purest description. By gravitation this water could be conveyed at high pressure all over the metropolitan area. It has but one fault, and this can be easily remedied, and by an inexpensive method. It is too hard for domestic purposes, but by Clark's softening process it is quickly reduced to seven degrees of hardness per gallon. But withal the deep chalk water possesses the very great recommendation of being well aerated, clear, bright, cold, wholesome, invitingly palatable, and perfectly free from all noxious and dangerous contaminations. As to the less important questions of who shall be empowered to bring the much-needed pure water into London, and the cost to the consumer. This can be disposed of without difficulty. If the companies who have so long enjoyed the monopoly of selling bad water refuse to undertake it, then by all means let Parliament confer the power on those who will. There will, we apprehend, be little difficulty in this respect, and the cost in the aggregate we are assured will not greatly exceed that of the proposed change of fittings which will have to be made to secure a constant supply. Neither points need long delay the settlement of a question, in which the health and life of the inhabitants of London is concerned.

So far as future control goes, we hope it will not drift into the hands of a central board. London is much too large for this. Local district boards established in the several boroughs will be more accessible in every way; and can be moved to act in the interests of the ratepayers. In their hands Parliament should place the power of regulating the cost and supply, as is the case in Paris, and which, we believe, has been found to work well for all concerned.

DR. ANDREW CLARK'S ADDRESS ON MEDICINE.

If the advancement of Practical Medicine fails to keep pace with the progress of other branches of knowledge, it will not be for want of teachers to tell us the way in which we should set about making medicine more exact as a science and more serviceable as an art. Whether the British Medical Association has done so much for the "Advancement of Medical Science," as might have been expected of it, we shall not stop to inquire. But this much

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is certain, that many of its most eminent members have, through several "addresses," performed a useful and promising task in taking stock of what we have done and what we have failed to do, in surveying the fields of future investigation, and in showing by what means we may hope to add to the past achievements of medicine, and to increase her services to mankind. The addresses that have just been delivered under different sections of the British Medical Association are particularly characteristic of one of the most prominent features of modern medicine, and of the transition stage of medical inquiry and practice, through which we are now passing. They are more prospective than retrospective, more suggestive than practical, more hygienic than therapeutical. One of the best of these addresses is on Antiseptic Surgery, another on Preventive Medicine in general, a third on Medical Education, and the prospective advancement of scientific medicine. To some of these subjects we must refer at some future time; now we shall confine our remarks to the excellent address on Medicine by Dr. Andrew Clark, in which he successively discourses on medical education, the present state of therapeutics, and the prospects of experimental inquiry.

Dr. Clark very properly begins his address by deprecating that optimist view of medicine that had been taken by some of his predecessors, for very little improvement is likely to be achieved by those who regard with too much complacency what they have already done.

"Nothing in this matter contribute more to imperfect vision, as well as to imperfect action, than self-satisfaction. In professions, in individuals, and in people alike, it is an obstacle to progress and a prelude to decay." In reference to the first subject of his remarks, Dr. Clark alleges eight principal reasons why the present system of medical education is found wanting, all of which, however, may be said to be summarised in the last and very truthful proposition that the "main tendency of the present system is to give students smatterings of scientific knowledge at the cost of that thorough knowledge of their art which is essential to its successful exercise." It has added to the curriculum, and enlarged the range of examination, while it has left the time for study the same. Some of the subjects of study are difficult to acquire, worthless as mental gymnastics, useless in practice, and speedily forgotten when acquired. One stage of medical education interferes with another. The student can do as he likes about attending regularly in the wards. The pass examinations are so constructed that they reflect the character and extent of the previous instruction, so that the qualified student knows a little about what he does not need, and is ignorant of what he should have acquired in the wards. Hence, moreover, imperfect and even vicious methods of teaching. The student is told not taught. Such are the more serious allegations which Dr. Andrew Clark brings against the present system of medical education. We regret that we cannot say he has either exaggerated or misrepresented the case; for we have ourselves, on more than one occasion, noticed the many defects inherent in our present system of medical education, and the necessity of giving a little more attention to the teaching at our medical schools, instead of confining our criticism, as we have been hitherto doing, to the several bodies. Nevertheless, there is no reason why a knowledge of such subjects as botany, chemistry, &c., should not be still required of a candidate who wishes to enter the profession. The mistake at present committed does not consist so much in the fact of their being taught as in the way and the time in which they are taught. We do not think that even botany ought to be altogether discarded from the preliminary education of the medical student. So far from a knowledge of this science being "worthless as mental gymnastics," it is, to certain extent, particularly applicable to the mental training of youths who intend to enter the medical profession, and may even be made to assist them in acquiring a knowledge of one of the most important departments of practical medicine, namely, the diagnosis of disease. No one will deny that the differential study of the more important orders into which plants are divided, and the habit of distinguishing the character of one natural order from another, will educate the mind of the student in those habits of generalisation and discrimination which cannot fail to be of use to him, when he undertakes the difficult task of correctly interpreting the manifold and often perplexing symptom of disease. But of course this is no reason why the student should be compelled to attend a long course of lectures on structural and physiological botany, when a few practical demonstrations on systematic botany would answer all the purpose for which this subject has been introduced into the medical curriculum. And so with chemistry, which, for very obvious reasons, cannot be given up, but the practical teaching of which might be very advantageously modified, or in a great measure made along with botany, a part of the *general* rather than of the medical education of the practitioner in medicine.

There are other portions of this excellent address equally worthy of notice, but the subjects to which Dr. Clark directed the attention of his auditors are too important to write hastily upon them, and, therefore, we must postpone our remarks for a future occasion.

Notes on Current Topics.

Army Medical Department.

The following is the list of candidates for commissions as surgeons in Her Majesty's Indian Medical Service who were successful at both the London and Netley Examinations, August, 1879:—F. F. Perry, 5,535 marks; P. W. Dalzell, 4,934; S. Little, 4,930; G. H. D. Gimlette, 4,910; C. B. Hunter, 4,837; M. Gaisford, 4,835; C. H. Murray, 4,580; W. F. Thomas, 4,398; J. C. Smith, 4,388; H. G. L. Wortabet, 4,275; E. P. Frenchman, 4,071; R. James, 3,949; S. C. Sarkies, 3,846; D. S. E. Bain, 3,622.

It should be understood that this list does not represent any new admission of candidates to the Army Service, but only the passing of the last batch of candidates out of the Netley School; they having fulfilled their studies there.

We have good authority for the statement that the

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authorities have abandoned the proposal to hold an examination for either the Army or Naval Medical Services this autumn, because of the miserable number of the students who offered themselves. We believe that the new Warrant is finally agreed to by the department, but is delayed in its promulgation by the Treasury, who grumble loudly at the bill, and protest that they can't afford the money. But the money must be afforded. The profession has shown itself properly stubborn in its refusal to sell itself under its fair price, and, if it maintains its self confidence, it is as certain as anything can be that the War Office will be obliged to concede what is fairly due to the army medical officers. We have reason to know that, in spite of the rose-coloured representations of Colonel Stanley in the House of Commons, the army authorities have learned, and are well aware, that the experiment of enlisting the civil practitioner in any other capacity than that of a dresser under the control of a sufficient number of thoroughly-qualified army surgeons, must not be repeated, and that that method of saving money does not pay.

We are able to say with certainty, that in the Irish schools, there is, at this moment, an overflowing supply of students who would offer themselves for the Army Medical Service if they could see before them a fair hope of being fairly and honestly dealt with, but who have held back, and will hold back, until they know the service into which they are invited to enter. We know of one "grinder" who has fourteen such men waiting, ready to step into the examination-room; but they will not go, and he would not send them there as long as the service is as it is.

Death from Hydrophobia in Dublin.

Much excitement has been caused by the death of a lady, æt. 25, the daughter of Dr. Collins, from well-marked hydrophobia, in the Meath Hospital. On the 11th of June last a fox terrier dog belonging to Miss Collins, after being absent from the house for a day and a night, returned home in a "worried" condition and much cut and bruised on the head, as if he had been fighting. The deceased was examining the dog, when he suddenly flew at her and fastened upon her lip, hanging for a considerable time there with the whole weight of his body. Dr. Gunn was immediately sent for, and instantly came and cauterised the wound. No bad symptoms manifested themselves until Saturday week, when the deceased complained of neuralgic twitching in the lip. On the following day the hydrophobia fully developed itself, and on Monday she was removed to hospital, where she died last Thursday week.

It is worthy of mention as bearing upon the neurotic nature of the disease that the deceased lady was exceptionally strong-minded and courageous, and though perfectly conscious of her impending death, never lost her firmness and resignation.

University Degrees for Women.

A petition on this subject lies for signature in Dublin by those interested in the higher education of women. It urges—"That the creation of a new Irish University not only affords an opportunity of meeting that demand without prejudice to any existing interests, but that the omission to do so efficiently now will place fresh difficulties in the way of doing so on a future occasion.

"That the London University having thrown open all its examinations and degrees and rewards to women, supplies a model in this respect, which shows with how much ease a University which is intended to resemble it in other respects could do the same.

"That the University of Dublin and the Queen's University in Ireland have proved in many important ways their desire to assist this movement, and that therefore the omission of sufficient power in this behalf conferred upon the proposed new University would be a direct deprivation imposed upon the directors of higher education in Ireland."

The petitioners pray that the Irish University Bill may be amended so that provision may be made for the conferring of degrees in all faculties on women on the same conditions as on men.

Murder of an Army Medical Officer.

The *Times of India* gives the following details of an outrage committed in Afghanistan:—"Surgeon W. P. Smith, attached to the Kuram force, was stabbed by tribal thieves. He was on his way to Kuram, and pitched his tent inside the camel enclosure. He appears for some reason to have left his tent, and to have wandered about inside the enclosure. About two o'clock in the morning a cry from him is said to have been heard. The inmates of the enclosure raised shouts, and a party from the military post came down. They found Surgeon Smith dead some fifty yards from his tent inside the enclosure, with three severe sword or knife cuts on the chest and both arms. The cause of death was a cut across the chest. Mr. Smith had only been in the Indian service about two years."

Lesion of Renal Epithelia in Bright's Disease.

Prof. Cornil has presented an interesting memoir on this subject to the French Academy of Sciences. In a first case of albuminuria, of only two months' standing, with great reduction in the amount of urine, and even anuria at times, fragments of the kidneys were hardened by osmic acid. The microscope showed that in most of the remaining convoluted tubules, the epithelial cells contained large vacuoles, each filled by ball or mass of albuminoid substance. The lumen of tubuli held numerous such masses or drops, and in places these products caused distension of the tubules. As a proof that these masses were derived from the epithelia, Cornil avers the fact that *empty* epithelia were also to be seen. He believes that hyaline and colloid casts are formed in the tubuli recti by the fusion of these masses; and he establishes an analogy between morbid secretion by renal epithelia, and the normal secretion of mucus by epithelia of the digestive tracts. The same lesion was found by the author in two other cases of Bright's disease, and in one case of cystic disease of the kidneys. The lesions may be seen in preparations made by means of Müller's fluid, but not as clearly as after hardening in osmic acid.

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"L'Enfance a Paris."

In a long notice the Paris correspondent of the *Globe* recently called the attention of its readers to an extraordinary and interesting work written under the above title by Vicomte d'Haussonville. The indefatigable author appears to have visited every hospital, infirmary, asylum, and place of refuge for children in France and England, and to have made himself thoroughly acquainted with every haunt of juvenile misery and crime to be found in the city of Paris. The dreadful temptations, and the physically and morally unhealthy surroundings of pauper children in that and other large centres of population are faithfully and minutely exposed, with a view of showing what a large field is open to the enterprise and benevolence of the practical philanthropist. In respect to our hospitals, the author speaks in the highest terms of the hygienic principles on which these institutions have been constructed, but he does not approve of the method of admission practised at the majority of our London hospitals. With the exception of the Royal Free Hospital, he considers that an erroneous policy is being followed by giving admission only to those who can procure letters, and thus form a privileged class of "poor people who have friends."

A London hospital cannot, he says, be compared with similar institutions in France, as the visitor fails to find in the wards "those specimens of man and woman worn out by poverty and wretchedness, their constitutions impaired by gin, to be met with in the public streets, barely concealing their skin and bones under rags which at one period have been garments of cloth or silk." The hospitals in London are tenanted by the middle classes—the poor are compelled to take refuge in the workhouse, which is an asylum and a hospital at one and the same time. He describes what he saw on his visit to the Gray's-Inn Infirmary, where the dying man was breathing his last amid the conversation and laughter of his convalescent colleagues in misery huddled round the fire, and he regretted that there were no curtains, as in France, to draw round the bed of the sufferer, and none of those pious emblems which comfort the dying with the thought that they are leaving a world of pain, and treading on the confines of those realms where sin and sorrow enter not.

These and other animadversions on the internal arrangements of our workhouses, infirmaries, &c., are by no means flattering to our social economy, or even to our humanity. The sights which Vicomte d'Haussonville has witnessed in this country are certainly such as we ought to be ashamed of, but we cannot expect that either pauper children or pauper adults will receive much consideration at a time when the alleged sufferings of a few "vivisected" dogs are attracting the almost undivided and fulsome attention of our English humanitarians.

A Curious Suggestion.

We hear that a Russian physician, M. Malarevsky, struck by the prevalence of short-sightedness among literary men, proposes that books should be printed in white ink on black paper, and he has made experiments with 50 persons which tend to confirm his view. This appears to us not only a curious, but a very "short-sighted," suggestion. To say nothing of the prejudices and commercial difficulties in the way of carrying out such a recommendation, there is every reason to believe that it would not attain the object this physician has in view, and that it would probably be more injurious to the eyes than the plan universally adopted. In reading a book it is not so much the white paper as the small black print, that catches the eye. Now, were a book printed as M. Malarevsky suggests, it would be the small white print—made all the brighter by contrast—which would chiefly attract the eye, and which in the long run would be far more injurious to the sight than the black print. Nor do we think that shortsightedness among literary men need create so much anxiety as to induce us to adopt extraordinary measures of prevention. As a rule, people who have this failing have a very strong sight, as most doctors and literary men will admit. Besides, it is a mistake to attribute the myopia of literary men to their much reading, as it is frequently hereditary or congenital, and often very marked in children long before they have taken to their books.

Brain Volume and Brain Power.

The cranium of Descartes, says *Nature*, is often adduced as an exception to the general rule that a great mind requires a large brain. This statement seems to hav rested on no exact measurement, and Dr. Le Bon resolved recently to test its accuracy. The result is that he finds the cubic capacity of Descartes' skull to be 1,700 centimetres, or 150 centimetres above the mean of the Parisian crania of the present time. At the same time Dr. Bordier has recently found the average capacity of the skulls of 36 guillotined murderers to be 1547,91 cubic centimetres, the largest reaching the enormous figure of 2,076 cubic centimetres.

It is a well-known fact that the size of the skull is no criterion of the value of its contents—those of Voltaire and Sir Isaac Newton to wit. Nor is this to be wondered at, considering that the grey matter of the convolution is the seat of the intellect, and may be relatively deficient when the rest of the cerebrum is very large, and *vice versâ*.

156 Grains of a Hydrate Chloral taken at a Single Dose.

In the *Centralblatt fur Chirurg.* Dr. Bishop reports the case of a hard drinker, æt. 32. Had delirium tremens and had not slept for sixty hours. After taking above dose, zinc and ipecac were given to produce emesis but to no effect. No stomach pump could be obtained. Profound sleep followed. Pulse when highest was 132 in the first hour; then sank to 88, awoke, free from his delirium and pain.

The hearing of the case of alleged illegal incarceration and detention of Dr. Nowell—Nowell *v.* Williams—in a lunatic asylum, after occupying the attention of the Lord Chief Justice and a special jury for the last ten days, has been postponed to November, to oblige the lawyers. (I patients are not quite so considerate when we are desirous of taking a holiday.

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Mr. Leet has been re-elected as the Representative of the Apothecaries Hall of Ireland on the General Medical Council.

We understand that in consequence of the pressure of professional engagements Dr. Dobell has resigned his post of Physician to the Great Britain Mutual Life Association.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were again exceedingly low, being in Portsmouth 12, Bristol 14, Nottingham 15, Sunderland 15, Leicester 16, Norwich 16, Liverpool 16, Glasgow 16, Leeds 17, Birmingham 17, Brighton 17, Bradford 17, Edinburgh 17, Hull 18, Newcastle-upon-Tyne 18, Sheffield 19, Salford 19, Manchester 19, London 19, Wolverhampton 20, Oldham 21, Plymouth 21, and Dublin 23.

The *Pall Mall Gazette* commenting upon the close of the London season, thinks the general depression in trade has not been without its effects for the better upon "society." The season has really been in some respects remarkable for a tendency to long-needed reforms in social habits. There has been a faint attempt at earlier hours, less universal extravagance, some little thought of the relation between health and diet in the matter of dinners, and perhaps not quite so great a yearning for scandal as of late years.

The rates of mortality, in the principal foreign cities according to the most recent weekly returns, were—Calcutta 25, Bombay 28, Madras 28; Paris 22; Geneva 17; Brussels 26; Amsterdam 17, Rotterdam 27; The Hague 20; Copenhagen 20; Stockholm 19; Christiania 23; St. Petersburgh 33; Berlin 44, Hamburg 22, Dresden 19, Breslau 26, Munich 30, Vienna 26, Buda-Pesth 37; Rome 26, Naples 34, Turin 30, Venice 28; Alexandria 35; New York 24, Brooklyn 32, Philadelphia 25, and Baltimore 26 per 1,000 of the population.

It is intended to hold an exhibition of scientific specimens and apparatus during the meeting in Sheffield of the British Association, which commences on August 20. Those who desire to exhibit scientific inventions, preparations, and appliances should apply immediately to the Local Secretaries, B.A., Sheffield. Major Serpa Pinto will probably be present at the meeting, and give an account of his extraordinary travels in Africa; and Lieut. Wyse will also describe his recent explorations in the Isthmus, a name that is now understood to cover the whole stretch of land embraced by the different inter-oceanic canal schemes.

The death-rate in the large towns last week from the seven principal zymotic diseases averaged 2·9 per 1,000. Measles showed the largest fatality in Bradford and Leeds; scarlet fever in Oldham; and whooping-cough in Bristol. Small-pox caused 5 more deaths in London, 4 in Dublin, and one in Nottingham; no fatal case was recorded in any of the other large towns. Only 86 deaths were referred to diarrhœa in these towns last week, against 851, 304, and 1,159 in the corresponding weeks of the three years 1876-7-6. Such an exceptionally low rate at this season of the year was never before on record.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

University of Edinburgh.—Medical Graduation.—The ceremony of capping the graduates in medicine of the year took place on the 1st inst., in the General Assembly Hall of the Church of Scotland, in presence of a large and fashionable audience. The Chancellor of the University (the Lord Justice General) presided; and there were present Principal Sir A. Grant, Bart.; the Lord Provost of Edinburgh, Sir Robert Christison, Bart.; Professors Campbell Fraser, Tait, Turner, Maclagan, Rutherford, Simpson, Wilson, Taylor, Annandale, Spence, Grainger Stewart, Nicholson (St. Andrews), and Dr. Clouston. There were no honorary degrees conferred; and the capping of the graduates was at once proceeded with. Thirty gentlemen received the degree of M.D., 96 that of M.B. and C.M., one B.M. only, 2 C.M. only. Gold medals were awarded to the following gentlemen for their theses in connection with their graduation as doctors of medicine:—Dr. John Cash (on Separated and Unseparated Muscles); Dr. John William Dodds (the Brain of the Mole); Dr. James Miller Helme (on Acute Rheumatism, with Observations on Salycilate of Soda); and Dr. William Stewart (on Spina Bifida). Among the special prizes, the Ettles prize, for the most distinguished among the M.B. graduates of the year was awarded to Alexander Bruce, M.B., C.M., who had obtained the full complement of marks during the whole series of his examinations. The Beaney prize was divided between J. H. M. Beck, M.B., C.M. and Edwin Hyla Greves, M.B., C.M., for the excellence of their exercises in the subjects of anatomy, surgery, and clinical surgery; and the Wightman, for the best report and commentary of cases observed in the clinical wards of the Royal Infirmary during 1878-79 to Mr. James Leith Waters. The Hope prize in Chemistry was awarded to Mr. John A. Blaikie, D.Sc., Scotland. The Cameron prize was awarded for the first time. It was founded in 1878 by the late Dr. Andrew Robertson Cameron, of New South Wales, to be given annually at the ceremony of medical graduation, to the practitioner or member of the medical profession who shall during the previous year have made the most important addition to practical therapeutics. This prize has been awarded to Paul Bert, Doctor of Medicine and Professor in the Faculty of Science of Paris, for the researches summarised in his work, entitled "La Pression Barométrique, récherches de Physiologie Experimentale," published in 1878. The investigation of the influence exerted by the barometric pressure on vital functions has occupied the attention of Dr. Bert for many years. His researches have been considered of so great value that he was awarded the prize for Experimental Physiology by the Academy of Sciences in 1865, and the "Grand Prix Biennial" of the French Institute in 1875. Among the results gained by his industry are the scientific explanation of the beneficial results of diminished barometric pressure in the treatment of phthisis and anæmia, definite indications to be pursued in the treatment of asphyxia, and of poisoning by carbonic oxide and sewer gas; and the means to be adopted in order to avoid the dangers to which divers, workers in mines, and those who are liable to be brought under the influence of atmospheric pressure are subjects. They likewise show the influence of atmospheric pressure on nutrition. Dr. Bert has also studied the influence of atmospheric pressure on anæsthetics. Dr. Bert was unable to be present on account of his duties as a member of the Chamber of Deputies in France. Professor

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Grainger Stewart then addressed the graduates, explaining that it had fallen to him to do so owing to the much regretted illness of Professor Wyville Thomson. He congratulated those who had been advanced to the full degree of doctor of medicine, and he prayed them to remember the trust which was that day placed in their hands, and the responsibilities it implied. He congratulated, also, those who had obtained the degree of M.B., that the Chancellor's touch had made them legally-qualified practitioners; and he congratulated them on the fact that they were university men, that they had not obtained that day a mere license, but that they had received as students the impress of that higher culture, and as graduates, the higher status which a university of necessity gave. Lastly, he congratulated them on being graduates of the University of Edinburgh, which he took leave to say was surpassed by none of the seats of learning. He substantiated the grounds of that claim by a long list of distinguished physicians and surgeons who were *alumni* of the University. Professor Stewart concluded with a few sound admonitions as to the future conduct of the graduates.

Glasgow Royal Infirmary.—Important Operation.—Dr. McEwen performed a formidable operation at this institution on the 1st inst. It embraced the removal of the larynx, and portions of a cancerous mass lying over the prevertebral surface. Dr. McEwen should exhibit this larynx at the Medico-Chirurgical Society, that its *pathological peculiarities* may be seen, and studied; and thus, he would confer a boon upon the profession by publishing a full account of the whole case. The patient was alive on the day following!

Health of Glasgow.—According to the last forthightly report of the medical officer of health, there were 381 deaths registered, as compared with 461 in the fortnight preceding, representing a death-rate of 17 in place of 20½ per 1,000 living. The death-rate in the first week of the fortnight was 16; in the second, 18. The number of deaths of persons aged below 1 year was 75 in place of 76, and of persons aged 60 years and upwards, 58 in place of 70, as compared with the fortn'ght preceding. The number of deaths from pulmonary diseases was 109 in place of 164, a diminution of no less than 55, and constituting 28 per cent. in place of 36 per cent. of the total deaths. The number of deaths from fever was 8 in place of 9, namely. 5 from enteric fever, and 3 from typhus. The number of deaths from infectious diseases of children was 19 in place of 32, namely, 8 from whooping-cough, 7 from scarlet fever, and 4 from measles. The aggregate death-rate was only 17 on the Registrar-General's population, or 18 if we take our own estimate. The number of cases of fever registered was 29 in place of 26, namely—15 typhus, and 14 enteric fever. There were also 79 cases of measles, 43 of scarlet fever, 41 of whooping-cough, and 11 of diphtheria, which were the occasion of sanitary interference. There are at present in the hospitals of the board 47 cases of scarlet fever, 31 of typhus, 26 of enteric fever, 10 of whooping-cough, and 6 of measles, in all 120, as compared with 123 this day fortnight.

A New Milk Adulterant.—Last week, at the meeting of the Glasgow Health Committee, a statement from the city analysts was read, in which they reported the testing, under the Foods and Drugs Act, two samples, consisting of one of sweet milk, and one of colouring matter. The latter was found to be annatto, and the sample of milk seized at the same time was found to contain this colouring material, and to be adulterated with a small proportion of water. The object of adding annatto is to give to the milk a rich yellow colour and conceal the addition of water. The dye-stuff is not known to be injurious to health, but the use of it is very hurtful to the honest dairyman, whose milk looks poor and thin beside the artificially-coloured article, in which competition those who went on the principle that "honesty is the best policy," would undoubtedly be worsted.

THE BRITISH MEDICAL ASSOCIATION AT CORK.

The Forty-seventh Annual Meeting of the Association opened on Tuesday, the 5th, at the Queen's College, a *habitat* which was in all respects sufficient and suitable for the purposes of such an assembly. The number of members who assembled—for a first day, and considering the distance from the English and Scotch centres at which the meeting took place—was large. The outgoing President, Dr. Falconer, of Bath, was in the chair, and reviewed briefly the business done, and to be done, by the Association during the year. Amongst other things, the President referred to a report by Dr. Taylor on Pleuro-pneumonia, and to the promise of an exhaustive report on Hydrophobia, to be brought before the meeting by Mr. Callender. He referred to the very important question of Patients' hospitals reform, and promised an interesting report. As to the resolution of the Committee of the Council to award its gold medal to Surgeon-Major Reynolds, the President said that it was a matter of very great pleasure to him to be able to say that he has had that medal awarded to him, because he is one of those whose names should be added to the list of heroes who claim as their native soil what Moore calls "The emerald gem of the Western world."

Dr. Falconer then vacated the chair, and Dr. O'Connor took it as President of the Association for the ensuing year, at which juncture the President of the Queen's College announced, amid applause, that the Senate of the Queen's University had decided to confer upon the incoming and outgoing Presidents of the Association the degree of M.D. Q.U.I. (*hon. caus.*), expressing at the same time his regret that the statutes of the University prevented that being done in any place save Dublin.

The thanks of the Association were then voted to the ex-President, on the motion of Dr. Waters.

Dr. Falconer having briefly acknowledged in suitable terms,

Dr. Carpenter said he wished to read out a list of a number of distinguished foreigners who were present. Their names were as follows:—

Professor Charcot, Professor Ball, Dr. Gallard, Dr. Bonnafont, Dr. Löwenberg, and Dr. Gueneau de Mussy, of Paris; Dr. Herschberg, Dr. Weber-Liel, and Dr. Martip, of Berlin; Dr. Giacinto Pacchiotti, of Turin; Dr. Condes, of Geneva; Dr. Lewis A. Sayre, President of the American Medical Association; Dr. Beard, Dr. Sequin, Dr. Gray and Dr. Hodgkins, of New York; Dr. Yandell, of Louisville; Dr. Lawrence Turnbull, Dr. Da Costa, and Dr. A. B. Palmer, of the University of Michigan.

Dr. O'Connor then delivered his Presidential address, which we print in another part of our issue, and which evoked warm applause at its termination.

Dr. Carpenter then read the annual report of the Council. Referring to the financial state of the Association, it said that the receipts for the past financial year amounted to £12,433, and the payments to £12,939; thus the payments exceeded the receipts by nearly £500; but the revenue, or profit and loss account, shows a balance in favour of the Association on the year of £769 16s. 10d. Last year the Council considered was exceptional, as the cost of adapting the office premises to the

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business requirements of the Association, &c., rendered the expenditure unusually heavy, and "part of this will not necessarily recur."

Your Council, in spite of the £500 deficit, congratulate the members on the financial position of the Association. The total of excess of assets over liabilities at the close of the year amounted to £6,219.

This part of the report was received by many members with some misgiving, they finding it difficult to comprehend the amount of congratulation which the Association was entitled to receive upon an admitted deficit of £500 on the year's operations, for which there did not seem to be a very obvious reason.

The report having referred to the grant of the gold medal to Surgeon-Major Reynolds, proceeded to refer to the legislative work of the Association during the past year.

The work of the Habitual Drunkards' Committee, the Council thought, had been fairly successful. Dr. Cameron's Bill had become law, and the principle of detention of the habitual drunkard had been affirmed by both Houses of Parliament. There will be less difficulty in applying its principles to the cure of the many, when it has been conclusively shown that those who voluntarily submit themselves to its provisions are ultimately restored to a condition which fits them again for mingling in society.

As to out-patient reform, a number of conferences had been held, but nothing actually done in the matter. As to medical reform, the report said "The situation was at one time sufficiently perplexing, but the bold course followed by the Committee, with the approval of its Parliamentary advisers, has been thus far justified by the result. The twofold object of the Committee in re-drafting and re-introducing Bill No 2, was to present to Parliament, in a connected form, the views of the Association on the entire subject; and to compel a reference of the various measures to a Select Committee of the House of Commons, with the view of eliciting full information on the points in dispute. This end is now in course of attainment, by the examination of witnesses, and the publication of their evidence. These materials will be of great value, when the work of legislation is resumed in next session, or in next Parliament, and cannot fail to strengthen the demands which the Association has so long been making, for the establishment in each division of the kingdom of a single door of entrance into the profession of medicine; and for the recognition, by the tardy concession of direct representation on the General Medical Council, of the right of the medical profesaion to a voice in the management of its own affairs, and the shaping of its future destinies.

The Parliamentary Bills Committee have been occupied with several subjects of considerable importance to the profession. The representation of the Committee concerning the Army Medical Department have included a careful review of the recommendations on this subject of the Departmental Committee. Many of the recommendations of this Committee were of a very satisfactory nature, including the abolition of the short term of service. On other points, especially the abolition of public competition, the Parliamentary Committee have made representations to the Government to the effect that they are convinced that no system of admission into the Army Medical Department which excludes fair and open competition will ever be satisfactory to the bulk of the profession, or to the public."

As to the "Lost Medical School of Oxford," a memorial had been prepared praying that means may be taken to restore to the University an efficient faculty of medicine, to renew the prosecution of medical studies in the University of Oxford, and to utilise the large special endowments which the University possesses. This memorial was approved by the Committee of Council, and circulated in the journal by its authority, and has received the signature of upwards of 2,000 members of the Association. Further reports have been made to the Select Committee of the House of Commons on the subject of the Coroners Bill.

The reading of the report and statement of accounts having concluded, Dr. Grimshaw proposed their adoption. It had been very gratifying to the Irish Medical Association to find that the British Medical Association had adopted so many of their views, and had endeavoured to carry them out in a way that would be very difficult for the Irish Medical Association to carry out, established as it was in Dublin, where they had its headquarters. He (Dr. Grimshaw) had been requested by the chairman of the Irish Medical Association to express their thanks to the sister Association in the assistance which they had given them.

Dr. Martin, of Portlaw, before the resolution was put complained that it was the opinion of many members of the Association that the editor of the *British Medical Journal* had outstepped his duty in writing in the way he did during the last year with regard to lunatic asylums. (Applause). He did not wish to propose an amendment, inasmuch as he was satisfied to see that the feeling of a large section of the meeting concurred with his, but he thought such conduct ought to be condemned.

The proceedings terminated.

The reception by the President of the Association and the Local Reception Committee took place on the same evening at the Queen's College, and was very numerously attended. The grounds and rooms were illuminated with the Jablochkoff candle, upon which a lecture was delivered by Mr. Berley.

Wednesday, August 6th.

The Association assembled at 11 o'clock to hear the Address in Medicine from Dr. Hudson.

Dr. Carpenter, President of the Council, opened the proceedings by announcing that the Council at their meeting that morning had received a very cordial invitation from Cambridge, to visit that important city next year, and it was unanimously decided by the Council to accept the invitation, and to accept also the nomination of the gentlemen of Cambridge that Professor Humphry be the President-elect for the next year.

The recommendation of the Council was then unanimously adopted.

Dr. Hudson, Regius Professor of Physic in the University of Dublin, then delivered the Address in Medicine, taking for his subject—"Lænnec: his Labours and their Influence in Medicine," which we purpose giving in our next.

Dr. Andrew Clark, in proposing a vote of thanks to the lecturer, said Dr. Hudson was one who occupied—and he was sure they would agree with him, occupied justly—one of the most prominent positions amongst the physicians not only of this country but of this Empire. He was beloved by his profession because he had always been loyal to his profession, generous to his contemporaries, and more than kind to his youthful brethren, and he was more than respected, he might be pardoned if he said he was revered by the public, because they always found in him a man of unsullied honour and unbending integrity.

Dr. Ringrose Atkins, in seconding the resolution, said Dr. Hudson had thrown himself into the history of his art, and he had recalled to their minds the names of men who stood like bright beacons, shedding a flood of light over centuries.

The President, in putting the proposition, said after a friendship of half-a-century, or nearly so, there had been, he was proud to say, a close friendship between Dr. Hudson and himself. He was his fellow student under Stokes, but he was far in advance of him (the President), and he was adopted by Stokes when he was merely a stranger in the country—adopted by him as a pet and favourite student—as one whom he could hold conversation with above any other in his class.

Dr. Hudson having briefly returned thanks,

Dr. Gallard, Paris, presented the Association with copies

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of some of his works. He had taken the initiative in France in introducing a system of legislation for certain classes of the insane (criminal lunatics) which caused a considerable amount of difficulty and trouble, and in one of his works he had proposed to establish a system of special asylums for criminal lunatics.

Dr. Carpenter, in accepting the present, said the Association had no library of its own, as they knew it was a travelling one, he did not know whether at present it was the intention of the Association to have one. On the part of the Council, therefore, he suggested that the books should be left in the library of the Queen's College, as a memento of their visit.

Thursday, August 7th.

The business of the day opened very pleasantly with a breakfast, given by the

Medical Temperance Association,

presided over by Dr. Norman Kerr, of London, to which a large number of the prominent members of the British Medical Association and the press were invited. The repast was excellently served by Mr. Phillips, of Cork, in Faulkener's Hall. Speech-making being the order of the day, it was not to be expected that the temperance movement would be allowed to suffer because the toasts were to be drunk in tea and coffee. On the contrary, much enthusiasm was shown, even at this early hour, and many exceedingly neat and flowery speeches followed, in which poetry bore no inconsiderable a part. Dr. Kerr set the ball rolling in a well-chosen harangue on the merits of temperance, tracing its history in connection with the Association from 1830, when Dr. Richmond, of Paisley, founded two of the earliest teetotal societies in Great Britain, to the present time. The able chairman's address was longly cheered, and was followed by a shorter one by Dr. Alfred Carpenter, of Croydon, who spoke highly of the modern innovation of coffee taverns, which he hoped would in a great measure be the means of lessening the evil of intemperance among the lower classes. Dr. O'Connor, the new president, next proposed a vote of thanks to the Council of the Medical Temperance Association, especially mentioning the name of Dr. Kerr for his excellent address and hospitality. Drs. Macnaughton Jones, Houldsworth, Ringrose Atkins, and Mr. Hart followed.

During the course of their remarks one or two speakers drew attention to a fresh non-alcoholic beverage, which had been introduced to the meeting by Messrs. Evans & Co., of Wrexham, under the name of Zoedone, which is a pure aerated water, with the addition of iron and the phosphates. Having ourselves tasted it we can honestly join in the praise bestowed by Drs. Norman Kerr and Carpenter, it is brilliant to the eye and pleasant to the palate, and being sent out by the manufacturers in champagne bottles has both the appearance and somewhat the taste of certain brands of champagne, with the further recommendation of being less costly and more useful medicinally than much which is sold under that name.

The next on the programme was the third general meeting of the General Association at 10 a.m., when Dr. Waters, of Chester, Chairman of the Committee, read the report, and moved the adoption of the following resolution :—

"That the Report of the Medical Reform Committee be received and adopted, and that the Committee be re-appointed as follows, with power to add to their number—Dr. E. Waters, Dr. Wilbraham Falconer, Mr. W. D. Husband, Dr. Alfred Carpenter, Dr. M. M. de Bartolome, Dr. C. Chadwick, Dr. E. Copeman, Dr. J. G. Davey, Dr. Balthazar Foster, Dr. T. W. Grimshaw, Rev. Dr. Haughton, Mr. H. Nelson Hardy, Dr. D. J. Leech, Mr. F. E. Manby, Mr. W. H. Michael, Mr. R. H. B. Nicholson, Dr. A. P. Stewart, Dr. W. F. Wade, Mr. C. G. Wheelhouse, and Mr. Ernest Hart."

This was carried, as was also a vote of thanks, by Dr. Falconer, of Bath, to Mr. Arthur Mills, M.P., for his efforts on behalf of the profession in Parliament.

Dr. Alfred Carpenter then read the Report of the Committee appointed at last annual meeting for promoting legislative restrictions for habitual drunkards, which was as follows :—

"Your committee are able to report that the Bill which Dr. Cameron introduced into the House of Commons last year, and which passed a second reading shortly before the Bath meeting, was not proceeded with. Dr. Cameron introduced it again early in the present Session, it passed through both Houses without a division, and it received the Royal Assent on the 3rd July, under the title of the 'Habitual Drunkards' Act, 1879.' The committee congratulate the Association upon the result, which, however, they can only consider as the first instalment of a more perfect measure. A strenuous effort should be made to bring into action some scheme by means of which the Act can be made effective. The committee are able to report that private efforts are about to be made for this purpose ; but they are of opinion that strenuous exertion should be made to procure the formation of a society which could elect a committee of management for the purpose of providing a residence fit for the reception of patients. A retreat should be established ; its superintendent should have no pecuniary interest in the detention of patients ; he should be a salaried officer, and responsible to the committee of management, who should appoint him. By this means accommodation could be provided for the poor as well as the rich, which can only be afforded by a properly-organised association, on the basis indicated by your committee. In conclusion, your committee, encouraged by the success hitherto achieved, are still aware that further efforts in the same direction will be required, and they ask, therefore, for their re-appointment as heretofore."

He moved that the following Committee be re-appointed :—Dr. Alfred Carpenter, Mr. Stephen S. Alford, Dr. G. F. Blandford, Mr. Wm. Cadge, Dr. J. W. Eastwood, Dr. B. Foster, Mr. W. C. Garman, Mr. John Gay, Mr. Carsten Holthouse, Mr. Charles Macnamara, Dr. H. Monro, Mr. G. W. Mould, Mr. R. H. B. Nicholson, Dr. A. P. Stewart, Dr. Farquharson, Dr. E. N. Vinen, Dr. Norman S. Kerr.

This was seconded by Dr. Bailey, and passed.

Dr. Wade moved the adoption of the report of the Scientific Grants' Committee, which he read. He moved that the following Committee be appointed :—Mr. G. W. Callender, Dr. Falconer, Dr. A. Carpenter, Dr. W. D. Husband, Mr. Alfred Baker, Dr. Lauder Brunton, Dr. C. Chadwick, Mr. T. B. Curling, Dr. Michael Foster, Dr. R. M'Donnell, Dr. W. Rutherford, Dr. Burdon Sanderson, Dr. Sharpey, Dr. Sieveking, Dr. A. P. Stewart, Dr. W. F. Wade, Dr. Waters, Dr. S. Wilks, Mr. C. G. Wheelhouse, Mr. Ernest Hart, which was also carried.

Mr. Savory was then called upon by the Chairman to deliver the Address in Surgery, which, on its conclusion, was received with universal and prolonged applause, and a vote of thanks to Mr. Savory was at once carried amidst ringing cheers.

The next business of the Association was one of the most interesting episodes of the meeting, the

Presentation of the Medal to Surgeon-Major Reynolds.

Dr. Carpenter, rising, said the honour had fallen to him to read the resolution passed by the Committee of Council. "That in consideration of the extraordinary professional services rendered by Surgeon-Major Reynolds, M.B., V.C., at Rorke's Drift, Zululand, South Africa, on the 22nd and 23rd January, 1879, by his constant attention to the wounded under fire, in consideration of his eminent bravery in voluntarily conveying ammunition across an open space under heavy cross fire, in consideration of the remarkable intelligence, coolness, and tact, evinced by Surgeon-Major Reynolds under circumstances of great danger, the gold medal of the British Medical Association, for distinguished merit, be, and is hereby, awarded to him." The recipient being still in Zululand, Surgeon-General Crawford, the head of the Medical Department in Ireland, would receive the medal on the part of Surgeon-Major Reynolds.

Surgeon-General Crawford, on receiving the medal, spoke

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a few words of thanks in the name of Surgeon-Major Reynolds, and the interesting ceremony terminated.

The meeting then broke up into sections, the subjects and papers being as per our programme given in last week's number.

In the evening the annual dinner was given in the assembly rooms, and was served to the satisfaction of a large gathering by Mr. Tanner, of Cork. Dr. O'Connor occupied the chair, and was well-supported both by the members and visitors. The speakers were General Hamilton and Surgeon-General Crawford (for the army.) Dr. Husband and Mr. Goulding, M.P. (Houses of Parliament); High Sheriff Hall, and Dr. Alfred Carpenter (the Association); Dr. Sullivan (Queen's College, Cork); Dr. Falconer (the President); Dr. Balthazar Foster, Mr. Savory, Dr. McCavil Anderson, and Dr. Kidd (the readers of addresses); Mr. Cooper Foster (the Mayor Corporation and citizens of Cork); Dr. Andrew Clark, Dr. Sayre, Professor Charcot, and Dr. Weber Liel (our guests); Dr. Waters, and Mr. Ernest Hart (the *British Medical Journal*); Dr. Carpenter and Dr. Macnaughton Jones (the local Committee.) Of course it is beyond our space to chronicle the speeches, but this we may say that many of them were above the average of after-dinner orations, and the entertainment was apparently much enjoyed.

Friday, August 8th.

The final days' assembly was less interesting than those which preceded it, and requires but little space to record its proceedings. The fourth general meeting took place at half-past one o'clock, the sections having been held at eleven o'clock.

The first Report of the Hospital Out-patient Reform Committee was read and adopted.

Mr. Ernest Hart moved—"That a committee be appointed to consider and report whether it would be desirable to adopt the metric system in Great Britain and Ireland, and whether the British Medical Association should, by any means, and if so by what, facilitate its introduction." He said that the resolution did not commit them to any definite course, but merely to report upon the present difficulties that existed in regard to their correspondence with similar associations in foreign countries.

This resolution was carried unanimously.

Dr. Phillipson next proposed the adoption of the Report of the Committee on the Registration of Diseases, which was also carried.

Mr. Ernest Hart proposed the adoption of the Report of the Parliamentary Bills Committee, and in doing so spoke strongly against the abolition of the system of competitive examinations for vacancies in the Army Medical Department.

Surgeon-General Crawford defended the action of the Army Medical Department in remedying the system of competitive examinations when the number of candidates was below that of the number of vacancies.

The resolution then passed.

Various votes of thanks to the President and Council of Queen's College, to the Mayor and citizens of Cork, to the able President and Hon. Sec. were then passed by acclamation, and the proceedings terminated.

We intend devoting space to the exhibition of surgical instruments, drugs, &c., and to other addresses in our next.

The Sectional Address in Medicine, by the President of the Section, Dr. Andrew Clark, will be found in another column.

IRISH GRADUATES' ASSOCIATION.

The Annual Meeting of the Association was held on Wednesday, August 6th, at the Queen's College, Cork, Mr. W. MacCormac, F.R.C.S., President, occupied the chair.

Dr. Thompson, Hon. Sec., read letters from Dr. G. G. Paget, of Cambridge, and Dr. Daniell, of London, expressing their regret that they could not be present.

The annual report of the Council was read and adopted.

The President then rose to propose a resolution having reference to the new Irish University Bill and its relation to the present Queen's University. The resolution was in the following words:—"That this Association desires to record its opinion that the Queen's University in Ireland has proved a valuable institution, and that the *status* and value of degrees possessed by graduates of the Queen's University will be seriously impaired, should the proposed disestablishment be carried out in this instance, a course which would be unprecedented in this country, and that a copy of this resolution be forwarded to the Home Secretary." He said it was a hard case for them, who were graduates of the Queen's University, to lose their Alma Mater, and it appeared to him very questionable justice to deprive them of their rights under existing circumstances; if they thought with him he would ask them to vote for the resolution which he had proposed.

Prof. Jones, of the Queen's College, seconded the resolution. He said that occupying as he did a position in the teaching body of the Queen's University, of course it was perfectly obvious that he must regard the resolution now before them as a very important one. He agreed with every word that had fallen from the President with reference to the danger which at present threatened the graduates of the Queen's University, and also the value of the degrees of that University.

Dr. Jacob, of Dublin, said he felt himself bound in conscience to express his dissent from the resolution. He did not wish to enter into his reasons or to move an amendment, but in justice to his own conscience he could not sit there without expressing his disapproval of the terms of the resolution.

Dr. M'Keon, of Belfast, expressed his surprise that any one interested in the collegiate institutions of this country should say a single word against the resolution, or against the position of the Queen's University in Ireland.

Dr. Foster, of Birmingham, and Dr. Pierce also made some remarks.

The resolution was put and carried.

The Treasurer (Dr. Foster) reported that the funds of the Association were in a favourable condition. A balance remained over from last year, and there were due in the respect of the current year, seventy-eight subscriptions.

On the motion of Dr. Jacob, the treasurer's report was adopted.

Dr. Waters, of Chester, proposed a vote of thanks to the retiring President, Mr. William MacCormac, to whom he paid a very warm compliment.

Dr. Foster seconded the vote of thanks, which was passed.

Dr. Thompson proposed that the president for the next year be Dr. George Edward Paget, F.R.S., of Cambridge.

The proposition was seconded by Dr. Oaks, and passed unanimously.

On the motion of Dr. Vance, it was decided to hold two meetings next year, one in London on St. Patrick's Day, and one at Cambridge on the occasion of the annual meeting of the British Medical Association.

On the motion of Dr. Stewart, seconded by Dr. Hadden, a vote of thanks was passed to Dr. Foster, the treasurer.

Votes of thanks were also passed to the Council of the British Medical Association, and to the President and Local Reception Committee, and the Honorary Local Secretary for their assistance to the Association.

Dr. Stewart gave notice that at the next general meeting of the Association he would bring forward a resolution relative to the name of the Association.

THE DINNER.

The annual dinner of the members of the Irish Graduates' Association took place at the Imperial Hotel, Cork, Mr. W. MacCormac, F.R.C.S.I. & E., &c., occupied the chair. Fifty members and guests were present.

The Chairman proposed the health of "Queen and Royal Family," which was drunk with acclamation.

Two other toasts followed—"Our Guests," responded to by Prof. Charcot, of Paris; Prof. Yandell, of Kentucky; and Dr. Johnstone, of Birmingham. "Our Elder Brother," the British Medical Association, responded to by Dr. Carpenter and Mr. Hart.

The Chairman's health having been proposed and duly honoured, the proceedings terminated.

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Literature.

THE STUDENT'S GUIDE TO THE PRACTICE OF MEDICINE. (a)

A SECOND edition of Dr. Charteris's little manual on the Practice of Medicine has just issued from the press. It is very properly designated a book on the *Practice* of Medicine, for a scientific exposition of the *science* is not professed. The student is, however, furnished with a reliable epitome of matters relating to symptomatology and treatment, thus enabling him to recognise disease, and have a practical knowledge of the treatment suitable to the various diseases. Pathology, of which Dr. Charteris does not seem to have a high opinion, may be said to be comparatively ignored; and the *modus medendi* of remedial agents is not attempted to be explained. The second edition is somewhat bulkier than the first, forty new pages having been incorporated with the body of the work, and a chapter on "A Method of Performing Post-mortem Examinations," having been added by Dr. Foulis. A Glossary of medical terms used in the text is in like manner a valuable addition, and much care seems to have been taken with it. We regret to observe in this, the second edition, a few errors of the press, and one or two doubtful expressions, which Dr. Charteris will permit us to point out, *e.g.*, "cold effusions, in the treatment of *scarlatina anginosa* still remains," &c.; "precocity in walking and talking," is questionable English; "a rise of the thermometer," is dubious; and "the indications of treatment resolve themselves *into a brisk purgative* of calomel and colocynth, followed by a black draught," is not defensible. While the treatment recommended is, generally speaking, such as we would assent to, we differ from Dr. Charteris in his recommendation of large draughts of water, and of stimulating diuretics, such as acetate of potash, in the treatment of acute Bright's disease. What effect large draughts of water could have other than to increase vascular tension, embarrass the renal circulation, and provoke the transudation of albumen, it is difficult to see. As for his stimulating diuretics, he is in company with his colleague at the University, and it might seem presumptious to challenge this treatment, strange though it does appear. These are, however, small objections; the book is a commendable one. Symptomatology is succintly described, and the indications of treatment, generally speaking, perfectly reliable. The rapid sale of the first edition testifies to the appreciation of the book by the student. The second is a decided improvement on the first, and we have confidence and pleasure in recommending it both to the student and to the junior practitioner.

MODERN MEDICAL THERAPEUTICS. (b)

No one who carefully peruses this work can feel surprised at the demand for it. Edition after edition sells off with great rapidity. It is a work which is eminently suited for American practitioners, but still could be profitably consulted by busy men here. It contains nearly all the recent additions to therapeutical knowledge arranged in an orderly manner, so that the busy practitioner can lay his hand at once upon what he wants. The author says that "the effort has been made to exercise a judicious conservatism in regard to long-known and well-tried remedies, and to avoid admitting what is new simply because it is new;" and he seems to have carried this into execution very thoroughly. The plan of the author is to give the different diseases of the various systems of the body together; then under the heading of each disease to give the most recent views as to treatment and the action of drugs. Thus in apoplexy the use of croton oil, as advocated by Hughlings Jackson, is given; and of bromides, by Prof. W. A. Hammond, is related. Under the heading of Epilepsy will be found everything the practitioner can get in the present state of our knowledge as to the treatment of this terrible disease. The same can be said of headaches. Hæmoptysis, however, leaves something to be desired, and that is, that light which pathology can throw as to the different causes of the disease, and consequently the appropriate remedy in each case. The different causes and associations of hæmoptysis are not described and differentiated; and consequently the treatment is a jumble of astringents. Ordinary fluxionary congestion of the lungs, leading to hæmorrhage, is best relieved by full doses of sulphate of magnesia; while that rise of blood-pressure in the pulmonic circulation, caused by tension in the systemic circulation, is best treated by dilatation of the systemic arterioles by heat and depressants. This is a matter Dr. Napheys will do well to attend to in a future edition. Under the head of Diarrhœa we can find no allusion to the use of the cold bath in the summer diarrhœa of hot countries, described by Comegys and H. C. Wood. Again, in dyspepsia, nothing is said as to reflex dyspepsia, occasionally accompanied by vomiting, which is due to ovarian irritation, and cured by blisters over the ovary, and full doses of bromide of potassium and sulphate of magnesia. In speaking of the treatment of dropsy the author does not discriminate betwixt the different forms of dropsy, especially betwixt that which is cardiac and that of chronic Bright's disease, a point of no small importance in practice. Gout, as may be expected, is not fully treated in an American book. They have not been a rich people long enough to have much gout; that is in store for them. Still it is ungracious to point out the faults only of a work so useful as this must be. It should have an extensive sale among those members of the profession who are anxious to be abreast the times. But its perusal should be preceded by the careful study of the principles of therapeutics, as given in Milner Fothergill's well-known work on the subject, after which this work can be read with much advantage.

On the whole there is much in this work to recommend it to the working members of the profession, especially those who have not much time for extensive reading, and yet who aspire to be of all the service to their patients that lies in their power. To such men we can confidently recommend this work.

ATLAS OF HISTOLOGY. (a)

JUDGING from the first three numbers, this work promises to be of the greatest interest and value. Its purpose is to give a representation and a description of the tissues of man and other vertebrates as they are understood in the present day; and if the later numbers sustain the high standard of those already published this purpose will be most satisfactorily accomplished. As regards the illustrations, Mr. Noble Smith must be congratulated on his great skill in delineation; the plates appear both graphic and truthful. In the first part blood and epithelium are dealt with, and it will be noticed that Dr. Klein favours the belief in an intra-cellular network both in epithelial cells and in white blood corpuscles. In passing, we should take exception to "crinate" as the epithet to apply to the edge of altered red blood corpuscles. In the second, endothelium is first considered. Here several of the very excellent illustrations are taken from Dr. Klein's work on the "Anatomy of the Lymphatic System," and we have a full exposition of his views on the importance of germinating endothelium; while the fourth chapter, devoted to the subject of connective tissue corpuscles, is illustrated by some of the best drawings of the whole series. In the third part, fibrous elastic tissues, pigment cells, and cartilage, are described; and here some of the illustrations can hardly be considered so fortunate as those to which attention has already been called. On the whole, however, the work appears to be one which is likely to occupy a very important place amongst our English text-books, and is one which is highly creditable to those concerned in its production.

(a) "The Student's Guide to the Practice of Medicine." By M. Charteris, M.D. 2nd Edition. London: J. and A. Churchill. 1879.

(b) "Modern Medical Therapeutics. A Compendium of Recent Formulæ and Specific Therapeutical Directions from the Practice of Eminent Contemporary Physicians, English, American, and Foreign." By George H. Napheys, A.M., M.D. Sixth Edition. Enlarged and Revised. Pp. 590. Ballière, Tindall, and Cox. 1879.

(a) "Atlas of Histology." By E. Klein, F.R.S., and G. Noble Smith, L.R.C.P. Parts I., II., III. London: Smith and Elder.

Correspondence.

ON THE UNITY OF POISON IN SCARLATINA, PUERPERAL FEVER, TYPHOID, DIPHTHERIA, ERYSIPELAS, ETC., ETC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As bearing on the points unity of poison, differentia-

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tion of resultant symptoms, and that symptoms proceeding from the one poison may in some instances be so mild as hardly to be cognisable, I quote these words of Dr. Eigenbrodt from his Report on the attack of diphtheria in the Grand Ducal family of Hesse Darmstadt (*Brit. Med. Journ.*, Jan. 25, 1879):—"Diphtheria sometimes appears in so slight a form that the patients suffering from the affection do not feel themselves really ill, but merely indisposed; and that consequently they have no occasion to interrupt their usual occupations."

Dr. Morton, in his paper (*Medical Press*, July 23, 1879) on "The Diphtheria Outbreak of last Spring in N.W. London," says:—"There is no infectious disease so uncertain in its activity; and my own belief is that the two great sources of difficulty in tracing the fresh case to the parent one are *the very various degrees of severity* with which diphtheria occurs, and no less *various degrees of susceptibility* of different persons to the poison. I think the very mild cases, of which little or no notice is taken, are frequently the parents of well-marked ones. The common English grasses and weeds, as you find them sometimes on the top of some thinly-capped and wind-swept cliffs, are so stunted that you hardly recognise them, but transplanted to some moist and sheltered spot, they may give rise to [I would rather say, developes by a series of evolutions, or by the process of evolution, into] a luxuriant vegetation....Cases of diarrhœa are exceptionally met with, in years when there is no suspicion of Asiatic cholera, which are fatal, with symptoms that cannot be distinguished from those of cholera....What I wish to suggest is that diphtheria, cholera, and influenza *may be* specifically *the same with some much slighter indigenous complaints*, but have acquired elsewhere, in some more congenial soil, a luxuriance constituting them new and what florists call 'giant' varieties; which, however, merge again, sooner or later, into the native variety. If this could be established it would go far to clear up one—and not the least important—of the interesting questions concerning the essential nature of diphtheria and its relation to other diseases."

I think the answer to Dr. Morton's speculations is fully given in my papers on this unity, &c., question—answers which will correspond with the experience of every medical man who uses in this direction his powers of observation.

Dr. Wm. Thomson (*Brit. Med. Journ.*, March 8th, 1879, p. 348) says:—"No doubt a great deal of the discrepancy of opinion which has hitherto existed, and still exists, concerning the etiology of typhoid, is due to the *difficulty of diagnosing the many varieties* of the disease. Enteric (typhoid) fever is common in infancy, and thus many people, being protected by such an attack, not being susceptible, come into contact with typhoid patients without contracting it again. . . . the same equally applies to scarlet fever. In studying the subject we must bear in mind that *we have imperfect development of some of its usual phenomena;* arrest, or absence, of some of its specific anatomical lesions; differences in the history of its origin, according to the EVER-VARYING conditions under which it is *diffused.*"

Dr. J. Harley, on Saturday, June 28th, 1879, communicated to me the leading points in a case of diphtheria, which had been recently under his care at St. Thomas's Hospital, and in which tracheotomy had been unavailingly performed. At the post-mortem the intestines were examined, *and found to be in that condition which is always set down as pathognomonic of typhoid; the state of Peyer's patches was particularly characteristic of what is orthodoxically supposed to be peculiar to typhoid.*

Surely this is another score in favour of unity of poison—differentiation of resultant phenomena!

Yours faithfully,

G. DE GORREQUER GRIFFITH.

9 Lupus Street, Belgravia, London.

Novelties.

CALVERT'S SOLIDIFIED CARBOLIC ACID.

In order to prevent the danger of accidental poisoning by carbolic acid, Messrs. Calvert and Co., of Manchester, supply this valuable disinfectant in the form of solid tablets which are well calculated to fulfil the object for which they have been prepared. Owing to the colour, odour, and general appearance of these tablets they are not likely to be taken either accidentally, or for the purpose of committing suicide, whilst they can be conviently used in all the cases in which carbolic acid is employed as a disinfectant. We find that one tablet dissolved in about a quart of warm water makes a solution strong enough for the disinfection of drains, water-closets, sick rooms, infected linen, &c. One great advantage of this preparation consists in its being very portable, so that travellers and families going into lodgings at the seaside, or elsewhere, would do well to provide themselves with a small box of these tablets.

SWAN AND PROCTER'S PREPARATIONS OF OPIUM.

SINCE we received some specimens of these preparations we have had the opportunity of testing their efficiency in several cases in which it was very desirable to prescribe a narcotic sedative on the action of which we could depend. The *pulv. opii. rect.* we have not yet tried, but we have found the *tinct. opii. rect.* and the *liq. opii. rect.* to be very reliable medicines, and to have decided advantages over other preparations we have been in the habit of using. It is well known that the commercial tincture of opium varies very much in its strength, and that is one reason why the crude drug is often much more effective than a corresponding dose of the tincture. Swan and Procter's solution is not only a preparation on the uniform strength of which we can rely, but it has, in our opinion, a more sedative effect upon the system than that of the British Pharmacopœia.

University of London.—The following candidates have passed the first M.B. Examination:—

FIRST DIVISION.

Adeney, Edwin Leonard, Guy's	Lane, William, Guy's Hospital
Barron, Alexander, Owens Coll.	Laurent, E. A., Univ. Coll.
Batterham, John Wms., Westmin.	Lukis, C. Pardey, St. Barth
Bull, Geo. C. R., St. Mary's	Mortimer, J. D. E., Westminster
Buxton, D. W., Univ. Coll.	Pearce, Walter B.Sc. St. Mary's
Clarke, Ernest, St. Barth. Hosp.	Priestley, John, Owens College
Corbould, H. F., Charing Cross	Rhodes, Jas. H. A., Liv. Rl. Infir.
Crookshank, E. M., King's Coll.	Rice, Bernard, St. Barth. Hosp.
Cuff, R. E. G., St. Mary's	Rogerson, J. T., Owens Coll.
Dakin, Wm. Radford, Owens Coll.	Savill, T. D., St. Thomas's Hosp.
Fenwick, E. H., London Hospital	Stoddart, F. W. St. Thomas's
Fielden, W. E., Guy's Hosp.	Stonham, Thos. G., Lond. Hosp.
Harris, T., Manchester Sch. Med.	Wells, Alfred Ernest, St. Thomas s
Jefferson, Arthur J., St. Thomas's	

SECOND DIVISION.

Anderson, D. E., B.A., B.Sc. Univ. Coll.	Larmuth, Leopold, Owens College
Atkinson, J. M., London Hosp.	Maddison, W. T., King's College
Bayes, Frederick Thomas, Guy's	Maitland, A. D., Univ. Coll.
Blore, Isaac, Owens College	Meeson, A., Liv. Royal Infirmary
Boswell, John Irvine, Guy's	Northcott, Arthur, Univ. Coll.
Brown, J. G., Liv. Royal Infirm.	Prothero, Liv. Sch. of Med.
Clarke, W. J., Queen's Coll. Birm.	Robinson, F., Leeds Sch. of Med.
Currie, Oswald James, Guy's	Rogers, J. M'Donald, Mx. Hosp.
Daniell, Alfred, Edin. and Paris	Salmon, A. G., St. Barth. Hosp.
Dawson, A. G., Owens College	Sanders, C., St. Barth. Hosp.
Dobson, J., Leeds School of Med.	Scarth, Isaac, Owens College.
Griffiths, Philip Rhys, Univ. Coll.	Shaw, Lauriston Elgie, Guy's
Hall, Ben, St. Barth. Hosp.	Sisley, Richard St. George's Hosp.
Harper, James, St. Barth. Hosp.	Sutton, S. W., St. Thomas's Hosp.
Hopkins, John, Univ. Coll.	Udale, Joseph James, Guy's Hosp.
	Webb, Malcolm, Owens College.

EXCLUDING PHYSIOLOGY.

Milligan, Robert Arthur, Guy's Hospital.
Dingley, Arthur William, University College.

PHYSIOLOGY ONLY.

Barnes, G. F., St. Barth. Hosp.	Sellers, Wm., Univ. of Edinburgh
Whiting, John, St. Barth. Hosp.	Smith, John, Guy's Hospital
Herschell, G. A., St. Thomas's	

The following candidates have passed the preliminary scientific (M.B.) examination:—

First Division—Bennett, F. W., Bindley, R. A., Black, W. J., Botham, R. H., Caiger, F. F., Cheves, J. T., Clarkson, E., Cookey, E. P., Cooper, H. C. E., Corbin, E. R. St. Clair, Daore, J., Dent, H. L. R., Duncan, H., Dutt, U. K., Elgood, C. R., Elliott, J., Ensor, H. C., Floyer, W.W., Fox, R. F., Gostling, W. A., Green, A., Halford, B. F., Harvey, J., Hayman, W. S., Heatherley, F., Hind, W., Hinds, F., Hooper, H. W., Hughes, R. B., Joberns, W., Lankester, A. O., Lawrence, L. A., Luff, A. P., Marriner, W. H. L., Martin, A., Merrifield, S. S., Morgan, T. W. S., Newland, E. O., Nunn, J. R., Paley, F. J., Penfold, F. W. H., Pettifer, E. C., Powell, J. J., Prideaux, F. H., Relton, B., Reynolds, E. S., Roberts, J. S. H., Roughton, E. W., Rouse, R. E., Scharlieb, Mary A. D., Settle, H., Shore, T. W., Shove, Edith, Short, T. S., Slater, D. J., Slater, W. A., Spencer, H. R., Spong, C. T., Stevenson, J., Strugnell, W. T., Targett, J. H., Taylor, A. E., Thorburn, W., Tom-

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linson, Emily, Turner, A. J., Vann, A. M., Vernon, J. J. D., Vinrace, E. D., Walker, E. G. A., Whitcombe, P. P., Wilson, T., Winter, T. B., Winterburn, J. W., Womack, F., Wynter, W. S.

Second Division.—Birch, H. P., Brown, W. H., Dudley, W., Evans, W. A., Finney, R. C., Graham, W. P., Green, C. D., Hodgson, G. G., Hull, W., Jones, J. H., Lucas, C. A., Lynam, R. G., Maude, A., Oxnard, A. T., Pilgrim, H. W., Player, C. E., Pointon, J., Smallpeice, W. D., Stewart, A. H. L., Thomson, T., Votsey, C. B., Walker, A. W. H., Walters-Hope, E. A., Ward, A. A., Williamson, H. H.

Royal College of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examination during the July sittings of the examiners :—

Edwin Simpson, Harry Albert Murphy, Edwin Douglas, Charles Pope, Dugald Christie, Frank Bernard Norris, George William Daunt, Mark Anthony Wardle, James Satterthwaite, Anthony Snowdon, Edmund McDonnell, Titus Helden Harwood, James Charles Bradshaw, Peter Dunlop, Francis Moore, Miles Wolfe Carr Partrige, Arthur Thomas Nunn, Francis Edward Ackerley, James William Thornton Gilbert, John Swatman Reynolds, John Arthur Cornett, Michael Joseph Collins, Abraham Llewellyn Reece, James Booth Clarkson, David William Johnston, Eugene Geary, Edward Evans, John Holt Marsh, William Lloyd Reade, Robert Greenwood Dempster, Alexander McDonald Westwater, Francis McDonald Swallow, Charles Samuel Gibbons, Frank Cheetham, John Otley, Richard Francis Walsh, Abercromby McBeath ; and the following gentlemen passed their final examination during July and August, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh :—William Crofts, Valbert Larcher, William David Sheppard, Frederick Dunbar Sutherland McMahon, John Joseph MacDonnell, Alexander Bowie, William Stevenson, Denis Quinlan, Robert William Anderson, John Henderson Brannigan, James Camac Smyth, Alfred James O'Hara, Thomas Harrop Roberts, John Paxton, Owen Lynch, Arthur Fredrick Wilkins, James Joseph Delahunt, Edward North, Angus Munro, Milbourne Luscombe Bloom Coombs, William Cotton Cornwall, William Henry Haley, Eleazar Davies, Marshall John Campbell, Humphry Haines, Phillip Durrell Pank, William Langford Pruen, John Stewart, William Ring, Miles Wolfe Carr Partrige, Egbert Williams, Anthony Snowdon, James MacMullen Bolster, Samuel Wallace, George Francis West, George Gibson Hamilton, James Ferguson Wyllie Clarke, William Dalziel, James Ronayne, Alexander Dryden Moffatt, Robert Huntly Campbell, George Skirving, Peter Slade Kendall, Robert Fawcett Maxwell, David Leslie Porter, Alexander McNaughton, Robert Dover Brunskill, Sarkis Thaddeus Avetoom, Duncan William Francis Chisholm, John Adolphus Burton, Edmund Seymour Bricknell, Charles Paget Hooker, Robert Joseph Kennedy, Joseph William Townsend Anderson.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination in July :—

Alfred Ernest Bartrum, Saint John Colwood Bennett ; and the following gentlemen passed their final examination, and were admitted to licentiates of the College :—John Tubb Thomas, John Edward Hanson, William Doughty, John Edmond Fairlie, William Arthur Ormsby Roberts. The following gentlemen having passed the necessary examinations in July obtained the Diploma of Licentiate in Dental Surgery :—William Armston Vice, Leon Jablouski Platt.

University of Glasgow.—At the graduation ceremony on August 1st, referred to in our last, under the heading of "Scotland," the following degrees were conferred :—

Doctors of Medicine (M.D.)—Archibald Brown, M.B., Charles D. Hunter, M.B., John Hutchinson, M.B., Thomas Reid, M.B., Robert Sinclair, M.B., Arthur R. Waddell, M.B.

Bachelors of Medicine and Masters in Surgery (M.B. and C.M.)—Thomas B. Adams, William Allan, John A. Barton, Thomas B. Birchall, Peter Buchanan, John M. Cameron, Archibald K. Chalmers, Alexander W. Crawford, John Crawford, Peter H. Cunningham, Alexander Davidson, William S. Donald, John Duff, Neil Fullarton, Robert Hamilton, Mark K. Hargreaves, Edwin Haworth, Robert Lees, David Longwill, Robert Lyon, Henry S. Lyons, William M'Alister, Angus M'Aulay, James B. Mackenzie, William J. Mackenzie, Angus Macphee, William McVie, Arthur Mechan, Robert D. W. Mecredy, Dugald Mitchell, William B. Moir, Islay B. Muirhead, M.A., Daniel Mungall, Sambira Nandi, Charles Napier, William Nicol, William K. Peden, Charles Harry Pinck, Charles Pinkerton, Alexander Barr Pollock, William Pollock, Robert Porter, John M. Smith, Ralph D. Stevenson, George Storer, William Taylor, George F. Wickens, William R. Willis, James S. Wilson, John Neil Wilson, John M. Yair, Henry Yarrow.

Bachelors of Medicine (M.B.)—John Glaister, John Mackeith, John Sinclair.

Naval Medical Service.—The following list shows the candidates for commissions as surgeons in the medical service of the Royal Navy who were successful at both the London and Netley examinations, together with the number of marks in each instance.

	Marks.		Marks
A. G. P. Gipps	4,642	J. P. Clibborn	3,386
J. Hunter	4,407	W. G. Jack	2,990
R. A. Simpson	3,895	A. Emson	2,713
J. F. Donovan	3,494	R. E. Biddulph	2,377
R. McIvor	3,438		

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. DOLAN is thanked ; the information will be useful to practitioners and students, and will be published in the issue following our Student's Number.

MR. COOK.—Thanks ; will be utilised in a future number.

A CONTRIBUTOR has not sent his name and address, his communication cannot receive attention without adherence to our rule.

INDIAN MEDICAL SERVICE.—The next examination for appointments in this service will be held on the 28th inst., and following days. The necessary forms must be obtained a week beforehand at the India Office, Whitehall, London, S.W.

MR. TRAFFORD.—Consult any qualified practitioner in your district; we never prescribe in these columns.

DR. T.—Probably the week after next.

MR. T. M. B.—See reply to Dr. T.

A SANITARIAN.—The first work is by Dr. Gordon ; the other by Dr. Wilson, Medical Director of the United States Navy.

HISTOLOGIST.—Not just now.

STUDENT.—The date is not yet definitely settled.

VACANCIES.

Carrick-on-Suir Union, Piltown Dispensary.—Medical Officer. Applications to the Secretary before Aug. 20. (See Advt.)

Chelmsford.—Medical Officer of Health. Salary, £300 per annum. Appointment for three years. Applications to W. W. Duffield, 96 High Street, Chelmsford, by Aug. 23.

County Asylum, Bristol.—Assistant Medical Officer. Salary, £100, with board. Applications to the Chairman before Aug. 20.

Hampstead, Parish of St. John.—Medical Officer of Health. Salary, £125. Applications to the Vestry Clerk endorsed "Medical Officer of Health," before Sept. 1.

Jersey General Dispensary.—Resident Medical Officer. Salary, £120. Duties to commence Nov. 1. Applications to the Hon. Sec. at the Dispensary.

Northampton General Infirmary.—Physician. Honorary. Applications to the Secretary on or before Aug. 26.

Queen Charlotte's Lying-in Hospital.—Resident Medical Officer. Salary, £60, with board. Applications to the Secretary 191 Marylebone Road, London, W., on or before Sept. 1.

Royal Free Hospital.—Junior Medical Officer. Board and residence provided, but no salary. Applications to the Secretary at the Hospital, Gray's Inn Road, W.C., before Aug. 19. (See Advt.)

Sheffield General Infirmary.—House Surgeon and Assistant House Surgeon. Salaries, £120 and £80 respectively, with board, &c. Applications to the Medical Staff before August 16.

Tyrone County Infirmary.—Lady Superintendent. (See Advt.)

Westminster Hospital.—Pathologist and Curator of Museum. Salary, £52. Applications to the Secretary on or before Sept. 13.

APPOINTMENTS.

BOOKEY, W. J. B., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Collatting and Clonegal Dispensary District of the Shillelagh Union, co. Wicklow.

FOX, C. N., M.B., C.M., Medical Officer, Medical Officer of Health, &c., for the Crossakeel Dispensary District of the Oldcastle Union, co. Meath.

FRASER, D. M., M.B., House Physician to the Liverpool Northern Hospital.

HAVELL, C. G., M.R.C.S., Resident Medical Officer to St. Mary's Hospital.

PAULLEY, J. N. L., L.R.C.P.Ed., M.R.C.S.E., Resident Accoucheur to the Queen's Hospital, Birmingham.

STRAHAN, M., L.R.C.S.I., Medical Officer to the No. 2 Dispensary, North Dublin Union.

WINCKWORTH, C. E., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Shefford District of the Biggleswade Union.

Births.

DAWSON.—On Aug. 7, at Queen's Gardens, Brighton, the wife of R. Dawson, M.B., of a son.

OVENS.—On Aug. 2, at Woodville, Gortatica, co. Kerry, the wife of J. C. Ovens, F.R.C.S.I., Surgeon-Major late 5th Dragoon Guards of a daughter.

WOODS.—On July 31, at Monaghan, the wife of Wm. Woods, L.R.C.S.I., of a son.

Deaths.

CARR.—On July 18, at Newcastle-on-Tyne, Charles Carr, M.R.C.S.E.

ELLIOTT.—On Aug. 3, at Cathedral Square, Waterford, John Elliott, A.M., M.B., aged 76.

FOSTER.—On Aug. 2, at Collumpton, Devon, James Murray Foster, F.R.C.P.Ed., F.R.C.S.Ed.

LEAHY.—On Aug. 3, at his residence at Killarney, Edward Leahy, M.D., aged 63.

MANING.—On July 23, at Derby, Herbert Stanley Maning, L.F.P.S.G., aged 27.

SYMES.—On Aug. 5, at Bridport, Dorset, George Symes, M.D., aged 81.

WARE.—On July 25, at Southampton, James Richardson Ware, aged 79.

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IRISH POOR-LAW INTELLIGENCE.

LIMERICK DISPENSARY.

CERTIFYING OF LUNATICS.

In reply to a question to the Local Government Board from Dr. T. Gelston, the following letter was read :—

Local Government Board,
Dublin, 8th July, 1879.

Sir,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 4th inst., inquiring whether it is the duty of a dispensary medical officer to visit on a red ticket a lunatic who is able to attend at the dispensary, and to fill the usual form for the admission of such persons to the District Lunatic Asylum ; and in reply I am to state that the 9th section of the Medical Charities Act enacts that it shall be the duty of the medical officer to afford medicine and advice, or to attend all poor persons provided with a ticket issued by any authorised person ; and it points out the course to be pursued if such person is not a fit subject for dispensary relief.

Every case must be determined on the special circumstances attending it, and their effect can be most properly determined by the Committee of Management of the district, to whom the facts would be known.

By order of the Board,
W. D. Wodsworth,
Assistant Secretary.

It will be observed that the Local Government Board gives no answer to Dr. Gelston's question, whether the dispensary medical officer must "fill up the usual form for admission to the lunatic asylum?" There is, in fact, nothing whatever to compel a dispensary medical officer to certify a lunatic without pay, and we hope that it will not be done except the circumstances compel.

DUNDALK UNION.

REDUCTION OF SANITARY SALARIES.

The Chairman read the following letter :—

"Local Government Board, Dublin,
"27th June, 1879.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of the minutes of proceedings relating to the proposed reduction in the salaries of certain officers of the union, in which the committee state that they are of opinion that in the case of existing officers whose salaries have been increased since their appointment mainly on the ground of the increased cost of living, the guardians are not acting unfairly towards them and are strictly within the rights of reducing their salaries under the altered state of affairs, and that the decision of the guardians should be maintained ; and with reference to the resolution adopting the report of the committee to the above effect, the Local Government Board desire to state that they have given the matter due consideration, but that they see no reason to alter their views as expressed in the letter of the 23rd ultimo ; and they must therefore decline to give their consent to the reduction of the officers' salaries proposed by the board of guardians.

"By order of the Board,
"B. Banks, Secretary."

Mr. Jeffers—It does not matter what we have done. The Local Government Board had made up their minds.

Mr. O'Hagan—You are right, Mr. Jeffers ; I perfectly agree with you that there is no use going on with the case as far as the Local Government Board is concerned. I am in favour of bringing it under the notice of the House of Commons.

The subject was allowed to drop.

CARRICK-ON-SUIR UNION.

REMUNERATION TO MEDICAL OFFICERS.

The following letter with reference to the payment of £2 2s., which was allowed on last board day to Dr. T. Martin for performing Dr. O'Meara's duties at Piltown, during his illness, was read :—

"Portlaw, July 11, 1879.

"*To the Chairman, Board of Guardians, Carrick-on-Suir.*

"Sir,—Understanding that the board of guardians are willing to allow only two guineas a week for performance of the dispensary duties at Piltown, in the absence of Dr. O'Meara, I beg you will relieve me of them after Sunday next.—I am, sir, obediently yours,

"Thomas M. Martin."

It was ordered that a copy of the letter be sent to the hon. secretary of the Piltown dispensary district.

CARRICK-ON-SUIR GUARDIANS.

SUBSTITUTES.

"Local Government Board, Dublin,
"July 25, 1879.

"Sir,—The Local Government Board acknowledge the minutes of proceedings of the 19th inst., containing a resolution that in future when a dispensary medical officer is allowed leave of absence owing to illness, a sum not exceeding two guineas a week be allowed for his temporary substitute ; that if the services of a substitute cannot be procured for such remuneration, the medical officer be required to pay the extra sum incurred in having his duties thus temporarily discharged, and that these conditions be inserted in all future advertisements, inviting candidates for the office of medical officer.

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"In reference thereto the Local Government Board desire to point out that the appointment of temporary substitutes for dispensary medical officers is provided for by article i, of the Dispensary Regulations, and it is for the board of guardians, on consideration of the circumstances of each case, to determine the amount of remuneration, if any, to be paid, subject to the approval of the Local Government Board.

"The guardians have, however, no legal authority to restrain the discretion of the guardians assembled at any future meeting, as to the rate of remuneration which a majority of the guardians present and voting at such meeting may think proper to allow in each case on its own merits.

"By order,

"W. D. WODSWORTH, Assistant Sec."

LIMERICK SANITARY AUTHORITY.

A MODEL EXECUTIVE.

READ Dr. Barry's report on the state of the sanitation of the city generally, and of the cellars in particular, the quantity, nature, number (126) of the cellars, which he considered exceedingly bad in almost every respect. In fact, the description of the cellar dwellings of the poor, which he gives in his report, is wellnigh indescribably bad, as unfit for the habitation of man, and never intended for such. They are nearly all without areas, except in a few cases, 73 of them are without a ray of light, many of them without ventilation; and except a few, all of them of a nature in the highest degree condemnable—in some of them families are in a horrible state of misery; and he computed about 500 persons in all to live in them.

Mr. Hastings said he never knew healthier or better people than lived in the cellars in his time. He did not know how these cellars could now be unhealthy when there were extremely healthy people in them formerly.

Ald. Synan agreed with Mr. Hastings. Huxters lived in those cellars—and they live very well.

Dr. O'Sullivan would always object to use food or provisions out of cellars such as those described in Dr. Barry's very exhaustive report, which he considered of the highest importance to the public.

Report referred to a sub-committee to investigate and report on.

Mr. Lenihan suggested that it should be an instruction to the committee to ascertain whether the average mortality is greater in the cellars than out of them.

CROSSAKIEL DISPENSARY.

AT a meeting of the Committee, held for the purpose of electing a medical officer to the district, two candidates presented themselves—Dr. C. N. Fox, of Killucan, and Dr. O'Reilly, of the Meath Militia. On a division Dr. Fox was declared elected by a majority of 12.

BALLINA DISPENSARY.

THE Local Government Board wrote approving of the appointment of Dr. Macaulay to act for Dr. Scott for a month, and of the remuneration proposed to be given.

It was stated that Dr. Macaulay had written to the Secretary of the Committee throwing up his appointment in consequence of the number of red tickets he was required to attend upon.

The subject then dropped.

The Ballina Dispensary Committee is always in the throes of labour about a medical officer. The whole population is billetted upon the dispensary doctor, and there emains no paying constituency.—ED. M. P. & C.

WATERFORD GUARDIANS.

CERTIFYING OF PAUPER LUNATICS.

THE Mayor called attention to a question which had arisen in connection with the duties of the dispensary doctors in reference to signing certificates in cases of lunacy. A man had gone out of his mind. He had been visited by Dr. Cutlar, who, unfortunately, did not see his way to signing a certificate of lunacy for him without a fee, as he said it was not any part of his duty to do so. The question then arose as to what were the duties of the dispensary doctors in such cases. The man was not dangerous, and had not attempted his life, but a constant watch had to be kept on him.

Mr. Newell—If he is dangerous the police should bring him before the magistrates, who can compel the doctor to examine the man, and give a certificate, for which they can give any fee they like up to £2.

Mr. Fisher held that under the Poor-law Act the doctor was bound to certify in a case like the present without any fee. It would be well to state the facts to the Local Government Board, and ask their opinion on the duties of the medical officers of the dispensary districts. The patient was not a dangerous lunatic at present, but they could not tell when he might be so. The doctor should give a certificate, and then he might apply to the proper authority for his fee.

The Mayor—Dr. Cutlar says he is not bound to certify for lunacy without a fee.

Mr. Fisher considered the doctor was bound to give the certificate.

The Clerk said the Medical Charities Act clearly defined the duties of the dispensary doctors. They were bound to examine any dangerous lunatic and give a certificate if necessary. They are also bound to give to the guardians, committee, or relieving officer a certificate of the state of health of any patient they attend on a ticket. Here, however, the certificate was wanted for the admission of a patient to a lunatic asylum, which made the case different. The proper course would be for the police to take charge of the case and bring it before the magistrates, who would commit the person to the asylum, awarding the doctor any sum not exceeding £2 that they thought fit for the certificate.

Mr. Clampett—That is where the doctor is not a dispensary doctor.

The Clerk—For any doctor.

Mr. Clampett—I think that in the case of lunatics the dispensary doctor is bound to give a certificate without a fee.

Mr. Fisher suggested that Dr. Cutlar be called on to visit the patient, and give a certificate as to his state of health.

The Mayor said he would have given a certificate himself before, both as a magistrate and a medical man, but that the case was in Dr. Cutlar's hands. However, he would now have the case brought before him sitting as a magistrate, and give Dr. Cutlar an order to sign the certificate.

The Clerk—That is the best way. If he is a dangerous lunatic the guardians have nothing to say to him.

These proceedings raise a very important question, as we believe Dr. Cutlar was perfectly right in the belief that it was no part of his duty to certify a pauper lunatic. In fact, strange as it may appear, it seems to us that there exists in Ireland no legal provision whatever for the examination and certifying of a harmless pauper lunatic. In England that duty is performed by the Poor-law medical officer, and paid for by a separate fee entirely apart from his ordinary duties. By the fifteenth section of the Medical Charities Act, Irish dispensary doctors are required "to examine and certify under the statute in that behalf any *dangerous* lunatic brought before a justice of the peace

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within his district *when summoned by such justice so to do*" By the 30th and 31st Vict., cap. 118, sec. 10, the term "dangerous" is defined to mean "a person 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;" and by the 14th section of the 38th and 39th Vict., cap. 67, the medical officer is authorised to demand from the guardians a fee of £2 for such examination and certificate, if the magistrates grant him an order to that effect.

The official regulations say not a word of any such duty in the case of harmless lunatics, and, on the whole, it seems certain that though the dispensary doctor is bound to visit a lunatic on a red ticket and prescribe for his cure, and even report the state of his health to the guardians, he is under no obligation to give a regular certificate for his restraint, and—judging from English precedent—he should be paid a special fee for doing so. We think that the best course which medical men can pursue is to ascertain whether the relations of the lunatic are willing to pay for the certifying, and if they be unwilling or unable to do so, to notify to the guardians that he will expect to be paid in all such cases, and will not sign any certificate unless he be. This subject was brought forcibly under the notice of the Poor-law and Lunacy Inquiry Commission last year by the Irish Medical Association, and we hope for some satisfactory legislative settlement of the matter.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JULY, 1879.

JULY 1st.—O'Donnell, William; 4 Margaret Place, Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

2nd.—Grey-Edwards, Henry; Bangor, N. Wales; M.B. 1879, and B.Ch. 1879 Univ. Dub.

4th.—McCreery, Benjamin Thomas; Provincial Bank, Fermoy, co. Cork; M.B. 1879 and B.Ch. 1879 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1879.

4th.—Hodges, Ralph Wm.; General Hospital, Queenstown, co. Cork; Lic. Apoth. Hall. Dub. 1879.

5th.—Carmody, Patrick Joseph; 1 Carr Street, Limerick; Lic. R. Coll. Surg. Irel. 1877.

7th.—Elliott, James May; Rathfirland, co. Down; Lic. R. Coll. Phys. Edin. 1876, Lic. R. Coll. Surg. Edin. 1876.

7th.—Murray, Andrew; 76 Eccles Street, Dublin; M.B. 1879 and B.Ch. 1879 Univ. Dub.

11th.—Fitzmaurice, Wm. Henry; Dunmanway, co. Cork; Lic. R. Coll. Surg. Irel. 1878.

15th.—Macnamara, John Wm. Unthank; Corofin, co.; Lic. R. Coll. Surg. Irel. 1878, Lic. Apoth. Hall. Dub. 1879.

15th.—Macnamara, William; Corofin, co. Clare; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

15th.—Younge, Geo. Harrison; Rathdowney, Queen's County; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

16th.—White, Vincent; 21 Broad Street, Waterford; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll Phys. Irel.

18th.—Banks, Henry; 1 Kenilworth Square, Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. K. Q. Coll. Phys. Irel. 1879.

18th.—Crowley, Joseph; Bandon, co. Cork; M.D. 1879 and M.Ch. 1879 K. Q. Coll. Phys. Irel.

21st.—Magill, Charles; Dundrod, Crumlin, co. Antgim; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel., Lic. Mid. K. Q. Coll. Phys. Irel. 1879.

25th.—MacMunn, John Auchinleck; Warrenpoint, co. Down; M.B. 1879 and B.Ch. 1879 Univ. Dub.

29th.—Dormer, Thomas; Patrick's Hill, Cork; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

29th.—Day, James Dunne; 2 Rosstrevor Terrace, Orwell Road, Rathgar, co. Dublin; M.B. 1878 and B.Ch. 1878 Univ. Dub.

30th.—Mitchell, Robert; Ballydugan House, Toome Bridge, co. Antrim; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

31st.—Ogden, Wm. Henry; 25 St. Mary's Road, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. K. Q. Coll. Phys. Irel. 1879.

The following was restored to the Register per order of General Medical Council of the 16th July, 1879, viz.:

Corbett, Thomas; 20 Ship Gate Street, Londonderry; Lic. Fac. Fac. Phys. and Surg. Glas. 1824, Lic. Apoth. Hall Dub. 1830.

The following names have been erased from the Register of the Branch Medical Council of Ireland during the month of July, 1879, pursuant to the 14th section of the Medical Act, 1858, in consequence of no reply having been received to several letters of application, viz.:—

Heath, Edward; Fleet Surgeon, R.N.
Hope, George; 8 Dawson Street, Dublin.
Hyde, Robert; Longford.
O'Reilly, Thomas; Kilkenny.
Power, Pierce George; Eglinton Asylum, Cork.
Rogers, John; formerly in Naval Medical Service.
Wheeler, Edwin; formerly in Naval Medical Service.
Lewis Charles; Knottingley, Yorkshire.
Hall, John Henry Wynne; 118 Wandsworth Road, London.
Nolan, James Joseph; Ballina, co. Mayo.
Kehoe, Joseph Richard; formerly Medical Department of the Army.
O'Grady, Thos. John; 26 Wexford Street, Dublin.

CORRESPONDENCE.

THE IRISH DRUG SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You have more than once of late referred to the system by which medicines are supplied to the dispensaries of the Irish unions. Tenders are advertised for, and the lowest contract price accepted. You have clearly pointed out the danger of this resulting in inferior medicines being sent in to the contractors. I would add to this, that in consequence of most of the dispensaries having earthen floors, and not being very abundantly supplied with fuel, the medicines are constantly in a state of damp for several months of the year, so that it is impossible to keep extracts, pill masses, or, indeed, anything that is not in a stoppered bottle. Practically, therefore, the pharmacopœia of the dispensary has to be limited to tinctures, Epsom salts, castor oil, and a few other articles not liable to be affected with damp. To remedy these evils, I applied a few months ago to my committee for a supply of the pearl-coated pills made by J. Richardson and Co., of Leicester, and I have found them so useful that I have sent the guardians a selected list of these pills and of some other specialties of the Leicester firm, which are very convenient for keeping and dispensing. These, along with Howard's quinine and bicarbonate of potash, and the vaseline of the Chesebourgh Manufacturing Company, the guardians have agreed to offer for contract along with the usual list of drugs recommended by the Local Government Board, the condition being annexed that all the articles in the special list must be enclosed in tins or bottles sealed by the label or trade mark of the respective manufacturers.

It is evident that the medicines shall come from a reliable source, and shall be in the form most suitable for keeping and dispensing.

I believe that an actual saving will be the result of the plan I now suggest. When I used to order pill masses, they either got mouldy, or absorbed so much moisture that they more resembled treacle than anything else, possibly because that was their principal ingredient, and so they had to be thrown out, and a fresh supply ordered. Now, the pearl-coated pills keep for months in their stoppered

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bottles. I find that about 28 varieties of pills, and 22 specialties, are amply sufficient for all practical purposes. I shall be glad to give further information to any dispensary medical officers who are disposed to bring the subject before the guardians of their respective unions.

Of course a medical officer can order whatever he considers necessary for the poor of his district, even though it be not contracted for; but where the intention is to get the chief supply for the dispensary in this way, it would be the wisest course to have the articles included in the contract, as otherwise the medical officer would be placed in an unpleasant position between the guardians and the contractor, and the former would ask the contractor to certify that the prices were reasonable.

I am yours, &c.,

ALEX. WALLACE.

Parsonstown, 26th July, 1879.

QUARTERLY RETURN OF BIRTHS & DEATHS IN IRELAND FOR THE QUARTER ENDING JUNE 30, 1879.

THERE was registered in the 798 Registrars' Districts in Ireland an annual birth-rate of 27·3 in every 1,000 of the estimated population.

In England the birth-rate represented was 35·2, and the mortality 21·1 per 1,000.

The birth-rate in Ireland was somewhat under the average for the June quarter, and the death-rate considerably in excess. The increased death-rate was due to the severe wintry weather, which led to great mortality from diseases of the respiratory organs, especially amongst the aged. The deaths from the eight principal zymotic diseases only equalled an annual mortality of 1·6 per 1,000 of the population.

From returns furnished by the Local Government Board, it is seen that the average weekly number of persons in receipt of poor relief was greater than in the second quarter of 1878, and also in excess of the average number for the June quarter of the last ten years. An increase appears both in the number in workhouses and the number on out-door relief.

Deaths.—The deaths registered in Ireland during the quarter ended 30th June last amount to 28,115, affording an annual ratio of 21·0 per 1,000 of the estimated population, against an average rate of 19·1 per 1,000 for the corresponding quarter of the five years 1874-78.

The death-rate in Leinster was 24·0 per 1,000, in Munster 21·3, in Ulster 20·3, and in Connaught 17·3.

The extremes of the county rates are 15·2 per 1,000 in Sligo, and 32·4 in Dublin. Of the intermediate rates the five highest are:—Westmeath 25·0 per 1,000; Limrrick, 21·2; Kilkenny, 23·5; Waterford, 22·7; and Carlow, 22·3; and the five lowest, Mayo, 16·3; Kildare, 17.4; Roscommon and Tyrone, each 17·7; and Galway, 18·0.

Health of the People.—The fatal effects of the cold, wet, variable weather which distinguished the past quarter in Ireland, are seen in the comparatively heavy mortality recorded in all parts of the country. The deaths in the March quarter were in excess of the number registered in any corresponding period since registration was established in Ireland, in the year 1864, and a similar result is afforded by the returns for the last three months, by which it is found that the deaths exceed those of the June quarter of any of the fifteen years referred to. As in the March quarter, the greater part of the increased mortality was amongst persons aged 60 years and upwards. Phthisis, bronchitis, and pneumonia were very fatal, but it is satisfactory to find that deaths from zymotic diseases of a preventible nature were, on the whole, below the average, and that there was no remarkable prevalence of any of these affections.

The "Registrars' Notes" treat, for the most part, of the sanitary condition of the respective districts; some record improvements, while in others the writers disclose defects in water supply, sewerage system, and general sanitary arrangements which call for immediate remedy—for example, the Registrar of Bellaghy district, Magherafelt Union, remarks, "No improvements in sanitary condition of the district. It is very hard to get the people to understand the danger of having cesspools, manure heaps, &c., at their very doors, still harder to keep them from drinking dangerous water; for instance, one well in this village was condemned by Public Analyst (twelve months ago) as utterly unfit for use, and yet, the well still remains open, the people still use the water, and all the reporting, &c., went for nothing."

The Registrar of Dunkineely writes—"the great desideratum—a due supply of pure water is not readily accessible to the inhabitants of the town of Dunkineely."

The Registrar of Annamoe, Rathdrum Union, again feels obliged to complain of the want of water in Lara and Roundwood; he says, "notwithstanding the great want of pure water in Lara and Roundwood, nothing has been done in that direction, although I have reported the matter many times to the local authorities; the expense of bringing a good supply of pure water into the centre of Lara would be almost *nil*.

As heretofore, many registrars deplore the existence of manure heaps and cess-pools in proximity to dwelling-houses, but some point out the difficulty of dealing with this evil owing to the want of proper accommodation around the houses of the poor. The Registrar of Whitechurch District, Dungarvon Union, referring to this subject remarks—"Cess-pools reported years ago remain in the same state, the sanitary authorities being powerless to compel the poor to be cleanly, who from want of rere accommodation must deposit night soil, filth, and all refuse matter in holes now filled with putrid water, and which recently contained manure, in front of their wretched cabins. The district abounds now with this class of nuisance, but I cannot see the remedy for its abatement until suitable dwellings with yard and ashpit in rere be provided."

Diseases.—The number of deaths returned by the registrars as having resulted from the principal zymotic diseases is 2,349, or 8·4 per cent. of the total deaths registered, and equal to 43·8 in every 100,000 of the population. This number is 667 under the deaths from the same causes in the corresponding quarter of 1878, and 109 under the average mortality for the second quarter of the three years 1876 to 1878.

Small-pox.—The deaths from small-pox which, in the March quarter, amounted to 334, fell last quarter to 153, all of which except 2 (1 in Ballymena Union, and 1 in Londonderry Union) occurred in the province of Leinster, the chief mortality having been in the two Metropolitan Unions, where 126 of the deaths took place. The remaining deaths from this cause were 16 registered in Rathdrum Union, 4 in Rathdown Union, 2 in Tullamore Union, and 1 each in the Unions of Gorey, Athy, and Enniscorthy. The Registrar of Athy District says that the fatal case of small-pox in that district was imported from Dublin.

(To be continued.)

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medica Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 20, 1879.

CONTENTS.

ABSTRACT OF THE ADDRESS IN SURGERY.

By WILLIAM S. SAVORY, F.R.S.,

Surgeon to, and Lecturer on Surgery at, St. Bartholomew's Hospital.

ON THE PREVENTION OF BLOOD-POISONING IN THE PRACTICE OF SURGERY.

WHEN honoured by the invitation of your Council to give this year the Address in Surgery, I had to consider on what subject I might venture to speak to you, I could not help regretting that one had not been chosen for me. I was embarrassed by the range of choice. Working as I am at surgery in general, there is no particular subject on which I am entitled to speak with especial authority; with any authority, indeed, beyond, or even equal to, that which many of those whom I address can claim. But then, on reflection, I could not doubt that, if the members of this Association had been called on to select a subject for this address, the majority, at least, would have chosen that which is, I think, not only in itself the first and largest in surgery, but also the one which of late years has occupied the attention of most surgeons far more than any other, and concerning which the most opposite opinions are entertained by those who have the fullest opportunities of studying it.

Need I say that I refer to the subject of Blood-Poisoning and its prevention? I think I am speaking advisedly when I call it the largest and the first; for it is not only an evil spread over the whole field of surgery—in what class of cases is its deadly presence unknown? but it is, if not the sole one, almost beyond comparison the chief evil which waits upon the surgeon's own work. It seeks its quarry not only in disease and accident, though here might be found scope enough for its powers of destruction; but it hovers over every operation, and by its fell swoop can destroy the best work and fairest promise of the surgeon. Yes; truly it has been the scourge of surgery. Is it so still? Would I could say it was altogether a thing of the past—of history only; that we are able now to cast it out. No; I cannot state this, When will some successor of mine in this honourable but responsible position be able fairly to affirm so much? But this I may say, that of late a vast amount of the best work has been done in this direction; of work so worthy that if the demon has not been altogether exorcised, in its power of mischief it has been so trodden under foot that now, when it moves among us, we are startled as by some strange thing. Let those who think my language overcharged look at the records of surgery in the last generation only, and in this they will see somewhat of the good which has been wrought—but a fraction of it; for it is only in our own time that anything like an accurate record has been kept of the number of lives thus destroyed. How many lives were so sacrificed in former times no one can tell, for the nature of the mischief being then unknown, its fatal work was set down to various other causes. It is only in time within the reach of many of us that its presence came to be recognised with sufficient distinction to have a name; and surgeons, you know, are not slow to find names for new things, whether real or actual, or mere imaginings. Yes, surely the chief triumph of this era of surgery is the successful war it has waged with blood-poisoning in all its various forms.

To avoid risk of confusion, let us consider for a moment what is to be understood by the term blood-poisoning. I shall employ it in its comprehensive sense, to express the sum of the effects produced by the introduction of matter changed by the action of septic poison into the blood. By septic poison I understand matter capable of producing or promoting putrefaction. This septic matter is thus, of course, separated from all inorganic and vegetable poisons commonly so-called, and by its effects, at least in the economy, from those zymotic poisons which produce such diseases as small-pox, scarlatina, measles, and the like. But I need hardly add that I include in this view not only the affections called pyæmia, septicæmia, ichorrhæmia, and so on, but some others which perhaps would not be so universally accepted to be within the pale, as, for example, erysipelas, certain forms of erythema, boils often, and carbuncle, and some other affections more vague and transient, which, perhaps, I need not now further particularise, for on this subject I have already spoken else-

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where. Of course, I do not forget that concerning the pathology of erysipelas, for instance, contrary views are still entertained. For my part, I consider it to be fairly well established that erysipelas is due to some infection of the blood; that it is the result of some form of blood-poisoning, and very closely allied to the affections called septicæmia and pyæmia. Nor shall I now trouble you with any discussion of the relation of the affections called septicæmia and pyæmia to each other. But, in order to be clear, it is as well to say that I do not think there is any evidence at all sufficient to show that these affections are different in kind or in nature. So far as I can see, they differ only in degree—a degree probably determined, at least chiefly, by the intensity of the poison which operates. I can find no reason for assuming a difference in the nature of the poison itself. For the grounds of this opinion I must refer you to former papers on the subject.

The cause, then, of the blood-poisoning of which I speak is the introduction of putrid matter to the blood. I say its introduction, for if it ever originates in the blood itself, such an origin is at present beyond research. We know nothing of it. All we do know is, that it may be introduced from without. The current belief—may I say the established fact?—is, that the agents of putrefaction exist in the form of solid organic particles, some so minute as to be beyond the range of the highest powers of the microscope, which float freely in the air, and are now commonly called germs, and which abound in decomposing organic matter of various kinds; notably, and this is of chief interest to us, in decomposing animal fluids.

Let it be observed, however, in passing, that although the germ-theory in its present form is of very modern growth, the belief that the admission of air to recent wounds is in some way injurious is not a new one. It extends at least beyond the era of the introduction of subcutaneous surgery, which is founded on it.

Now it is necessary for me, in order to avoid being misunderstood in what I have to say hereafter, to state thus much; but I do not propose to enter further into, to disturb the vexed questions that arise therefrom. I am considering the subject now only from a clinical point of view. Therefore, I turn from any farther inquiry into the more precise nature of these septic particles. In what sense, for instance, they are entitled to be considered alive need not trouble us here, or whether they are more akin to vegetable or to animal life. That they are organic, and possessed at least of the fundamental attributes of living matter, seems proven by their behaviour, and by some of the tests that we can apply to them. It is enough for us that they are septic; that they can produce and promote putrefaction; and further, that fluids so changed by them may provoke those terrible effects which are only too well known as blood-poisoning. I speak thus of the fluid which poisons, saying changed by, rather than charged with, bacteria or their germs, according to evidence; but I need not now consider this question. You will remember that it was discussed in a masterly manner in 1878, by Dr. W. Roberts, in his Address on Medicine. Neither have I now anything to say concerning the particles of matter at present called bacteria. Every one knows how they are prone to abound when putrefaction and kindred changes occur. For the most part, I suppose their presence may be regarded as the signal that such changes are in progress; but the exact relation they hold to such changes is at present with many a vexed question, and it is not necessary now to disturb it.

I have only one further remark to make on this portion of my subject. I have said that we have no knowledge that these mischievous particles ever originate within the blood. We do not know that when fluids so changed by them find an entrance from without, they are prone to provoke grave mischief. But we also know that such fluids, potent for the gravest mischief, may be produced within the body, deep among the tissues, far away from any chance of direct communication with the air, and this without previous wound or injury of any kind. Upon the passage of such matter into the circulation, the most fatal form of blood-poisoning may supervene. This significant fact, which is beyond question, has been of late strangely set aside, I would almost say wilfully overlooked, in very much of what has been written within the last few years; a fact significant, indeed, in a twofold sense. But to this I shall presently return.

It will be admitted, I trust, even by those who unreservedly accept what is known as the germ-theory, that I have not been in any way unfair in what I have thus said on the subject. Some, I know, would not go so far as I have gone, but I am anxious not to do injustice to this view. But now I turn to another side of this great subject: a side which throughout the discussion has been curiously lost sight of; which, so far as I know, in the vast amount that has been said and written, has been almost entirely ignored. If the germ-theory in its past and present state contained the truth, the whole truth, and nothing but the truth, what possible explanation is to be given of that which is witnessed daily and hourly—the kindly repair of exposed wounds? I will venture to say that any one who had no clinical experience, but who accepted all that he could read on the germ-theory, would inevitably come to the conclusion that to expose any wound unguarded to the atmosphere would be to seal the fate of the patient. But what is the fact? Who requires to be informed? Then is it not clear that the whole truth has not yet been told? Nay, further still, not only are exposed and unguarded wounds constantly to be seen in healthy process of repair, covered with secretion which presents no evidence of putrefaction, but wounds are sometimes seen bathed in fluid, which, if injected into the blood, would forthwith produce all the effects of blood-poisoning in the most intense degree. And yet farther: not only may such fluids lie in contact with open wounds without provoking any evidence of mischief, but a collection of the foulest fluid, in a state of the most active putrefaction, may be pent up in a closed cavity under considerable pressure; as, for example, in an anal or pharyngeal abscess or in an abscess around dead bone—I say a collection of matter large enough and poisonous enough to destroy a host of persons, if passed into the blood, may remain thus pent up in the body for a long period without any visible disturbance of the general health. It is obvious, then, that the contact of wounds and raw surfaces with even putrefying fluids is not always enough, for this is seen continually without evil effects. They must be transmitted to the blood. I hardly know what would become of the practice of surgery if this were a matter of course. In point of actual fact—a fact second in importance to none in surgery, but which it is the fashion just now resolutely to ignore—I say, in point of fact, it is very far from it. The transmission of such fluids, when they are present, is the exception, not the rule. Now, here again I am content to take the fact itself; and I do not propose to enter, at all events at any length, into any attempt at explanation. I do not think, however, that we are altogether in the dark. All wounds, except the most recent, when tolerably healthy, are covered, as we all know very well, by a newly formed delicate structure sometimes called granulation-tissues; sometimes presenting other but kindred forms; but which in any case constitutes a continuous layer interposed between the blood and whatever may be on the surface; and it seems to be pretty clear that this animal membrane has, like similar structures of the class, the property of separation; that it has the power of allowing the transmission of certain substances and of rejecting others, and that upon this simple action of dialysis health and life very often depend. I say this explanation has been made reasonable by observation and experiment; but whether it be wholly or partially true or not, the fact—the vital fact—which it attempts to explain remains. Pause, if only for a moment, to think of it: a fluid all-potent for mischief, intensely poisonous on the one side

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the blood, to which if it gain access follows destruction on the other, and a very thin, very delicate, most fragile membrane only intervening! Truly enough, to the patient ignorance of this is bliss; and surgeons just now talk, and write, and practise, as if it were folly to be wise.

But such terrible transmission is sometimes effected, and there is blood-poisoning. It remains, then, to inquire under what conditions the poison can gain entrance to the blood. I think the clinical study of this subject impresses us with some striking facts. First of all, this mischief is least likely to happen in healthy wounds during the process of repair; and, when it does occur, it is either in a wound unhealthy in character or flagging in action, or in one so recent, or in which the process of repair has been so delayed, that little or no new and healthy tissue has been produced on the surface. In other words, when the newly formed tissue is healthy and entire, it is tolerably impregnable, and whatever interferes with its integrity gives the opportunity for mischief. I say the mischief is less likely to happen in proportion as the wound is healthy and repair is rapid; but exceptions to this we know to occur; and it is reasonable to suppose, in some cases at least it has been almost demonstrated, if in some obscure corner reparative action has not failed, that from some violence or accidental disturbance or other cause, the continuity of the new structure has been broken or its integrity somehow impaired, and so the poison has passed in.

And now I hasten anxiously on to prevent the possibility of misapprehension even for a moment. But no one, I trust, could imagine from what I have been saying, that I am not to the last degree impressed by the mischief which may arise from the presence in wounds of any kind of decomposing fluid; that in the most absolute and thorough cleanliness—not in the common sense only, but in a surgical one also—can a patient be at all secure. I shall return to this; but I shall not be in any way misunderstood here. My present purpose is to insist upon the fact that two conditions at least are required for the mischief of blood-poisoning; and that of late, in the concentration of attention upon the other, one of these has been strangely overlooked. There must be a fluid potent for evil, and there must be a surface ready to transmit it. Obviously, then, the means of preventing mischief, of conducting our patient safely through recovery from wounds and injuries, lies in fulfilling the opposite conditions: in the rigid prevention or exclusion, so far as it is practicable, of all putrefying or decomposing or foul fluid, and in keeping wounds in as healthy a state as possible, in fostering the soundest and most rapid process of repair. If either of these conditions be fulfilled, the patient may escape the mischief we dread; but undoubtedly the duty of the surgeon is, by all means within his power, to secure both. He is below the mark if he can ever be satisfied with less than this.

Furthermore, be it remembered that these two conditions, as the rule, are found in company. The fresh fluid upon the surface of a wound which is healthy and in process of repair is innocuous. No mischief of this kind lurks in fresh healthy pus; and if the fluid which bathes the surface of a wound become foul or putrescent, the character of the wound itself is apt to change and the integrity of the surface to suffer. Therefore, a healthy wound in process of repair and a fluid on the surface which is innocuous, as the rule, go together.

Animal fluids exposed in open vessels to the air after some time become putrid, the length of time varying with the state of the air; and so it is forthwith concluded and argued by many that if fluid upon the surface of a wound be exposed to the air, it must while there become putrid too. But the fact is, that any one who cares to witness it may see fluid at any time upon the surface of exposed wounds which is not putrid. And the explanation of this most familiar fact is simple enough: that the fluid in the vessel has been kept until it has become foul, while the fluid upon the surface of a wound in process of repair which is duly watched and properly managed is ever being renewed. The same fluid ought not to be allowed to remain long enough to undergo mischievous change. There is, after all, some difference between stagnant water and a running stream.

Dr. Roberts, in his memorable address last year, said: "Before we can understand the pathology of septicæmia, we must have clear ideas on the relation of septic bacteria to our bodies. We see in our laboratories that dead animal tissues, when exposed to ordinary air or ordinary water, invariably breed septic organisms; in other words, contact of septic germs with the dead tissue never fails to produce successful septic inoculation. But this is quite otherwise with the same tissues when alive and forming part of our bodies. You cannot successfully inoculate the healthy tissues with septic bacteria. It has been proved over and over again that these organisms, when separated from the decomposing medium in which they grow, can be injected in quantity into the blood or tissue of a healthy animal, or applied to a sore on its skin, without producing the least effect. The healthy living tissues are an unsuitable soil for them; they cannot grow in it; or, to put it in another way, ordinary septic bacteria are not parasitic on the living tissues."

"This fact," he continues, "is of fundamental importance in the discussion of the pathology of septicæmia. We have a familiar illustration of its truth in the now common practice of subcutaneous injection; every time you make a subcutaneous injection you inject septic germs into the tissues."

Thus the surgery of the present day, in this respect, is characterised as antiseptic; that is to say, since surgeons have duly recognised this great impending evil, they have, as their chief aim, striven to avert it. Here, at all events, increase of power has followed closely on the advance of knowledge. One has not, I repeat, to turn far back in our literature before all evidence of any suspicion of what is now known as blood-poisoning disappears. Our knowledge of the fact of even the existence of such an affection is of recent date; and for several years after the subject first attracted the attention of surgeons, the comparatively clear and simple view of its pathology which at present prevails was for a while obscured by theories and doctrines which drew observation away from the actual cause to speculations on phlebitis, thrombosis, and other changes which are often associated with it. The history of our present knowledge of blood-poisoning is an interesting and instructive one. At first, all attention being naturally concentrated on the changes wrought in the body, the origin and cause of the affection was sought only within those limits. Then when the truth began to dawn that the actual poison was derived from without, the pendulum of opinion, according to its wont, swung at once to the opposite extreme, and I venture to think that of late the opposite error has prevailed, of regarding only the conditions under which the poison is formed, and losing sight altogether of the conditions under which it affects the blood.

Antiseptic surgery! Unhappily there is much confusion in the current employment of this phrase. This ought to mean—and with some, but a few only, it does mean—the principle which aims to secure healthy wounds and their repair as speedily as possible (for while they last there is always risk) by the most scrupulous cleanliness—by cleanliness, I repeat not only in the common, but in the surgical sense, which means the prevention or removal or destruction of all matter which may prove poisonous. This, I take it, is the only adequate conception of antiseptic surgery; and, as thus understood the term antiseptic ought in fact to become superfluous, being thus simply equivalent to good surgery. Less than this, should mean unwholesome practice. But somehow there is a weakness among us for exuberance of this sort. What a run the phrase "conservative surgery" had, for instance, nay, still has in certain quarters, as if surgery itself were worth anything, could have any value, or even deserve its name, if

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it were not in the truest sense conservative. The employment of the term conservative ought surely to mark an inadequate conception of our art, and I would fain say the same of the word antiseptic. If surgery be not antiseptic in the sense I have endeavoured to indicate, it must foster most dangerously, by covering with its sanction, the prevalence of mischief. But antiseptic surgery, as more commonly understood, implies the liberal employment in practice of special agents, which are collectively known as antiseptics; and the number of these—their name is legion—which has been introduced to the profession and the public, and the amount of many of them which is consumed, testify abundantly to the extent of opinion in their favour. But in this sense, again, I suppose all surgeons now-a-days practise antiseptic surgery. Perhaps an instance hardly ever occurs now in the treatment of a wound in which an antiseptic of some kind is not in some way employed during its progress; never, perhaps, in what should be called civilised surgery, if we allow—as we should allow—free ablution with clean water, adequately used, to be among the simplest, safest, best of antiseptics.

And lastly, the term antiseptic is employed, and this most commonly of all, to express a particular method of carrying out this great principle; the method which has attracted, and is still attracting, so large a share of attention. Of course, I allude to that which has been devised by Lister, and which is more precisely termed Lister's plan or method of dressing wounds.

It would be a matter of comparatively little moment in which of these senses the term antiseptic were used, if only the present degree of confusion could be avoided; but some mischief arises, I think, when the principle itself is confounded with any special mode of practice.

Now, since some light has been thrown on the nature and cause of this affection, what has surgery done to avert it? Yes, there are grounds for congratulation in this direction. This would surely be the answer given by the general experience of surgeons, and vague and full of fallacy as this necessarily always is, it must, and especially in this case, be allowed to go for very much. And this is the answer given by statistics, which, although too often laden with fallacy also, speak, I believe, plainly and conclusively on this point. I have no intention of trespassing on your patience now with any formidable array of figures, but shall refer to a table showing the statistics of blood-poisoning after operation or injury in St. Bartholomew's Hospital for the years 1876-77-78.

What, then, is here shown? That in 1876 the absolute number of deaths from pyæmia after operation were 2, which is at the rate of ·49 per cent.; or including erysipelas in the common term of blood-poisoning they were 5, at the rate of 1·24 per cent. In 1877, the number of deaths from pyæmia were 4, at the rate of ·95 per cent.; or including erysipelas they were 6, at the rate of 1·43 per cent. In 1878 the deaths from pyæmia were 4, at the rate of ·96 per cent.; with erysipelas 7, at the rate of 1·68 per cent. Once more, during the three years there was a total of 18 deaths from blood-poisoning after 1,235 operations, and this is at the rate of 1·44 per cent.

Now, so long as any instances whatever of this mischief occur, we shall regard our work in this respect as defective, and strive to do it better. I, at least, am ready to change my present plan of management when there is evidence of this character that better results can be accomplished by any other means.

Yes, I think it cannot be doubted that the occurrence of blood poisoning during the progress of wounds and recovery after operations has been of late very far less common than formerly, and is, I venture to believe, daily becoming yet more rare. It is far less frequent now than it was, I will not only say many years ago, when we cannot estimate its frequency from lack of any adequate record—because, indeed, then its actual occurrence often escaped even passing notice—but it is now far less frequent than it was only a few years back, within even the memory of younger surgeons. But congratulatory, I had almost said triumphant, as are the statistics of the present day, I must own that it is necessary to regard these with a jealous eye, and in some instances at least to accept them with reserve.

Now, considering all the various details in the treatment of wounds and the management of cases after operation, the practice of no two surgeons of the staff is precisely alike. Each surgeon, perhaps, carries out certain details in some way different from others, but on the chief objects in view we are undoubtedly in accord. We aim at the most scrupulous cleanliness, in the most comprehensive sense of the term. We strive to secure this by all possible means. We watch very carefully the actual state of wounds, and we use very freely antiseptics of various kinds. And, with cleanliness, we attach for the most part the highest importance to rest. We are careful to disturb wounds during the process of repair as little as possible. Cleanliness in its surgical sense, and rest in its physiological sense, may be said to be the leading aims. But we are by no means satisfied with directing attention only to wounds. We are most jealous of the state of the atmosphere. We keep the air as pure as possible. We are very careful to avoid, as far as practicable, any tendency to over-crowding of wounds in the same ward, and each patient has from 1,100 to 1,400 cubic feet of space. Lastly, we attach the highest importance to the state of health and condition of our patient before operation, and never, when we have choice and opportunity, do we inflict an injury without previous inquiry in this direction very fully carried out. Well, what of all this? will, perhaps be said. Of course, all this is done everywhere. So much the better. The results, you see, are not due to anything beyond the observance of the recognised principles of surgery. I have said our individual practice differs in detail; but my conviction is, that our results are due to the strict observance of sound principles of surgery.

As a rule, I do not employ drainage tubes. Now, the employment in routine of drainage tubes is so fashionable; they are just now, and for some time past have been, so high in favour with surgeons in general, that I must ask your indulgence to bear with me while I venture to criticise their action. The purpose for which they are so habitually employed is undoubtedly clear and sound enough: to avoid the accumulation of fluids in wounds. These fluids, when they have become changed, are the most common and active source of mischief; and the less lodgment there is of these in a wound, the safer it is for the patient. But is there no other means than this of providing for the escape of such fluids? You will perhaps gather, from what I have already said, that I for one believe there is, with ordinary care and skill. I think, if the edges of a wound be not allowed to close before the deeper parts, and that by position the outlet be made sufficiently dependant, as a rule all dangerous accumulation may be avoided. There are instances, however—exceptional, I think, after operation, but of more frequent occurrence in other cases—in which the insertion of something between the edges of a wound, or deeply into its substance, or throughout may be very useful; and then for the most part I should employ a strip of thin gutta-percha, or some threads of carbolised catgut. I am most disposed to insert something of this sort where I expect the process of repair to be least direct, where the wound is large and irregular, and where the secretion is likely to be profuse and rapid. For example, after the removal of a breast in a very fat person, I should probably, at one or two parts, insert a narrow slip of gutta-percha. But why not, then, do this in every case? Well, I think there is no material objection to it; and, where otherwise the progress of the wound cannot be watched in a trustworthy manner, it is better to adopt it. But I repeat that, as a rule, in the management of the simpler wounds, under the care of a surgeon who knows his business, there is no need of it. But in my mind, there are positive objections of great weight to the employment of drainage tubes. At first sight, indeed, for their chief

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purpose, they are very plausible instruments; but do they after all effectually discharge their duty? Does the greater portion of the fluid which forms in a wound where they are, as a rule escape from them? From my own experience, I should say, No; and I do not think I am at all singular in this observation. It has been more than once publicly pointed out—and I am sure the fact must have been often witnessed—that when a drainage-tube is withdrawn from a wound, a gush of fluid will follow it; and almost always some fluid, more or less, trickles after it, more than enough to provoke mischief if it be poisonous, and can pass into the blood. In any case, the fluid which forms in a wound will flow downward to the deepest parts, and not upward unless under pressure; and if from the position of a wound the aperture or apertures be at the dependent part, it will escape without tubes. If it be not, if there be a cavity within deeper than the outlet, what power, I should like to know, have drainage-tubes to draw it upward out of this? I think, then, if the position be satisfactory, and the vent sufficiently free, they are needless; if the position be not satisfactory, they are useless. I say, therefore, as a rule, drainage-tubes are not effectual instruments for their chief purpose. But, furthermore, their presence is often directly and actively mischievous. They are foreign bodies in a wound. They act, of course, as foreign bodies in almost all circumstances do; they irritate, they provoke suppuration and the formation of fluids. Those who are accustomed to witness with complacency the escape of fluids along drainage-tubes hardly reflect that the drainage-tube has been a cause—perhaps the prime cause—of the formation of the fluid which flows out. When I see these tubes moved to and fro in a wound with the escape of pus, I am forcibly reminded of what I have often seen in former years, the action of setons. A drainage-tube is, in fact, a seton. Even when they are retained only for a short time, not long enough to induce further mischief, they are fatal to the chance of direct union of a wound. And is this, the best of all results, to be now altogether given up as a visionary idea? Is union by the first intention to become a thing of the past? When I see, for example, a fatty tumour, small or of moderate size, removed from under the skin, and then the edges of the wound stitched closely together over a drainage-tube lodged throughout its length, it seems to me simply idle to talk of principles of surgery. That such wounds do at length close in spite of this treatment I know; but I think I know also that they will heal more quickly and kindly, directly without disturbance, if they are simply closed in the way to which I have already alluded to. It is surely very rare indeed for such wounds, if thus naturally treated and duly watched, to give rise to any anxiety or trouble. For my part, I do not think the risk, such as it is, at all lessened by insisting on a more circuitous process of repair.

I do not contend that drainage tubes ought never to be employed. In exceptional cases, I believe the advantage outweighs the evil of their use, as, for example in the after-treatment of empyema, where they are very useful in enabling us in a far more satisfactory manner to wash out the chest; and this, by the way, is an advantage often claimed for them, and with some force, in other instances. But I do not believe there can be usually much difficulty in washing out the interior of a wound, without the necessity for that purpose of the permanent insertion of a drainage-tube.

But now I must pass on to speak of that particular plan of practice which aims at unconditional security—the plan the purpose of which is to exclude all risk of blood-infection by the rigid exclusion of living germs; notably of that particular method which has been introduced by Lister, and at present known everywhere as Lister's method. Now, the relative value of this mode of treating wounds may be tried—should be tried, I think—first by the facts which have been ascertained in regard to it; and, secondly, by the arguments which can be advanced for or against it.

First, then, with regard to actual facts: are there any trustworthy statistics to show that hitherto the results obtained by Lister's plan are better than the best results obtained by any other method? I think most will admit that this is a question of considerable weight. Well, I take, for instance, our hospital statistics, to which I have already referred, on the one hand, and—I seek in vain for any parallel results on the other. And, while this is so, I shall consider that I am justified in the conviction that hitherto the best results have been achieved by the simpler method. I must add too that one seeks in vain for statistics of any kind from sources from which I submit we are entitled to expect them. Why are such statistics withheld? Are they not worth the trouble of collection? And, if they have been collected, why are they are not published? But let this pass. I say I know of no results from Lister's method like those which I have given. Indeed, many of the statistics which have been so triumphantly presented to us make but a sorry figure by the side of the best, and they admit only of excuse by comparison with former results from the same place. And here I cannot help thinking that confusion and fallacy prevail on this matter; that, to answer this prime question, old and new results are constantly compared. Some hospitals, in which for several years the results have been much more unfavourable than those which can now be shown, have adopted this method, and the contrast has been striking; that is, the old and new statistics of the same institution have differed widely; and this shows that a great improvement has been wrought there by the adoption of Lister's method; but it by no means shows, as many seem to accept that it does, that the best results of all can be obtained by this plan. For the fact is, conclusions drawn from comparisons of former and present practice at the same hospital are, in all probability, charged with this fallacy: that almost everywhere, from the attention which has now been for some past directed to the subject, and from the greater care and caution exercised, the mortality after injury and operation has been considerably reduced. I might give you illustrations of what I mean in figures which have been published in triumphant demonstration of the superiority of this method. What do they actually show? Why, that, while the adoption of Lister's plan has effected a vast improvement in the death-rate of a particular institution, the results obtained by it are still far below those which have been obtained by other methods. The contrast between the results of Lister's plan and the records of what I would fain hope may now be called former days is most marked where the previous mortality was highest; and it is easy to understand why the most enthusiastic reports in its favour come from those places where the sanitary conditions are worst. Beyond all question, I should say, in too many instances, it has proved far better than that which it has replaced; but to conclude from this that it is better, or in its results equal to every other plan at the present time adopted, is to set the simplest rules of logic at defiance, to foster error and confusion. No; Lister's plan must be tested (it would be an insult to its author to propose less), not by contrast of former with present statistics, but by comparison of its results with the best results which now are obtained otherwise.

But on this question of actual fact I must remark farther that, from observation of the method in cases in my own hands or under the care of my colleagues, I am impressed with the conviction that, as a rule, wounds heal more satisfactorily, more directly and quickly, under simpler plans. But an error of a like kind prevails here. An operation is performed in a sufficiently simple and straightforward case; this mode of dressing is adopted; all goes well; the wound heals; and the result is forthwith registered as demonstrative. The majority of wounds heal very well under various plans; heal, for the most part, in spite of many hindrances, if these do not exceed certain limits; and the majority of wounds heal under this particular plan.

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But I need hardly observe that the great question at issue is not at all touched by this kind of evidence.

I ought, however, to allude to a fact of which I, and probably many others, possess some evidence, that Lister's method has been both charged and credited with results that do not belong to it. A satirist might, indeed, have found ample scope for indulgence during the last two or three years in the treatment to which wounds have been subjected under the auspices of this plan. Very often, I should say, they have been converted into germ-traps and hotbeds for the cultivation of bacteria. But I repeat my conviction, that when the plan is accurately carried out, as a rule, it delays the repair of wounds.

But, further, it is said that, under this plan, we are enabled to perform certain operations with success, to achieve results in surgery which cannot be attempted with any reasonable prospect of success by other methods. I take leave to doubt whether these assertions are borne out by facts. In my humble opinion operations are sometimes performed both with this method and otherwise, which in any case had better be left undone; but I believe that patients have escaped with life after operations as full of risk to it, with other methods as with this. But this sort of statement, because it admits of no direct refutation, is never wanting in favour of any novelty. Has any new plan of treatment ever been proposed unsupported by abundant illustrations of its excellence? Are those who can tell of wonderful results from this method in a position to state that none equal to them have been accomplished in other and more simple ways? If it were not for the interests at stake one might find some amusement in hearing and reading, in the light of experience, of the surprising triumphs of "antiseptic surgery." But this is an old story; a tale too often told. With reference to this, Bryant has well said, "The publication of isolated cases, however good, proves nothing, whereas the withholding of the whole suggests much."

So far as actual facts, therefore, are at present concerned, and it seems to me that the time has arrived when we may use such records, if I am to adopt that line of practice in which the mortality is lowest, I cannot see that I have as yet adequate grounds for relinquishing the plan of treatment I at present follow.

To the next point. This particular plan of dressing wounds is founded on the accepted fact that the germs in the air are the sole cause of blood-infection, and its purpose is the prevention of this by their rigid exclusion or destruction. Is then, let it be asked first of all, this purpose by this means fulfilled? Does blood-poisoning ever occur in this practice? In point of fact, it does from time to time occur, and sometimes proves fatal. Everyone is aware, of course, of the answer which is given to this, that it is due to the mode of dressing being imperfectly carried out; to some flaw in the management of the details. To this again it may be replied that, although the contrary does not, from the nature of the case, admit of proof of actual demonstration, such a catastrophe has undoubtedly occurred; does still not unfrequently occur in skilful and experienced hands, in the practice of excellent surgeons, enthusiasts in this method. And if this be so, it practically, you see, amounts almost to the same thing. If the plan be only ideally perfect, and liable, in spite of such care and dexterity, to fail in practice, it still misses its aim. Indeed, here is the critical question: If it be not absolutely, unconditionally protective, in what relation does it stand to other methods? Why, so far as we have facts to guide us, as I have already stated up to this time, it has not made out its case. And, then, are there no positive objections to it? It shuts out the wound from view—to my mind, no trivial drawback. The wound cannot be examined without an elaborate process of change of dressing always involving disturbance, if not risk; and although it may be said that confidence in the safety of this plan dispenses with such need, the question again arises whether it is reasonable to give such confidence as this. But it is further urged that one can tell by other signs what is going on in the part; that local mischief is revealed by rise of temperature or of pulse. Yes, after a while, but not until the system has been disturbed by it. I think that when a wound or injury is under ready inspection we may detect the tendency to go wrong earlier than this; and upon the earliest detection of such tendency I think very much may turn. I do not believe this objection can be explained away. Then this mode of dressing very often irritates; as the rule, more or less, sooner or later. This local irritation, as the result of their repeated action, is, I should say, one of the most annoying objections to the use of antiseptics in general. They will do this; and although for a great end, this may, within limits, be endured as a comparatively trivial circumstance, yet it not unfrequently proves to be of more serious moment by interfering with and so delaying the process of repair. Thus certainly their employment in this way is not favourable to the best results of surgery in the repair of wounds by the simplest and most direct process. But while I think it must be conceded that this mode of treatment is not favourable to union by the first intention, it is claimed for it that, when wounds close by a more circuitous route, this process is shortened and simplified. I say to this—not proven; on the contrary, that the evidence is the other way. It has been affirmed that, under this plan, the constitutional disturbance, as indicated by the rise of temperature which usually attends the repair of considerable wounds, is very much reduced in degree. I have often heard the assertion made that there is usually little or none. I have reason to believe that many very exaggerated notions prevail in regard to the amount of constitutional disturbance attending the repair of wounds when managed otherwise. As a rule, there is more or less constitutional disturbance shown by rise of temperature during the repair of large wounds under any plan; but the evidence at present before us by no means shows that with this method it is less than under any other.

Again, much has been made in this matter of the formation of pus. It was, I believe, once contended that the formation of pus is prevented by this means; and now, that the process of suppuration is very materially reduced; that it is serum or a serous fluid, rather than pus, which wounds so treated pour out. Well; but when wounds have to heal by granulation, is laudable pus a cause or sign of mischief? I am not speaking of profuse and long-continued suppuration, which is really out of the question here; but of such suppuration as usually occurs during the repair of a wound. For my part, I confess I am neither ashamed nor afraid to see well-formed pus covering the surface of granulations; nay, I accept it as a very favourable sign. I am accustomed to watch it carefully; for I think, in the change of character of this secretion, we have often the first signal for good or for evil, and, as a rule, the condition is satisfactory under a layer of laudable pus. I say, then, even accepting the statement, it remains to be shown that a serous speaks of a better state of things than a purulent discharge.

Then, for me at least, and for the reasons I have given, the constant and prolonged employment of drainage-tubes is a serious objection. I am convinced, I repeat, that they too often prove sources of local and general irritation. Thus I have seen a large chronic abscess opened and dressed carefully with the rigid precautions of Lister's method. I have seen the patient day after day but little disturbed, with a temperature one or perhaps two degrees above the normal; and then, at the end of a week, or of nine or ten days, I have seen all the dressing hitherto applied suddenly removed, the drainage-tube withdrawn, and a common bread-poultice applied to the now fully exposed surface. The result has been that the temperature has quickly fallen to the normal point; and my belief is that, in more than one instance, the reduction of temperature was mainly due to the removal of the tube, which, as a foreign body in the wound, was a source of irritation.

I say, then, I cannot admit the claims of Lister's method; because, although undoubtedly very good results

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are to be obtained by this practice—better ones, no doubt, than most of those which were reached in former years, or are still in many places—yet that it has not shown results superior or equal to those which have been otherwise achieved; that it has, moreover, grave drawbacks from which simpler plans are free; and if it fail, it is worse than useless by increasing the risk; and, therefore, that it has not established any title to supersede all other methods in the practice of surgery.

The principle of Lister's practice is an easily intelligible, and, therefore, a very attractive one to the public—I mean the more educated portion of it, even to men of scientific attainments, who have little or no knowledge of clinical surgery; for the one fact can be seen so plainly, while all other questions which are forced on the attention of the surgeon are shut out from them.

But the principle on which it rests is a sound one; the logical outcome of established facts. Granted most freely and fully, so far as in this direction it goes. But is every other plan of treatment without principle and opposed by logic? Let me recall your attention to some words which appear to me to be among the wisest which have been spoken on the subject. In 1877, in his Address on Medicine, Dr. Roberts said: "We should probably differ less about the antiseptic treatment if we took a broader view of its principles. We are apt to confound the principle of the treatment with Lister's method of carrying it out. The essence of the principle, it appears to me, is not exactly to protect the wound from the septic organisms, but *to defend the patient against the septic poison.* Defined in this way, I believe that every successful method of treating wounds will be found to conform to the antiseptic principle. Take, for example, the open method of treating wounds, which is sometimes compared in its results with Lister's method. What is this treatment but another way (only less ideally perfect than Lister's) of defending the patient against the septic poison? Because, if the surgeon succeed in providing such free exit for the discharges that there is no lodgment of them in the wound, either they pass out of it before there is time for the production of the septic poison, or, if any be produced, it escapes so quickly that there is not enough absorbed to provoke an appreciable toxic effect." Which plan, after all, takes most cognisance of all the facts before us? While it is true that the air contains germs which can so change animal fluids that if then they pass into the blood they may poison it; it is also true not only that fluids which have never been in direct contact with the atmosphere may be pent up, far from the surface, in various parts of the body without infecting the blood, but also that open wounds may be, and are continually, freely exposed to the air, and yet remain all the while healthy, being the process of repair carried on without let or hindrance, or any disturbance of the health; that fluids which bathe the surface of wounds may be saturated with the air and all it contains, and still escape before they have undergone any mischievous change; that, lastly, and not least, fluids may thus become changed to putridity on the surface, as in the interior, and yet may not give rise to infection of the blood. In the discussion of this great question, it is too often implied, though not explicitly expressed, that if the unpurified atmosphere be allowed to come into contact with wounds it produces mischief. And if it be said that, assuming the risk to be ever so small, why not adopt means which avoid it altogether? the answer is, that it has not yet been shown that any such means exist. Blood-poisoning from wounds, though happily now in the best places extremely rare, still, under whatever mode of practice be followed, does occasionally occur; and so it seems to me most reasonable to follow that practice which is shown to be, on the whole, safest by its results, it being, moreover, the simplest and least objectionable in other ways. In short, it is clear enough that Lister's plan, while it deals with one cause only of danger, provides by no means absolute security against this. When seriously tested by a bad atmosphere, it has hitherto obviously left a wide margin of mischief. Compare, for example, German and other statistics with our own. And when hygienic conditions are as favourable as possible, the risk from the single source of which this method takes heed is so far reduced that the good it can effect, beyond other measures in this direction, is not equivalent to the harm it does in other ways; as, for example, by irritating the wound, and so interfering with the process of repair.

Observe, if you please, that I am not saying that Lister's practice is to be in every case, and under all conditions, eschewed. I can very well imagine—nay, I know of circumstances where I have no doubt it would be far safer to employ it than to run the great risk of exposure. It is preferable to a pestilential atmosphere. But I submit that, while in such places and with such arrangements, if operations must be performed or wounds treated, this, or something like it, should be adopted, it would be far better, wiser, more humane, to stop the practice of surgery altogether until these places had been made clean and reasonably pure. I refer again to the records from Germany. When we observe the rate of mortality before and after the adoption of Lister's method, we are tempted to ask, what would have been the result if all possible care and forethought had been directed to the improvement of the sanitary state of the hospitals? Why should they have been, why are they still, so far behind others in this respect? You will remember the story of the Norfolk and Norwich Hospital as Mr. Cadge told it; and you are not likely to forget the ghastly sketch Lister drew after his visit to some of the Continental hospitals only four years since. It is the evil of this, or of any special or peculiar plan of dressing, that it tends to limit our view, and by fixing the attention on a number of details, each of which is made of prime importance, diverts the mind from the observance and consideration of far larger questions. Yet notwithstanding the veil which has for a time been drawn before the eyes, there are already signs that the field of vision is extending. It is now many months ago that I read of a distinguished German professor using, as he tells us, extraordinary precautions: "that, on an operation morning, he gets up early and washes himself all over; that his assistants wash themselves; and that the patient is also washed;" and although a famous Scotch surgeon, who relates the story, adds, "Surely all these washings are unnecessary," let us hope that, in interests besides those of surgery, the expectation at least, of an operation, may become of daily occurrence. We cannot, indeed, render the air absolutely or "optically" pure for the practice of surgery; but I think, under fairly favourable conditions, and with the means at our command, operations may be performed and wounds treated in an atmosphere not so impure, but that, on the whole, the least risk is run by the practice I have ventured to advocate.

One word farther. I have spoken without reserve—as I take it I was bound to do if I spoke at all—of this now famous plan of treatment. By this I think I have shown the truest respect for the author of it. If I esteemed the practice of Professor Lister less, it would have been easy to offer him the homage of flattery, to congratulate him on his renown. It appears to me that I have evinced more regard for his authority, and placed a higher estimate on his work, by studying to the best of my ability the method he has introduced; by not expressing an opinion adverse to it in public, or from a position of responsibility such as this, until my conviction had grown clear and strong; and then I think I best mark my appreciation of his purpose by thus speaking out freely and fully. And though I am thus—not on principle, but in practice—opposed to him and many others whose ability and knowledge I admire and respect, I know very well that on a yet greater issue—the advance of surgery—we are heartily together; and with unfeigned diffidence of my own judgment, I have yet farther consolation in the assurance that, if I am in error, these words of mine, even from this place, will prove no serious obstacle to the progress of truth.

Whatever defects may be charged against surgeons in the practice of their art indisposition to accept new ideas, or lack of zeal in testing new proposals, cannot be reckoned among the number. And if in some the desire may appear to be

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excessive, it must be remembered that this is the natural outcome of discontent at the inadequacy of the resources they can at present command, and that such dissatisfaction is the parent of progress and improvement. A curious list, indeed, might be drawn up of the numerous novelties which from time to time have been introduced into surgery, and which, after attracting much attention, have been tried and found wanting. And if it so happen that this particular mode of dressing wounds should share their fate, still, like many others, it will have served some useful purpose; for it will at all events have helped largely to fix the attention of surgeons on a great source of danger from wounds. Nor is it perhaps likely to be superseded altogether by any plan of management which does not include among its chief objects the reduction of this risk to the utmost extent possible. Henceforth, no doubt, as the result of all the attention and discussion which have been given to this matter, the words cleanliness and purity will have a wider, deeper, fuller significance for the surgeon. Hospitals and all institutions where the practice of surgery is carried on will soon, let us trust, be no longer open to the shame of even a suspicion of their state. They must not only be made free from all doubt that in their wards mischief may be fostered; but they must offer year by year in their records the surest guarantee that they are the safest places for patients. At present, in the worst, antiseptics are the only means employed for counteracting this gigantic evil; and its proportions may, perhaps, in some degree, be measured by the lavish manner in which antiseptics are consumed. But, after all, they fulfil their purpose but imperfectly, and are themselves not free from evil. Is it rash to affirm that the future practice of surgery will be most successful when it is carried on, not where antiseptics are most largely used, but under conditions least in need of antiseptics? Nay, is not this so now

The study of blood-poisoning, the attention which of late has been directed from all sides on this great subject must prove of advantage to surgery in another way. For some time past, and to the prejudice of our profession, a wall of partition between medicine and natural science has been gradually built up. Physicians and surgeons finding enough, and more than enough, to do in their own immediate work, have of late years passed by the study of natural science, even that branch of it which most immediately concerns them—physiology or biology—with hardly a glance. And the loss from this, which was formerly allowed to be considerable, comes now to be actually questioned in some quarters as a fact. Nay, those who have never made any effort to find opportunity for this pursuit are wont to assert boldly the uselessness of it, and speak of it plainly as a waste of time. The study of blood-poisoning in its present form has effected for us in our profession this great good. It has led us back into paths which have been too long untrodden, and forced upon many of us, in a most attractive way, some little knowledge at least of the first principles and leading facts of biology. It has, at all events, in great measure imposed silence on those who have been accustomed to talk loudly of what they call practical work, and to meet every inquiry not likely to pay with the vulgar version of *cui bono?* And while, on the one hand, we have been thus forcibly reminded that surgery can never, without degradation, be divorced from physiology; on the other, this fertile field has proved to be common ground on which natural philosophers and surgeons may with mutual advantage, and in furtherance of the same immediate result, work together. It is true enough that no progress of any kind can be made in natural science without advantages in which medicine and surgery must always largely share; but still it is something just now to have a subject like the present one, in which the truth is made so plain upon the tables that he may run that readeth.

And it may be remarked that surgery, while it works in this direction, fulfils its highest purpose, for it aims at the prevention of disease. Heretofore our art has not escaped the reproach that, whatever it may have effected in the way of relief or cure, it has done little or nothing in the work of prevention. But what shall be said of the progress which has been made in averting the occurrence of blood-poisoning; in preventing the most fatal of all affections, which waits alike upon accidental wounds and the surgeon's own work? In accomplishing so much, it has not only thrown light over one of the darkest regions of pathology, but also, by reflection, on the laws which govern health and life.

THE TREATMENT OF UTERINE TUMOURS BY DILATATION AND THE ÉCRASEUR. (a)

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It is usual for the President of the Section to open the proceedings either with a *resumé* of the work that has been recently done, or other subject of general interest, or with a report on some subject at which he has himself been working. On the present occasion I propose to adopt this latter course, and to invite your attention to the consideration of the surgical treatment of some forms of uterine tumours; but, in doing so, I shall not touch on either the history or literature of the subject, which unfortunately the time at our disposal will not permit, but shall confine myself to some points arising out of my own experience.

It will, perhaps, be in the recollection of some now present that, so long ago as 1868, at the meeting of the Association at Oxford, I described a peculiar method of dilating the uterus, and related a case in which I had been enabled by this means to remove a large number of intra-uterine polypi. In a paper subsequently published in the *Dublin Quarterly Journal of Medical Science* for February, 1869, I gave a diagram illustrating this method of dilatation, and showing the polypi as found in the uterus at the time of the operation. Some copies of this diagram are now on the table. It will be observed that six pieces of sea-tangle, long enough to reach from beyond the os externum to the fundus, but not to touch it, have been introduced side by side, one after another, forming a bundle of parallel pieces; and it will be seen that these, as they absorb moisture and swell, must dilate not only the os externum, but the os internum and the cavity of the uterus itself at the one operation. Thus, if the os be sufficiently large to admit the necessary number of pieces at the first sitting, the whole process may be completed in twenty-four hours. If not sufficiently large, a few pieces must be introduced in the first instance, and removed at the end of twenty-four hours, when a larger number can be used, and dilatation thus effected to any required extent. Generally, even in the nulliparous uterus, the tissues are so relaxed by hæmorrhage that five or six pieces, each as large as a No. 6 catheter, can be introduced at the first sitting, and a dilatation procured sufficient for the introduction of the finger and exploration of the uterus, or the removal of small tumours. For the removal of larger tumours, however, a much greater degree of dilatation is required, and it may be necessary to introduce from twelve to eighteen pieces, which can generally be got in at the second sitting if six have been introduced at the first; but it is to be borne in mind that it is always advisable, when about to remove the tents, either for the introduction of others or for proceeding with the operation, to wash out the vagina with a solution of permanganate of potash, and after their removal to wash out the uterus itself with a similar solution before any further steps be taken; for, though sea-tangle does not give rise to the putrid and offensive discharges found when sponge is used, yet fluids accumulate which are irritating, and may, if not removed, prove injurious both to the operator and to the patient.

We have recently had a new kind of dilating material made known to us under the name of tupelo-tents that may, at the second sitting, be advantageously used instead of sea-tangle. This substance has been brought into notice by Dr. Sussdorff, of New York, in a paper published in the *New York Medical Record* of July, 1877. The tents are formed from the root of the *Nyssa aquatica*, which grows in the swamps of the Southern States of America. As imported into this country, they are too short to be of much use for dilating the uterus; but Messrs. Fannin and Co., of Dublin, have procured them for me of the full length required. These tents swell more quickly, and in proportion to their size when dry to a greater degree, than does the sea-tangle; but the tangle can be more easily introduced in the first instance, and, from its slower and more gradual action, will probably be found less painful and safer for the patient than the other. As soon, however, as the process of dilatation has commenced, and the tissues have become

(a) The Opening Address in the Section of Obstetric Medicine, at the Annual Meeting of the British Medical Association in Cork, August, 1879.

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softened and relaxed, the tupelo will complete it more quickly and thoroughly than the sea-tangle. If three tupelo-tents can be introduced at the second sitting, and along with them four or five pieces of No. 6 sea-tangle, the uterus will generally be found sufficiently dilated at the end of a further twenty-four hours to permit the removal of a tumour measuring from three to four inches in diameter.

The dilatation of narrow passages dates from the earliest ages of surgery, prepared sponge being the substance generally used for the purpose; but, till suggested by Sir James Simpson about thirty years ago, the exploration of the uterus by its means had not been attempted. Till then, as Sir James has stated, intra-uterine polypi "were generally considered as placed beyond the pale of any certain means of detection, or any possible means of operative removal." But now, following in his footsteps, and using the improved methods at our disposal, large tumours, such as even Sir James Simpson would not have thought of touching, have been made accessible, and brought within the domain of surgery. The dangers and inconveniences, however, attendant on the use of the sponge, have deterred many from attempting to dilate the uterus at all, or have led them to do it timidly and inefficiently; thus Dr. Emmett, in his recently published book, a work which would amply prove him, if we did not already know it, to be not only a bold but a most skilful and successful surgeon, though he describes a modification of the sponge-tent, and a special instrument for dilating the uterus, seems to scarcely use either for purposes of treatment, but for diagnosis only; and, indeed, specially recommends, in speaking of large tumours, that no attempt should be made for their removal till they appear at the os and begin to come down into the vagina. But we all know that, in the majority of cases, a woman's health is shattered and her life often placed in extreme jeopardy long before the tumour makes its appearance at the os, or begins to press on it. As a further example, I may mention that one of the specimens on the table was removed from the uterus of a lady who for some time was under the care of one of the most eminent gynæcologists and successful operators of the age, who, after spending a week in trying to dilate with sponge-tents, gave up the attempt, and recommended that the uterus should be extirpated, or the ovaries removed by Battey's operation; yet, after the use of two series of sea-tangles for forty-eight hours, the tumour, which was imbedded in the posterior wall of the uterus near the fundus, was safely removed by a combined process of enucleation and avulsion: an operation hazardous enough, but certainly much less so than the extirpation of either uterus or ovaries. In another case, which occurred about two years ago, the patient had been assured by one of the leading gynæcologists in the north of England that the tumour, the nature of which he had fully recognised, could not be removed by any possible means, yet, by the means now detailed, it was, in a space of forty-eight hours, brought within reach and removed; and the lady, who had lived several years in sterile marriage, has since given birth to a child. I have not the tumour here to exhibit, for she insisted on taking it home with her to show to her friends that such tumours could be removed.

Having dilated the uterus and made the tumour accessible, the next step is to remove it. In the paper on uterine polypi already alluded to, the mode of removing a polypus with an écraseur is described, and illustrated by a diagram; even large tumours, if prominent into the uterine cavity, may be removed in the same way. The uterus is first drawn down to the vulva, having been seized by a strong vulsellum; then the tumour is laid hold of either with a fine vulsellum or tenaculum, or with the "spiral instrument" described and figured in his book by Dr. McClintock, which is, indeed, nothing more nor less than a long corkscrew, and the loop of a wire écraseur is passed round its base. In my first paper, I recommended that this should be a soft iron wire; but I now find that, for large tumours, a finely tempered steel wire is the best, such as a piano-string, as it, though it may be compressed in passing through the os, opens again by its own elasticity when it gets into the cavity of the uterus, and is, therefore, more easily passed over the tumour, and it is, besides, firmer and stronger than the iron, and will bear a greater strain. In using an écraseur, one of two effects will be produced. If both ends of the wire be attached to the screw, then a purely crushing movement is produced. When the screw is worked, the wire constricts the tissues till it gradually crushes its way through. If one end of the wire be attached to the screw, and the other fixed, then a cutting motion is obtained combined with the crushing. This combination of cutting and crushing enables us to divide tumours that would resist and break the strongest crushing instruments; but to obtain the combined action of cutting and crushing, the screw holding the wire must travel double the distance required in the crushing movement. With the ordinary écraseur, consequently, it is often necessary to stop in the middle of the operation, and readjust the wire before the operation can be completed. This might, perhaps, be obviated by using Weiss's écraseur, which has a windlass to wind up the wire, but the instrument is very cumbrous, heavy, and inconvenient, and I believe it has never come into use. A Dublin student, Dr. Denham, son of Mr. Denham, ex-Master of the Rotunda Hospital, has, however, invented a simple instrument by which either a crushing or a combined crushing and cutting action can be obtained; and by its use, what has hitherto been one of the greatest practical difficulties in cutting through the base of large sessile tumours will probably be quite overcome. The difficulty consisted in this, that to encircle a tumour of, let us say, from three to four inches in diameter, the loop of wire must be more than from nine to twelve inches in length, and if only one end of it be attached to the screw so as to give the combined cutting and crushing movement, the écraseur must be so long as to be unwieldy in its proportions and weakened in its powers. Denham obviates the difficulty by making one end of the wire traverse the whole length of the screw, and enabling us, this being accomplished, to make the other end, by a very simple movement, take up the action and follow the same course. An inspection of the instrument which lies on the table will show at a glance how this is accomplished.

What has been said so far, as to the removal of the tumours after access to them had been obtained by dilating the uterus, refers to intra-uterine tumours—that is, those which have grown into the cavity of the uterus; but interstitial tumours, or those imbedded in the substance of the uterine wall, when they approach closely to the mucous membrane, often give rise to hæmorrhage, as serious and as injurious to life and health as that caused by intra-uterine tumours. The avulsion or enucleation of such tumours has long been practised; but, till Dr. Marion Sims and Dr. Gaillard Thomas described their mode of operating and devised instruments for the purpose, it seemed to me too dangerous to be attempted, except in extreme cases. Such tumours can now, however, be removed almost as safely as those which have grown into the uterine cavity; but when they lie high up in the cavity of the uterus, full dilatation must first be effected, and for this purpose the method now described appears to me to be the safest and most efficient.

A series of observations on the shape of the uterus, when enlarged by the growth of a tumour in its cavity or in its walls, has induced me to suggest a few simple rules for the diagnosis of the relations and position of the tumour, which seem likely to enable us to know, before proceeding to dilate, the conditions that will probably be met with. The rules may be summed up as follows. When we have evidence of the existence of a tumour, and the cavity of the uterus is enlarged, if the uterus be uniform in shape, without any bulging out or unequal enlargement of any of its walls, the tumour will probably be found to be more or less pedunculated, growing from the fundus of the uterus and hanging down into its cavity. If the uterus be found unequal in its outline, bulged out at one side and straight at the other, and if, on introducing the sound, it pass along the convex or bulged out side, then the tumour will be found to be growing from the wall opposite to where the bulging out occurs, and projecting into the cavity. If this bulging out be sudden and much marked, the tumour will probably be pedunculated; if the bulge be less marked and gradual, the tumour will probably be sessile, and projecting into the cavity from the wall opposite to the bulge, and may be so far interstitial as to have a thin layer of muscular fibre covering it over under the mucous membrane. If the uterus be bulged out in the same manner at one side, and the sound pass along the straight instead of the convex or bulged side, then the tumour will be found to be interstitial, and deeply seated in the uterine wall, closer probably to the peritoneal than the mucous surface. If further experiments should confirm these rules, they will, I hope, afford us some aid towards deciding in what cases an operation should be urged, and in what it should be undertaken with more caution.

There are many other points in reference to uterine tumours on which I should be glad to offer some remarks; but time warns me that I should not trespass further on your patience. I have placed on the table a few specimens of tumours removed in the manner described.

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Translations.

CONTRIBUTION TO THE STUDY OF THE OSSEOUS TUMOURS ON THE EXTERNAL AUDITORY MEATUS.

By Dr. DELSTANCHE, fils, Brussels.

Translated, by permission of the Author, from the "Mémoires Courronnés et Autres Mémoires," de l'Académie Royale de Médicine de Belgique,

By JAS. PATTERSON CASSELLS, M.D., M.R.C.S., Lond.,

Fellow of the Faculty of Physicians and Surgeons; Surgeon to the Glasgow Dispensary for the Diseases of the Ear; Aural Surgeon to the Glagow Royal Infirmary; and Lecturer on Aural Surgery in the Royal Infirmary School of Medicine, Glasgow; Membre-Correspondant de la Société Royale des Sciences Médicales et Naturelles de Bruxelles.

(*Concluded from page* 133.)

By the use of electricity Clark, of Bristol, has achieved one of the finest and most perfect cures that has been obtained up till this day.

It was that of a young girl, æt. 15, whose right auditory meatus was obstructed by an exostosis, so large, that the probe could scarcely be introduced between the osseous excrescence and the anterior wall of the meatus. The patient had had previously a mucous polypus on the same side, which had disappeared under the influence of tannic acid.

After a trial of the continued current, which it was necessary to give up on account of the intense pain that it caused, and the growth of the tumour having in the meantime so increased as to complete the obstruction of the canal, Clark had recourse to electrolysis, which he applied at two different times. The patient having been put under the influence of chloroform, three needles were stuck into the thickness of the tumour, two at the base, the other at the top. The first were put in communication with the negative pole, the last with the positive pole. Each sitting did not exceed three minutes. Three weeks from that time, it was ascertained, after having anæsthetised the patient, that the tumour had become moveable, and that pressure exercised upon it would cause it to come off. On its removal in this way, the membrana tympani was seen to be normal and the hearing entirely re-established.

Before finishing we must say a few words about a communication by Dr. Cassells on this subject, and which appeared in the *British Medical Journal*, 15th December, 1877.

We are very much mistaken if the ideas expressed in that note by the honourable specialist of Glasgow, upon the Etiology of Exostosis of the Ear, will have the effect of rallying partisans among the practitioners who have studied this question. The note is as follows:—

"The following conclusions in regard to the origin of aural exostosis are the result of several years of observation of such cases. These conclusions are now very briefly laid before the profession in order that further and mayhap wider observation on the part of others, may prove or disprove their correctness. In the meantime, so far as my knowledge of the subject goes, I may claim to be the first observer who has given a rational explanation of the origin of an aural exostosis supported by clinical and pathological facts,—these conclusions are as follows:—

"Premising that aural exostosis and hyperostosis are totally distinct affections in regard to origin, form, site, and treatment, an aural exostosis is benign in origin, only to be found on the outer half of the external auditory meatus, has its point of attachment *always* at the posterior wall (more of this point by-and-bye), is pedunculated, and has its origin in the periosteum of the mastoid, close to the meatus.

"The origin and development of an aural-exostosis are as follows:—

"At the outset a sub-periosteal abscess forms over the mastoid, and makes its way out and into the meatus, in the line of least resistance, coming out between the cartilaginous and osseous portions of the canal,—sometimes even through the cartilage of the canal, discharging itself, and continuing to do so for some time. By-and-bye, highly vascular granular-like growths sprout from the opening of the abscess, and go on increasing in size, while at the same time they are being gradually changed into bony tissue in their interior, by the gradual conversion of their cells into bone cells.

"The final size of the osseous tumour or exostosis, as well as its form, is determined by the original size and form of the granular-like growths. After complete ossification, no further increase takes place in the size of the tumour."

In order to avoid forming a rash judgment on the value of Dr. Cassells' theory, it is necessary to wait till he makes us acquainted with the manner in which it has been brought about, as the conclusion of the preceding lines will be published in the "Archiv f. Ohrenheilkunde." We are very curious to see a clear distinction between exostosis and hyperostosis established by him, because up till the present time no writer that we have consulted has entirely satisfied our curiosity on that point.

Virchow says, "By 'exostosis' is meant a production with a more circumscribed base; by 'periostosis,' a swelling on a larger surface, and by 'hyperostosis,' that same phenomenon upon an entire bone, or at least on an entire portion of a bone."

This is even very vague, for Virchow remarks that these differences are only distinguishable when it is a large bone that is affected; in the case of small bones, on the contrary, all that is confounded, because periostosis and hyperostosis can be absolutely presented as exostosis on a large bone. "These are expressions which have acquired a conventional meaning, and which do not always represent a marked difference between the things that they are employed to designate." (Virchow.)

Have these growths so definite a character, whether histological or etiological, as to permit an absolute line of demarcation being drawn between them? Since no one has found that character, we think ourselves perfectly authorised to include under the universal denomination of "Exostosis" of the auditory meatus, as far as we have seen till now, every tumour, or osseous production of that canal, pedunculated or sessile, whatever be the origin or mode of formation, provided it be exclusively constituted of the elements of true osseous tissue; reserving the name "hyperostosis" for the swelling of the whole or nearly the whole of the canal.

According to these conclusions the exostosis of the ear can indeed be developed in the manner indicated by Dr. Cassells; therefore, we do not think it necessary to contest the manner in which he views the subject, notably in regard to the *rôle*, which he ascribes to the sub-periosteal abscess, in the etiology of aural exostosis; above all, of that form which has its seat near to the orifice of the external meatus.

As to the part of the auditory canal which our honourable *confrère* assigns as being the exclusive seat of the tumour; to the sub-periosteal abscess of the mastoid, which is, according to him, the point of its departure, and lastly to the transformation of the primary granulations into osseous tissue of the same form and of the same volume, we would be strongly tempted to view this description as a product of a vivid imagination, rather than the result of a profound examination of fact, did we not know the long-established authority which Dr. Cassells has justly acquired.

Conclusion.—It results from the study of the writings relating to the question of exostosis of the auditory meatus, that we have been able to gather together, as well as from the facts of our own experience, that the exostoses

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of the auditory meatus can be developed, as much before as after the period of ossification of that canal.

Amongst the causes to which the development of these osseous tumours is attributed are, hereditary predisposition, inflammation or irritation, spontaneous or traumatic, primary or secondary, of the bones of the meatus and of the periosteum covering them.

The influence of the rheumatic, gouty, or the syphilitic diathesis has not been unquestionably established.

These tumours can arise from any part whatever of the osseous auditory meatus, but they most frequently spring from its posterior wall. Their degree of sensitiveness varies according to their situation in the meatus.

Deafness, and the subjective phenomena of the hearing, as well as the feeling of compression, of vertigo, &c., which occurs sometimes with exostoses in the ear, usually owe their origin to the occlusion of the meatus, and disappear as soon as the canal is made pervious. But there are cases where the symptoms are conditioned by coexisting inflammation of the tympanum, or of the external meatus.

The medical treatment of the exostoses of the ear rarely gives good results. Their surgical treatment, on the contrary, presents great resources, and can, in some cases, end in a radical cure.

Whatever be the proceeding in use, the harmlessness of surgical treatment has not been contradicted up till now, and it sometimes constitutes the only means of preventing a fatal issue.

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REGISTERED FOR TRANSMISSION ABROAD.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 20, 1879.

INFLUENCE OF PREVENTIVE MEDICINE UPON THE GENERAL MORTALITY.

IN the able and suggestive Address on Public Medicine which Dr. Andrew Fergus has just delivered before the British Medical Association, there are a few points to which we would particularly call the attention of sanitarians, and especially of those who are under the impression that the annual death-rate of the population of England and Wales has been greatly diminished by the sanitary improvements that have been made throughout the country. It is well that we do not over-estimate the value of the work which has been accomplished in the department of hygiene, or otherwise we shall be tempted to relax our energies in the advancement of a science which, notwithstanding the facts about to be described, has done much, and promises to do a great deal more, for the public health.

In the above address Dr. Fergus has taken the trouble to analyse the whole of the Registrar-General's returns, and to make tables showing the proportion of deaths in each million of the population at the respective dates. One table shows the number of deaths per annum in England and Wales, from certain zymotic diseases separately from other causes taken together, for each million of the population, from 1838 to 1871.

Now, the most remarkable fact that strikes us in looking over these tables is the increase in the diarrhœal group, the addition of a new zymotic—viz., diphtheria—the small diminution of typhoid in the fever group, and the very stationary state of the total annual mortality of

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the people from all causes during the period above-mentioned.

With respect to *diarrhœa*, and beginning with the small number of 225 deaths from that cause per million in 1838, we find that they amount to 472 in the last year (1842) of the first quinquennium. In comparing the first five years with the last two completed periods of like duration, it will be seen that the average for the first five years (1838-1842) was only 298; for the five years 1867-1871, it was 1,161; and for the last completed five years (1872-1876), as much as 998.

It may be mentioned that a few cases of dysentery are classed along with the diarrhœa cases, but in none of these periods was there the disturbing element of epidemic cholera. Thus, as Dr. Fergus remarks, it is not a little surprising to find that in the last period but one there were nearly four times as many deaths from this group as in the first period, and that even in the last quinquennium, there were more than three times as many deaths from the diarrhœal group as in the first period of five years. In measles and whooping-cough there is little or no variation, either one way or the other.

With regard to *measles*, the respective death-rates for the whole seven quinquennial periods specified vary from 375 (1872-76) to 540 (1838-40); while the death-rates for *whooping-cough* only vary from 472 (1847-51) to 542 (1862-66).

On the other hand, the death-rate from *scarlet fever* appears to have actually increased. During the first period of five years (1838-42) the figures are only 798. For the second quinquennial period they are 858; for the third, 902; for the fifth, 1,004; and for the sixth, 1,017; so that Dr. Fergus states the case rather too favourably when he says: "It is very satisfactory to observe that the last quinquennium has the lowest mortality—viz., 738 in the million of the population," especially as this rate was nearly equalled in the fourth period (1857-61), when the rate was only 796.

Typhoid does not come out at all well in the second table of deaths from fevers in 1869-76 per million of population, the death-rates for these years only varying from 311 to 390. With regard, however, to fevers in general, and typhus and simple continued in particular, there is a great diminution in the death-rate. Thus a glance at Table I shows that there has been an almost progressive diminution of "fevers" from the first and second quinquenniums, when the respective death-rates were 1,053 and 1,197, to the last or seventh period, when the rate was only 555. During the eight years 1869-76, typhus has gradually decreased from 193 to 49, and simple continued from 245 to 83. Dr. Fergus says, "there can be no doubt that this great improvement is owing to what sanitarians have effected." Some may be inclined to demur to this supposition, and will ask why the very fever, which is more than any other fever due to bad drainage, &c., should be the least affected by the sanitary improvements of the last ten years. Nor has our prevention of *small-pox* been, according to these statistics, so successful as it might have been. It is true that "the deaths from this disease vary from a maximum of 1,064 per million in the first year (1838), to a minimum of 49 in 1875"; but if we look at the table, we find that while in the two years 1838-39, the deaths for each million amounted to 1,653, in the two years 1871-2, they amounted to 1,845. Still there has been a marked diminution of the disease within the last 25 years, for while for the first quinquennium the rate was 577, the rates for the last five periods only varied from 187 to 283.

After the above statement the reader will not be so surprised to hear that very little change has taken place in the annual death-rates from all causes during the last thirty-five years. Thus the total deaths from all causes per million of the population were—in the first period (1838-42), 22,078, and during the last period 21,729; whilst for twenty years (from 1852 to 1871) the rate only fluctuated from 22,030 to 22,998. In reference to this fact Dr. Fergus cites a passage from the *Journal of the Institute of Actuaries* (July, 1878, vol. xxi., p. 120) in which Mr. A. H. Bailey remarks:—"In discussing this well-worn theme (mortality) the first feeling must be one of disappointment. An impression prevails, among medical men especially, that the duration of life is extending, and that it will be still further advanced by sanitary improvements. Is there any evidence of this? There has now been a systematic registration of deaths in this country for forty years, large sums of money have been spent upon sanitary improvements, and what has been the effect on the mortality of the population? Discarding individual years, in which there has been fluctuation in both directions, from various causes it happens curiously enough that in each of the three decennial periods 1841-50, 1851-60, and 1861-70, the rate of mortality has been identical, namely, 22·35 per 1,000 of the population."

Are we, therefore, to infer from this statement, and from the facts to which we have just drawn attention, that the sanitary improvements of the last twenty years have been barren of results, and have had very little influence upon the death-rate of the people in this country? Certainly not; for there are several reasons why the good effects of our sanitary reforms should not be so evident when the total annual mortality for the whole country from all causes, and during a long series of years, is taken into account, as they would appear if we compared the present and past mortality of particular districts in which the work of the sanitarian has been well or effectually carried out. Public hygiene, or State medicine, can only control the death-rate from a certain class of diseases—diseases the aggregate number of which is small when compared with all the other causes of mortality. Thus, passing over four years, details of which are not given in the Registrar-General's returns, the total annual mortality per million from croup, diphtheria, diarrhœa, cholera, scarlatina, fevers, measles, whooping-cough, and small-pox, amounts in round numbers to between four and five thousand from 1838 to 1876, while the total annual mortality per million from other causes, over which State medicine has little or no control, amounts to seventeen or eighteen thousand and upwards. Consequently, the diminution in the death-rate from some of the diseases above-mentioned must be very marked before it would have any perceptible influence upon the aggregate mortality of the whole population. Then, again, increase of population is to be taken into account. In 1838 the population was upwards of 15 millions, in 1876 it was upwards of 24 millions. But

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great and rapid increase in the population of a country means overcrowding, with all its attendant evils, in certain districts, so that for obvious reasons the amount of disease sanitarians would have to contend with under these conditions would be much more, and the success of their labours much less, than would have been the case thirty years ago. Hence, to *keep down* the mortality under circumstances which, if unchecked, would undoubtedly raise it, is often as much as they can do; and in doing that they are performing a task the accomplishment of which is of no little benefit to the public health. Moreover, it should be recollected that the science of hygiene, as far as its practical and universal application is concerned, is at present in its infancy. There are still hundreds of places the sanitary state of which is little or no better than it was thirty years ago. In the meantime infectious and other diseases wait for nothing, and should an epidemic break out in any district unprepared for it, not only would the mortality in that district go towards swelling the general death-rate, but it would in a great measure cancel the influence which more healthy districts would otherwise have in diminishing that rate.

It is, therefore, only when we come to compare the recent and past mortality of certain towns or districts in which great sanitary improvements have been made, and in which no other cause has occurred to favourably influence the mortality of that town, that we can correctly guage the value of the work, and appreciate the labours, of the sanitarian. Even from *à priori* considerations, we might predicate the possible and salutary results of preventive medicine, for in respect of several diseases there is overwhelming evidence to show that the "excess of mortality has in all places been coincident with one or other of two definite local circumstances—(*a*) the tainting of the atmosphere with the products of organic decomposition, especially of human excrement; or (*b*) the habitual drinking of impure water." But we need not rest our argument upon any such considerations; we can appeal to positive facts. Over and over again has the Registrar-General and medical officers of health shown what a marked effect sanitary improvements have had upon the mortality of certain towns in which they have been properly projected and thoroughly carried out. It was only last week that we drew attention to the sanitary state of Llandudno, the authorities of which town had, by spending a large sum on a new system of sewerage, and a still larger sum on new waterworks, reduced its death-rate last quarter to 8 per 1,000 annually, while the mortality of the district in which Llanduduo is situated, was as high as 23 per 1,000.

THE ENGLISH REGISTRAR-GENERAL'S QUARTERLY RETURN.

THERE are many who will be curious to know whether the remarkably inclement winter and spring through which we have just passed have had much effect upon the health and prosperity of the people. It will therefore be as well to draw the reader's attention to the more important points of interest in the last Quarterly Return of Marriages, Births, and Deaths registered in the different divisions and districts of England and Wales.

We have first to note the low *marriage-rate*, which is a result not so much of the bad weather as of the agricultural distress and great depression of trade which have for some time prevailed throughout the country. This rate was, in the last winter quarter, only 11·6 per 1,000 of the population; the mean of the marriage-rates in the ten previous winters being 13·7. The marriage-rate has declined steadily since 1872, when the prosperity of the country was at its maximum. The present depression in the marriage-rate is the greatest that has been observed since 1842; and was especially marked in the mining and manufacturing districts. The same causes which diminish the marriage-rate have probably much to do with the increase of *pauperism*. Consequently we are not surprised to find that the total number of paupers relieved last quarter exceeded that in the second quarter of 1878 by 42,438. Not that this is to be taken as an indication of a progressive increase of pauperism, for the average proportion of the population in receipt of in-door or out-door relief last quarter did not exceed 28·9 per 1,000, while in the corresponding quarter of 1870 the proportion of paupers was equal to 43·1 per 1,000 of the population.

With regard to the *meteorology* of the last three months, the observations of Mr. James Glaisher, F.R.S., are particularly interesting. The weather throughout the quarter continued cold, wet, and sunless. The mean temperature was only 49·5°, and was 2·8° below the average for the corresponding period in 108 years. So low a mean temperature has not prevailed in the second quarter of any year since 1837. Mr. Glaisher calls attention to the unusually protracted continuance of cold weather, and reports that the mean temperature at Greenwich of the eight months ending June last was 41·65°, and was lower than in any corresponding period since the winter of the celebrated frost in 1813-14. The measured rainfall of the quarter at Greenwich Observatory was 10·3 inches, measured on 51 days, and exceeded the average amount in the corresponding quarter of 64 years by 4·5 inches. Only four times since 1815 has the rainfall of the second quarter exceeded 10 inches. And if we take the rainfall of the first six months of the year, it was no less than 17·3 inches, and was, without a single exception, greater than in any corresponding six months since 1815.

What has been the effect of this prolonged inclemency of weather upon the public health? Certainly not so bad as might have been expected. The fatality of diseases of the respiratory organs showed a marked excess throughout the quarter, whereas the *death rate* from the principal zymotic diseases was below the average. The death-rate, moreover, in England and Wales last quarter was equal to an annual rate of 21·1 per 1,000, and was slightly below the average rate in the ten preceding corresponding quarters. The lowest county death-rates were 16·7 in the extra metropolitan portions of Surrey, and 17·4 in Westmoreland, the rates in the other counties ranging upwards to 23·2 in Cumberland, 23·5 in Lancashire, 23·7 in Derbyshire, and 25·3 in Hereford. The cold spring weather seems to have been more fatal in the rural than in the urban population. Taking twenty of the largest English towns, the lowest rates of mortality last quarter were 15·

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in Portsmouth, 18· in Brighton, and 19· in Leicester; whilst they were as high as 23· in Wolverhampton, 23· in Liverpool, 25· in Newcastle-on-Tyne, and 25· in Manchester. The zymotic death-rate was excessive in Newcastle-on-Tyne, and both the zymotic and infantile mortality great in Manchester.

With regard to the mortality at *different ages* it appears that the whole of the excess of mortality in England and Wales last quarter occurred among persons aged upwards of 60 years. The deaths of infants under one year of age were equal to 131 per 1,000 of the births registered, being rather below the rate of the nine preceding corresponding quarters. The lowest county rates of infant mortality were in Sussex (102), Essex (102), and Wiltshire (108); and the highest in Herefordshire (146), Buckinghamshire (165), and Leicestershire (169). In the twenty largest English towns it ranged from 93 and 120 in Portsmouth and Brighton, to 158 in Manchester and Oldham, and 197 in Leicester. "The rate of infant mortality in Leicester," observes the Registrar-General, "continues as excessive as ever; it was during last quarter more than twice as large as that which prevailed in Portsmouth." This fact is rather remarkable, considering that in the same report we find that Leicester showed one of the lowest rates of general mortality (19·9) among twenty of the largest English towns, and that the death-rate in that town from typhoid and typhus fever was unusually low. We believe this high rate of mortality has been attributed to the insanitary condition of the town, especially to bad drainage; but this can scarcely be the cause, considering that the general mortality of its population is below the average of other large towns.

It is satisfactory to note that the *zymotic* death-rate last quarter was not only below the average, but was lower than in any corresponding quarter since 1869, except that of 1873. The death-rate from zymotic diseases in the twenty large English towns did not exceed 0·9 and 1·3 in Portsmouth and Brighton, but was as much as 3·2 in Manchester, Salford, and Sheffield, and 4·0 in Newcastle-on-Tyne. Moreover, the fatality of *fever* (including typhus, typhoid, and simple continued) last quarter was no less than 54 per cent. below that which prevailed in the corresponding period of 1870. It ranged from 0·04 and 0·10 in Brighton and Leicester, to 0·40 in Portsmouth, 0·41 in Salford, and 0·42 in both Norwich and Liverpool. The chief *watering places* generally receive special notice in these excellent returns of the Registrar-General. The mean annual mortality in these places was 17·8 per 1,000, which was not only lower than the mortality of the country generally, but lower than that in the rural districts. This statement is highly satisfactory, considering the crowded condition of our watering places during many months of the year. Lastly, with regard to the health of *foreign cities*, it appears that whilst the death-rates were only 16·0 in Philadelphia, 16·9 in Christiania, and 17·6 in Brooklyn, they were as high as 39·9 in Munich, 42·5 in Buda-Pesth, and 44·7 in St. Petersburgh. "The rates of mortality in the American cities were again remarkably low, notwithstanding the excessive fatality of zymotic disease; so low as to suggest grave doubts whether the American system of registration affords trustworthy mortality statistics."

Notes on Current Topics.

The London Water Supply.

One of the latest subjects which engaged the serious attention of Parliament before its prorogation on Thursday last, was that of the London Water Supply. Mr. Fawcett following the course of our arguments last week in an able speech, made out a strong case against the Companies, whose business it is to supply London with water. He properly observed that whatever their rights may be, they certainly possess no exclusive monopoly of this great necessity of life; the vast importance of which was manifest as he proceeded to divide the subject into that which concerns the health, the morals, the security, and the pockets of four millions of people. This fourfold degree of importance, necessarily arising out of the fact that contaminated water is extremely dangerous to health; that intemperance is surely promoted by the want of a refreshing unintoxicating beverage, that the danger of fires is considerably increased by the difficulty of extinguishing them, and that a high price for an indespensible necessity is a serious matter for the poor. To these several objections may be added another; that of the system of storing water for forty-eight hours in unwholesome and expired receptacles; a grievance much complained of by the working classes, and in every way indefensible. Mr. Fawcett's resolution "that, in view of the fact that the Metropolitan Board of Works has been unable to pass any measure dealing with the water supply of London, this House is of opinion that it is a subject which ought, without delay, to be dealt with by the Government," was at once met by Mr. Cross. The Home Secretary with an explicit promise to inquire into the subject during the Recess, and to state next Session at what conclusion he had arrived, with this understanding that the Government would fairly consider all the points urged, Mr. Fawcett consented to withdraw his motion.

Murder of an Italian Physician.

The "kill or cure" system which is supposed to have existed in bygone ages has just received a cruel and literal illustration in Italy.

At the last assizes in Spoleto a trial for murder took place under the following circumstances:—A certain Signor Marcucci, of Spoleto, a gentleman of good property and position, called in a physician of the place, one Dr. Domenicis, to attend his only son, who was seriously ill. If, said Marcucci, the young man recovered, Dr. Domenicis should receive two thousand francs; if, on the other hand, the patient died, Dr. Domenicis should be killed! It cannot be for a moment seriously contended that such an alternative was accepted in good faith by the doctor. He would probably treat the case in the ordinary manner, and smile at the idea of such a threat being carried out. However, Signor Marcucci proved to be a man of his word, for the lad died, and Marcucci thereupon did kill Dr. Domenicis. He coolly murdered him, with apparently no attempt to conceal the act. The unfortunate physician left a widow and family behind him. But no compunction or pity availed to

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stay Marcucci's hand. And now what does the reader suppose was the sentence pronounced on this barbarous ruffian in an Italian court of justice? He was condemned to five years' imprisonment and the payment of a five of twenty-five thousand francs, to be given as damages to the doctor's widow.

Marcucci, being well acquainted with the shams in Italian law courts, doubtless imagined that the matter would be treated as a breach of contract, in which he was the sufferer, and that probably a fine for his rashness might be the most serious effect he would experience. If this be so he was not far wrong in his supposition. Had the fear of a murderer's death been before him, as it should be in any civilised country, he would doubtless have thought more of his own neck and still more of the value of an innocent life.

The Sanitary Congress.

THE Sanitary Congress and Exhibition of the Sanitary Institute of Great Britain will be held at Croydon, from October 21 to November 8 inclusive. Dr. Richardson, F.R.S., has been elected President of the Congress, and a large and influential Committee, with Mr. John Corry Chairman, has been formed. Amongst the Vice Presidents are the Archbishop of Canterbury, Earl Percy, M.P., the Earl of Egmont, the Bishop of Rochester, Messrs. George Cubitt, M.P., Alexander M'Arthur, M.P., W. Grantham, Q.C., M.P., J. Watney, M.P., and Sir Trevor Lawrence, Bart., M.P. The Sanitary Congress is divided into three sections, as follows:—Section 1: Sanitary Science and Preventive Medicine; President, Dr. Alfred Carpenter. Section 2: Engineering and Sanitary Construction; President, Captain Douglas Galton, F.R.S. Section 3: Meteorology and Geology; President, Mr. J. G. Symons, F.R.S. Arrangements have also been made for one or more lectures, one of which will be delivered by Professor Corfield. Croydon has the advantage of excellent public hall accommodation, which will doubtless be utilised for exhibition and meeting purposes; the town is, moreover, very accessible from all parts by rail, and those who know Dr. Carpenter will have the assurance that his energies and capacity for work will leave nothing undone to merit success.

Health of English Watering Places.

IN his last Quarterly Return the Registrar-General gives a very satisfactory account of the sanitary condition of many English watering places and summer resorts. We are told that the mean annual mortality in these places was 17·8 per 1,000 of the population, which was not only lower than the mortality of the country generally, but lower than that of the rural districts. Littlehampton, Lyme Regis, Worthing, Bognor, Clifton, Buxton, Tunbridge Wells, Malvern, Weston-super-Mare, Torquay, Herne Bay, Yarmouth, Isle of Wight, Weymouth, Dover, Margate, New Brighton, Deal and Walmer, Penzance, Portsmouth, Eastbourne, Scarborough, and Lowestoft, experienced an exceptionally low mortality, the respective death rates for these districts varying from 10·6 per 1,000 in Littlehampton, to 17·7 in Lowestoft. On the other hand, the death-rate was above the average in Brighton, Ramsgate, Cheltenham, Matlock, Whitby, Bath, Bangor, Aberystwith, Southend, Dawlish, Hastings, Ilfracombe, Sidmouth, Rhyl, Exmouth, Tenby, Llandudno (Crenddyn sub-district), Folkestone, and Leamington, the death-rates in these districts varying from 18·0 in Brighton, to 24·0 in Leamington. The mortality is for the district in which the watering place is situated, and is generally lower than that in the watering place itself. In Llandudno, however, the reverse is the case, for the mortality in Llandudno last quarter was equal to only 18 per 1,000 annually; whereas the mortality of the Crenddyn sub-district, in which it is situated, was as high as 23 per 1,000. This highly satisfactory condition of Llandudno is owing to the enterprise and liberality which the town authorities have shown in undertaking various sanitary improvements. By spending upwards of £30,000 on a new system of sewerage, and a still larger sum on new water-works, the town has exhibited great public spirit, and is "thus entitled to reap, as it does, the credit and benefit it has so well earned!"

"Presence of Mind."

UNDER this heading, the *Scientific American* quotes the following short rules given by Professor Wilder for action in the case of accidents. For dust in the eyes—avoid rubbing, dash water into them. Remove cinders, &c., with the round point of a lead pencil. Remove insects from the ear by tepid water, never put a hard instrument into the ear. If an artery is cut, compress above the wound; if a vein is cut compress below. If choked, get upon all fours and cough. For light burns, dip the part in cold water; if the skin is destroyed, cover with varnish. Before passing through smoke, take a full breath, and then stoop low, but if carbon is suspected, walk erect. Suck poisoned wounds, unless your mouth is sore; enlarge the wound, or better, cut out the part without delay. Hold the wounded part as long as can be borne to a hot coal, or end of a cigar. In case of poisoning excite vomiting by tickling the throat, or by water or mustard. In case of opium poison give strong coffee and keep moving. If in the water float on the back, with the nose and mouth projecting. For apoplexy raise the head and body; for fainting lay the person flat.

"Brevity is the soul of wit," so the Professor's maxims have, at least, the merit of being short, and perhaps many will think that some of them are more easily preached than practised—to wit, floating on your back in water when you cannot swim, and cutting off your own finger, or putting into the wound a live coal, when you have been bitten by a mad dog!

More Hypodermic Injections!

WHEN shall we hear of the last novelty in the way of hypodermic injections, and of the wonderful cures resulting from them? One of the latest instalments of hypodermic therapeutics is the subcutaneous injection of coffee, as reported in the *New York Medical Record*. Dr. Pallen has injected a solution of coffee in two cases. In one case he injected 20 ℥ of the fluid extract of Java coffee into the epigastrium, in order to control the vomiting induced by taking morphia. "Fifteen minutes afterwards the

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patient, who had previously been seriously prostrated, expressed herself as decidedly better, having vomited but once during that time. An additional injection of the same amount was then made into the abdominal parietes. She was free from nausea in less than an hour, and never vomited after the second injection of coffee." In the second case the patient—a confirmed morphia eater—had taken an over-dose of morphia, but we are not informed whether the symptoms were very severe. Thirty minims of coffee were injected into the epigastrium, and fifteen minutes afterwards the same amount was injected over the deltoid. "In two hours no symptoms of morphine could be detected." In this case, moreover, a very considerable abscess made its appearance in the shoulder, as well as inflammatory indications in the epigastrium, accidents which Dr. Pallen attributes to the not warming the solution before injection.

Rival Methods of Treating Asthma Hypodermically.

WHILE on the subject of hypodermic injections we cannot refrain from drawing the reader's attention to two very different plans recently advocated in the treatment of this affection, each of which is alleged to be remarkably efficacious. In several articles contributed to *L'Union Médicale*, July and October, 1878, Dr. W. Huchard has strongly recommended the use of subcutaneous injections of morphia in cases of asthma. He finds it gives marked relief in the spasmodic efforts at respiration, and argues that it exerts a special influence on the respiratory system. In his opinion, it relieves not only asthma but other forms of dyspnœa, not so much by its hypnotic action as by its direct action on the lungs, for clinical experience establishes the fact that it facilitates respiration. On the other hand, in the case of a man who had suffered much from asthma, and for which various remedies had been given without avail (including subcutaneous injections of morphia) it occurred to Dr. Martelli (*Gaz. Méd. Ital.*) to inject some of Fowler's solution of *arsenic*—one part to two parts of water. "The effect was remarkable; the paralysis at once ceased (la paralysie cessa à l'instant); and by the time two drachms of the solution were used the condition of the patient was considerably improved. After a while the attacks returned, but were again successfully treated by the injections!

The New Arctic Expedition.

WE learn that another Arctic Expedition is proposed, in which balloons are to be utilised for the purpose of attempting to accomplish the difficult project of reaching the Pole. Previous to the departure of the Expedition under the command of Capt. Nares a correspondent drew attention (*Med. Press*, Jan. 27, 1875) to the question of alcoholic stimulants as a portion of the rations served to the crews, suggesting that a careful record should be kept of any circumstance arising during the voyage which might serve to elucidate this much-vexed question; and subsequent to the return of Capt. Nares's expedition several lengthy communications on the subject appeared in our columns. The departure of this new expedition, let us hope, will not take place until some authoritative evidence is sought out, and acted upon, relative to the use or non-use of alcoholic stimulants as part of the daily rations of the crews of the exploring ships. The last expedition was scarcely a successful one, and there were not wanting those who attributed its comparative failure to the use of alcoholic beverages, even more than to the unfortunate omission of the necessary limejuice during the perilous sledging journeys over the ice. It has been announced that Lord Derby takes great interest in the proposed venture, and has promised to contribute towards the cost. At a recent meeting of the Central London Committee Mr. J. H. Puleston, M.P., was appointed Treasurer, Mr. W. S. Vaux, F.R.S., and Dr. Alger, LL.D., being the Hon. Secretaries.

Simple Treatment of Sciatica.

ACCORDING to the *Journal de Médécine de Bruxelles*, Dr. Ebrard, of Nimes, has been in the habit of treating all his cases of sciatica and neuralgic pains with an improvised electric apparatus, consisting merely of a flat iron and vinegar. The iron is heated until sufficiently hot to vaporise the vinegar, and is then covered with some woollen fabric, which is moistened with vinegar, and the apparatus is at once applied to the painful spot. The application may be repeated two or three times a-day. As a rule the pain disappears in twenty-four hours, and recovery ensues at once. We give this note for what it is worth, but, as we are rather sceptical on such matters, certainly doubt the alleged efficacy of this very simple treatment. It puts us in mind of the old domestic remedy of ironing the back in lumbago, and most probably it is about as valuable as any other old women's remedy.

The Metropolitan Hospital Sunday Fund.

THE Council of the Hospital Sunday Fund may very fairly be congratulated upon the success which, in spite of adverse circumstances, has attended their efforts to benefit the medical charities of London. A fortnight ago we stated that the sum collected had somewhat exceeded that of the previous year. We are now enabled to add that, since the Distribution Committee completed its labours, further sums have come in, amounting on the whole to £1,500, thus bringing up the total to very nearly £26,500. This is a very gratifying circumstance, since it has enabled the Council to make a *pro rata* addition to the sums originally awarded to the several institutions.

A DEATH from cholera in a middle-aged man was registered in London last week.

A HAWKER died last week in Westminster of senile gangrene, at the advanced age of 100 years.

SMALL-POX caused but 5 deaths in London last week, 3 in Dublin, and not one in any of the other large towns.

THE mortality was again low throughout the United Kingdom last week. Of the large towns Portsmouth and Wolverhampton showed the extraordinarily low rate of 10 per 1,000. Of the others, Edinburgh stood at 15, Glasgow

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16, London 18, Dublin 24, and the highest of all, Sunderland, 27.

The Health of Hastings.

We have received the last quarterly report of the Medical Officer of Health for Hastings and St. Leonards. It is not nearly so favourable as those for the two winter quarters, showing 19·2 deaths per 1,000 of the population, very high in fact for these watering places at any season of the year. It is customary to attribute everything to the weather, and the Hastings health officer does not attempt to make himself original by seeking some other cause for this high death-rate. Oddly enough, the rains have had the effect in other parts of the United Kingdom of producing an exceedingly low rate; but the Hastings sewers are probably not amenable to the scouring of storm waters, and so the medical officer decides upon fixing the obloquy upon "the unseasonable weather lately experienced."

H.M. the Queen visited the newly arrived Zululand invalids at Netley Hospital last week, and personally affixed the Victoria Cross on the breast of one of the gallant defenders of Rorke's Drift.

In consequence of the resignation of Dr. Sieveking as Examiner in Medicine at the Royal College of Physicians of London, Dr. Broadbent, of St. Mary's, Dr. Dickinson, of St. George's, and Dr. Gee, of St. Bartholomew's Hospital, have announced their candidature for the appointment.

The rates of mortality, in the principal foreign cities according to the most recent weekly returns, were—Calcutta 22, Bombay 31, Madras 26; Paris 24; Geneva 15; Brussels 26; Amsterdam 17, Rotterdam 25; The Hague 18; Copenhagen 21; Stockholm 22; Christiania 22; St. Petersburgh 34; Berlin 44, Hamburg 24, Dresden 19, Breslau 32, Munich 34, Vienna 24, Buda-Pesth 39; Naples 31, Turin 32, Venice 23; Alexandria 38; New York 27, Brooklyn 30, Philadelphia 24, and Baltimore 31 per 1,000 of the population. Small-pox caused 19 deaths in St. Petersburgh, and 11 in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

"Capping" the Medical Graduates at Aberdeen.—The ceremony of capping the medical graduates at the close of the summer session took place in the hall of Marischal College on Saturday, the 9th inst., in presence of a large assemblage, chiefly composed of ladies. Principal Pirie presided, and was accompanied to the platform by Professors Pirie, Ogston, Trail (theology), Trail (botany), Ewart, Struthers, Christie, Forbes, Davidson, Stephenson, Pirie (mathematics), and Brazies. The conduct of the undergraduates was remarkably good—chorus singing, stamping of feet, and stick-rapping being completely avoided. At the close of the proceedings the Principal complimented the students on their behaviour, and said he was sure that every one of the members of the Senatus and of the Faculty of Medicine must have been highly satisfied with the mode in which the under-graduates had behaved themselves.

Treat to the Inmates of the Glasgow City Asylum and Poorhouse.—On the 13th inst., the inmates of this establishment had their annual summer treat. The party, consisting of nearly 100 insane, besides their attendants, and about 150 of the aged and more deserving poor, embarked on board the steamer *Dunrobin Castle*, and proceeded to Loch Goilhead, where suitable arrangements had been made for their reception. The weather, at first very threatening, fortunately cleared up, enabling the party to enjoy the sail and the beautiful scenery on the route. After spending upwards of two hours pleasantly on shore, they returned in the evening evidently delighted with their day's excursion. A number of the directors of the institution accompanied the party.

Hospital Patients under their own Medical Attendants.—A meeting of the managers of the Thomas Walker Hospital, Fraserburgh, was held on the 8th inst., Mr. John Park presiding. It was resolved, after a good deal of discussion, to permit all the medical practitioners in Fraserburgh and the contributing parishes to send patients to the hospital, and to attend them there, it being understood that the patients themselves shall remunerate the gentlemen they employ, if they are in circumstances to do so. This is a scheme to be commended, and ought to work well if more universally adopted throughout the country.

The Lectureship in Natural Science in the Aberdeen Free Church College has been conferred on Dr. John McKendrick, Professor of the Institutes of Medicine in Glasgow University, for session 1879-80, under the Banchory Bequest, in succession to Dr. Lauder Brunton, of London. The appointment has given great satisfaction, both in Aberdeen and Glasgow, where Dr. McKendrick is well known and appreciated.

Dr. Russell's Public Health Lectures.—The lectures recently delivered by Dr. Russell, Medical Officer of Health for Glasgow, "On the Theory and General Prevention and Control of Infectious Diseases," have just been published by Mr. Maclehose. Details necessarily omitted in newspaper reports, are supplied in full, and in this form the lectures ought to prove interesting to sanitarians. The text is illustrated by a number of well-executed plates.

Health of Port Glasgow.—Report by Dr. Littlejohn.—In April last, when several cases of fever occurred at Port Glasgow, Dr. Wallace, Medical Officer, Greenock, reported to the Greenock Police Board on the objectionable practice of conveying patients through the streets of Greenock to the Greenock Infirmary, and to the further fact that the fever wards in the hospital were filled with fever patients from Port Glasgow, to the exclusion of Greenock cases. Dr. Littlejohn was thereupon instructed by the Board of Supervision to report. His report has just been received. It recommends the local authority of Port Glasgow to apply to the Greenock local authority for power to send patients to Craigie Knowes Hospital, and to the Greenock authority to complete the same. In a note from the Secretary of the Board of Supervision, accompanying this report, they urge the desirability of Port Glasgow, Greenock, and Kilmacolin, combining for a common hospital.

The Registrar General's Returns.—The weekly return

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of births, deaths, and marriages in the eight principal towns in Scotland, for the week ending Saturday, August 9th says: "The death-rate in the eight principal towns during the week ending with Saturday the 9th August, 1879, was 16·6 per 1,000 of the estimated population. This rate is 3·4 under that for the corresponding week of last year, and 1·0 below that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 9·5, and the highest in Paisley, viz., 27·6. The mortality from the seven most familiar zymotic diseases, at the rate of 1·8 per 1,000, was slightly below that for the previous week. Whooping-cough was the most prevalent of these diseases. Fifty-five deaths resulted from acute diseases of the chest, being nine less than for the previous week. The mean temperature of the week was 55·7°, being 2·7° below that of the week immediately preceding, and 6·5° below that of the 32nd week of 1878.

Glasgow Death-Rate.—The death-rate of Glasgow during the week ending the 9th inst. was 16 per 1,000 per annum, being the same as for the preceding week. For the same week of last year the death-rate was 22 per 1,000.

Medical Officer's Report for Hillhead.—During the month of July Dr. Christie reports that twelve births and six deaths were registered as having occurred within the burgh, being at the annual rate of 19·07 births, and 9·53 deaths per 1,000 of estimated population. Of the deaths one only occurred under the age of 5; the ages of the others being 44, 53, 56, 73, and 74. The causes of death were diarrhœa, congestion of the lungs, pleurisy, peritonitis, cancer, and paralysis. During the year, in so far as it has transpired, the burgh has been remarkably free from epidemic disease, there having been only two deaths from diseases of this class in January. There is nothing in the returns for July calling for any special observation. The death-rate is very low, though a little higher than that of May and June. All the deaths were certified. There are several cases of whooping-cough in the burgh and neighbourhood.

Correspondence.

PROF. McKENDRICK ON MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your Northern correspondent, in your issue of the 6th inst., criticises my address at the graduation ceremony at the University of Glasgow on the 31st ult., and he concludes as follows: "It seems he would approve, in short, of any scheme which would not disturb the monopoly of the universities nor diminish the emoluments of the professors."

I do not think it right to allow a statement so ungenerous and so misleading to pass unnoticed; and, therefore, I beg leave briefly to state in your columns my opinion on this vexed question of medical reform.

I cannot admit that the public are in any way suffering from the present arrangements as to the admission of men into the medical profession. I have seen no proof that unqualified men are admitted, and although the "pass" standard is higher at certain boards than at others, I do not think that a man who is not fit to practice medicine, surgery, and midwifery can possibly get into the profession by any of the nineteen portals at present existing, more especially if he take a "double qualification." Thanks to the interest taken in recent years in medical education, and to the visitations of members of the general council, all the boards are keenly alive to the fact that all their doings are scrutinised, and that they dare not pass men below a certain standard of excellence. To maintain this healthy state of things, I would urge efficient supervision by the Medical Council, or failing that, giving the requisite guarantee of thoroughness in the examinations; I would support the proposal for a State examination on practical subjects passed subsequent to obtaining a diploma or diplomas from one or more of the medical authorities presently existing.

The agitation for a uniform standard of qualification has arisen in the profession itself, and it is, I believe, an outcome of certain notions regarding education and centralisation which have recently become prevalent, and which manifest themselves, for example, in Scotland in our School Board system. The remedy proposed for the supposed evils of the present state of things, is that of a minimum qualification granted after examination by a conjoint board. I object to the principle of conjoint boards for the following reasons:—

1st. Because it tends towards a minimum standard of qualification, lower, in all probability, than the lowest at present existing in the United Kingdom.

2nd. Because it discourages the scientific culture and the training in various departments of natural science which have hitherto been one of the most striking features in the education of most medical men.

3rd. Because it will operate prejudicially on teachers, reducing them to the position of men simply training students for examinations, instead of leaving a man free to teach those views that seem to him to be the truth.

4th. Because, by favouring a minimum standard of qualification, and by discouraging men from connecting themselves with the literary and scientific culture of the universities, it will place medical men lower in the social scale than they are at present.

5th. Because, in the selection of examiners to form the conjoint boards, there will, in all probability, be a new field for canvassing, testimonial-giving, and intrigue, and in which party-feeling of various shades will undoubtedly find a place.

These are my chief objections to the principle of the conjoint board system, and I therefore oppose the scheme, not from any selfish desire to maintain "monopoly," or to avoid diminishing "emoluments," but because I firmly believe the proposed change would do injury to the medical profession.

As I stated in my address, I think medical reformers are going in the wrong direction. Instead of levelling down they should attempt level up. Instead of degrading all to a uniform level they should remove the lower platforms at present existing, and insist on all attaining a high elevation. By doing so medicine would still be a learned profession, instead of the mere trade and matter of business to which many propose to degrade it.

I have no doubt the answer to this will be that the minimum qualification need not deter men from proceeding to take the degrees of the Universities. That is quite true; and I have little doubt that under the new system some ambitious men, more especially those with sufficient pecuniary means, would aspire to the honorary degree; but the great majority, I am convinced, would not do so. With considerable experience of medical students during the past ten years, I think that in the proposed state of things, most would be satisfied with the L.C.B.—the Licentiateship of the Conjoint Board—and in a short time the gulf between the consulting physicians and surgeons of the metropolis and of great cities, and the rank and file of the profession would become greater than at present.. Such a state of matters would, I fear, neither contribute to the welfare of the public nor to the social position of the profession.

I am not in favour of any monopoly on the part of the Universities as regards teaching. Every encouragement should be given in the way of recognition of the lectures of young and able men on general or special subjects; they should be affiliated to our seats of learning as teachers or examiners, and there should be "free trade" in teaching as far as possible. The teaching and working power of the Universities should be developed to the greatest possible extent. But along with this I would be glad to see the time when all medical men entered the profession by graduating at a university. The corporations should have nothing to do with admitting men into the profession. They have served their time, and they can still do good service by their libraries and museums, and by encouraging research in medicine and surgery with the ample funds they have at their disposal. So long as they exist as licensing bodies, and try to carry out functions which were at one time useful, but are now obsolete, there will be an outcry for single or triple-portals and minimum qualifications. My contention is, that all medical men should have a University

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degree. It is remarkable that all religious denominations and legal fraternities are aiming at this standard, whilst those who guide the medical profession are following a downward path. The result will be that, by-and-bye the medical licentiate will not be on the same social platform as the minister or the lawyer, and he will be estimated in popular opinion at the value he sets on himself.

Such a scheme of medical reform as I have indicated would of course be impossible in England under present arrangements. To give to the middle-class of England the advantages we have long enjoyed in Scotland, the University of London should be altered as follows:—

1st. It should become a teaching institution, with double professorships for such subjects as chemistry, botany, zoology, and comparative anatomy, anatomy, physiology, and materia medica and pharmacy, having two great buildings in different parts of London devoted to this purpose.

2nd. It should allow students to pursue professional studies under certified teachers in the various hospitals, as at present.

3rd. It should reduce the standard of examinations to a somewhat lower level.

By the first arrangement men would be obtained for the chairs who were teachers by profession, and who were willing to devote their whole time and attention to the duties of their office—conditions absolutely requisite for the efficient teaching of scientiffc subjects. Thus, the means of a University education and the privilege of getting a University degree would be supplied to students from the metropolis and South of England. In addition, I cordially support the movement for granting a charter to the Owens College, Manchester, and affiliated institutions, as it would meet the wants of the midland counties and of the North. I regret to observe that in the proposed charter the right of granting medical degrees has been withheld. By such arrangements, the large influx of English students to Scotland would be diminished and the teachers north of the Tweed would consequently suffer.

Some years ago, when my attention was first directed to the conjoint board system, I was disposed to be in favour of it; but I confess that the more I have studied the question, more especially in the light of recent utterances as to "minimum qualifications," the more convinced I become that it would lower the scientific and social position of the profession.

I am, Sir, yours truly,

University of Glasgow, Aug. 12, 1879. JOHN G. McKENDRICK.

THE UNITY OF POISON IN SCARLATINA, PUERPERAL FEVER, TYPHOID, DIPHTHERIA, ERYSIPELAS, ETC., ETC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While I was preparing my paper on the above subject, which appeared in your No. of July 30th, I met with the following in Dr. Farquharson's lecture "On the various Forms of Skin Irritation, due to the Administration of Drugs":—"Quinine eruptions are not only terrifying, but from their suddenness are extremely irritating and uncomfortable. They may be divided into two classes. The first are erythematous in character attended by most distressing itching and tingling, and *resembling scarlet fever both in the appearance of the rash, and in the free desquamation* which follows."

The second assumes a more *measly* aspect, being occasionally papular, but more generally suggestive of that form of urticaria not in wheals, but in discrete rose-red patches spreading universally over the skin, and occasionally attended with marked gastric disturbance.

Through the kindness of Dr. Cheadle, I am able to show you the drawing of a case which differs from others on record in the dose required to produce an abundant crop of thickly scattered pink stains.

The patient, a lad aged 12, had taken about ten grain doses. But usually a small quantity is sufficient. Thus, in a case in the practice of Mr. Garraway, one grain produced a severe *erythematous* rash; Dr. Skinner twice produced a *scarlatinoid* eruption by a grain and a-half. Lightfoot observed a *similar* accident half an hour after a grain and half had been taken. Dr. Newman has seen even half a grain produce *erysipelatous redness*, and *œdema of the right side of the face*, beginning half an hour after the dose had been swallowed, and lasting twelve hours. It is curious to note that a large proportion of the victims of this idiosyncrasy have belonged to the female sex.

Here are abundant proofs of the different effects of the one drug on different persons (the cutaneous effect is alone recorded), and apt illustrations of what I seek to explain in my papers—Unity of poison, differentiation in the symptoms of the inward action of that poison, no matter what it may be. The connection also between this effect of quinine, and that of eating tomatoes, high game, &c., is so manifest that I would here merely call attention to it, preferring in a future and more extended communication to give what I consider to be the *rationale* of action by which in some cases toxæmic scarlet or typhoid fever is produced, while in others there are erysipelas, and less grave manifestations.

Reading Dr. Farquharson's words, reminds me of what my revered master, the late Dr. Stokes, used to state to us his pupils, that he has seen scarlatina patients attacked with measles, the latter running its acute course, and when finished, the former recommencing where it had left off, and then continuing to the end, also *vice versâ*.

I am, yours &c.,

G. DE GORREQUER GRIFFITH.

9 Lupus St., Belgravia, London, S.W.

Literature.

FIELD ON DISEASES OF THE EAR. (a)

THE medical practitioner will not often take up a book on a special subject, the perusal of which will afford him more pleasure and satisfaction than the one to which we would now draw his attention. That a work of this kind was particularly needed is evident from the fact that there exists great ignorance of aural surgery among the bulk of the profession. This ignorance has been owing partly to the general but mistaken notion that most cases of deafness are beyond the power of the surgeon to cure, and partly to the lack of really good and practical works on the subject. This want Mr. Field has well supplied. He has succeeded in placing before the reader the result not only of his own experience, but also that of other aural surgeons, both British and foreign; and this he has done in such a clear, concise, and instructive manner that the reader cannot fail to find the work of the greatest assistance to him in practice. It should be also remarked that this little treatise is not merely a compilation, but in a great measure embodies the results of the large experience which the author has had in this class of diseases. Indeed, a great merit of the book, and one of its most instructive features, is the fact of its containing a number of clinical reports illustrative of the diagnosis, symptoms, and treatment of the affection under consideration.

In the preliminary chapter there is a brief but very intelligible description of the anatomy and physiology of the ear—a subject the consideration of which could not well be dispensed with, as there is no part of anatomy so soon forgotten as that of the organ of hearing. The author then proceeds to give directions for the examination of a patient suffering from aural disease—a point of the greatest importance, and without a knowledge of which it is impossible to interpret rightly the symptoms complained of, and to treat them successfully.

There are also some good chapters on chronic inflammation of the middle ear, the various forms and consequences of otorrhœa, and affections of the internal ear, including an excellent description of the pathology and symptoms of Ménière's disease.

The chapter on tinnitus aurium is worthy of special attention, and contains a full account of the literature of the subject, and of the various remedies that have been employed in the treatment of that troublesome affection. In some cases this disease proves very intractable, but "whether the sound arise from cerumen, debility, chlorosis, aural catarrh, or any

(a) "Diseases of the Ear." By George P. Field, M.R.C.S., Aural Surgeon to St. Mary's Hospital, &c. Second Edition. London: Henry Renshaw. 1879.

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other cause, if the treatment be thoughtfully adapted to the peculiar circumstances of the case, a cure may, as a rule, be hoped for."

With regard to the treatment of ear diseases in general, we observe that Mr. Field displays much judgment, that he gives great attention to the constitutional treatment of the patient, and is in short guided by those sound principles of general pathology and therapeutics which should mould the practice of every specialist.

With regard to the employment of blisters and other forms of counter-irritation, we quite agree with him in attaching much importance to the use of an agent that is too much neglected at the present day. Among other observations on this subject, Mr. Field says: "Two main facts stand out prominently for our guidance as the result of clinical experience, namely, first, the teaching of ages has shown that, when we desire to effect the absorption of effused serum no remedy is so successful as counter-irritation. . . . Nor are these facts in contradiction with the great physiological truth first taught by Hilton, namely, that the blood-vessels of the skin sympathise, by means of their vaso-motor nerves, with those of the organs beneath. For we learn, clinically, that the irritation of a blister on the skin of the thorax produces a similar irritation of the vessels of the pleura, with a change of nutrition in both parts of the same nature, but not to the same degree. . . . In like manner the blister behind the external ear affects the nutrition of the internal ear."

Although we have had good reason to speak well of Mr. Field's work we do not wish to imply that it is faultless. As a guide to the young practitioner in the management of this troublesome and often puzzling class of affections it would have been better had the author put in a clearer light than he has the differential diagnosis of the various diseases to which the organ of hearing is liable. No doubt the number of clinical reports scattered throughout the work partly makes up for this deficiency; but in the next edition of this book, which we think will soon be called for, the insertion of a chapter on diagnosis would be a decided and very useful improvement.

MEMOIRE SUR LES AFFECTION SYPHILITIQUES PRECOCES DES CENTRES NERVEUX. (a)

M. Mauriac is well-known in France and elsewhere as one of the most worthy successors of the celebrated school of Parisian syphilographers. He is physician to the world-renowned Hôpital du Midi, which is to say that his opportunities for observation are unequalled; and, as his medical knowledge is of the most finished order, his observations are at once most perfect and valuable. His last work before us well sustains Dr. Mauriac's reputation. Its conclusions are as follows, and they are merely a *resumé* of the accurate observations contained in his excellent work.

1. Syphilis may attack the nerve centres at an epoch very near that of the primary accident.

2. Cerebro-spinal syphilitic affections are *precocious* when developed in the virulent period of the disease; that is, during the two or three first years.

3. There are degrees in the precocity of such cerebro-spinal syphilitic affections; the first comprehends those arising in the first twelve months; the second those which are developed in the second or third year of the constitutional disease. Statistics would seem to prove that those of the first degree are commoner than those of the second; but these results are of but little importance.

4. Among the visceral precocious lesions of syphilis, the cerebro-spinal affections are incomparably the most frequent.

5. They are also the most dangerous. Their gravity is not in proportion directly with the age of the diathesis: those which supervene in the first months of the disease are as redoubtable as those which belong to the most tardy phases of it.

6. All the forms, and degrees, and phenomenal combination which make up the symptomatology and process of the effects of syphilis on the neuro-axis are observed as well in precocious cerebro-spinal affections, as in the later ones.

7. There are, however, certain symptomatic formulæ which seem predominant. The most frequent are those which consist in an attack of hemiplegia affecting the whole of one side.

8. Among the attacks of hemiplegia, that which is constituted by the combination of aphasia with right hemiplegia is more prevalent than the rest.

9. The paralytic forms are much more numerous than the convulsive or epileptic in precocious cerebral affections.

10. In these syphilitic cerebro-spinal affections, mental lesions and inco-ordination of movements are never systematic as in insanity, general paralysis, or locomotor ataxia.

11. The absence of this systematic order in cerebro-spinal syphilitic affections ought to be regarded as one of their principal characters. Only *one* restriction is to be made in favour of the co-existence of aphasia with right hemiplegia.

12. The precocious determinations of syphilis on the spinal cord are much less frequent than those on the brain.

13. The circumscribed or diffuse suffusions of hyperplasia of the cortical layer of the brain and pia mater, the syphilitic alteration of the Sylvian arteries and consecutive softenings; such are the lesions which appear to belong to precocious syphilitic cerebro-spinal affections.

14. In certain cases of precocious cerebro-spinal affections followed by death, no lesion was found: but at that time syphilis of the arteries was unknown. It is to be supposed that death was caused by a sudden anæmia, which extinguished at once the foci of innervation indispensable to life.

15. We can only make very vague conjectures as to the causation of precocious cerebro-spinal syphilitic affections. In the majority of cases, the primary accident has been very benignant, as well as the consecutive cutaneous and mucous manifestations.

16. The general progress of the constitutional disease is not modified by the appearance of precocious syphilitic accidents of the nervous centres. The other manifestations are produced before, during, or after the determination on the neuro-axis, without undergoing from this influence any change in their form or degree, progress or topography.

17. The precocity of the cerebro-spinal syphilitic affections furnishes no peculiar indication as to the question of treatment. Whatever be the age of the constitutional disease, the manifestations on the nerve-centres require the same specific modification. The circumstance, proper to the affection itself, furnish the indications of secondary importance, relative to the choice, doses, and combinations of the two specific agents.

(a) "Mémoire sur les Affection Syphilitiques Précoces de Centres Nerveax." Par Charles Mauriac, Physician to the Hôpital du Midi, Paris. Masson, éditeur. Paris, 1879. pp. 195.

OVARIOTOMY AT THE RICHMOND SURGICAL HOSPITAL.

We understand that quite recently Mr. Stokes has had a most successful ovariotomy case. At the time of the operation, owing to the numerous firm adhesions that were present, and the extensive incision which had to be made, before the tumour, which was unusually large and mainly solid, could be removed, a different result was anticipated. The patient, we are glad to learn, recovered without a bad symptom, the wound healing without trace of suppuration. The pedicle was ligatured with carbolised silk, kindly given to Mr. Stokes by Professor Lister, and a drainage tube inserted in the wound. Rigid antiseptic precautions were adopted, both during and subsequent to the operation. Of the last six ovariotomy operations performed in the Richmond Hospital there have been five recoveries. This result is, it must be admitted, most encouraging.

MR. MACARTNEY, M.P., AND THE IRISH VACCINATION BILL.

A correspondent calls our attention to a statement in the *Freeman's Journal*, that Mr. Macartney, M.P., opposed actively any increase in the vaccination fee in Ireland, although he must have been aware that the English fee is, in amount, nearly three times greater than the Irish fee, and that money awards are made to successful vacci-

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nators in England, which are refused to those in Ireland. But, despite Mr. Macartney's opposition the Bill has passed, and it only remains for us to remind the medical men of Tyrone that Mr. Macartney will within a year or two want their votes, as they wanted his in the progress of the Bill, and to suggest that it would be no more than he deserved at their hands if they polled against him with one voice.

THE NUMERICAL EXTENT OF IRISH POOR-LAW MEDICAL RELIEF.

The Irish Local Government Board gives some interesting statistics of medical relief in the various provinces of Ireland in their report which has just been issued.

In Ulster there has been an increase of 6,081 cases at the dispensaries, but a decrease of 630 of those attended at their own houses. In Munster there has been an increase of 5,197 cases at the dispensaries, and of 5,442 of those attended at their own houses. In Leinster there has been an increase of 8,042 cases at the dispensaries, and of 2,964 of those attended at their own houses. In Connaught there has been a decrease of 1,447 cases at the dispensaries, but an increase of 617 of those attended in their own houses.

THE MORTALITY IN DUBLIN.

The deaths registered in the Dublin district during the week ending 9th August, represent an annual mortality of 23·8 in every 1,000 of the population.

In London the death-rate was 17·6 in every 1,000 of the estimated population; in Glasgow, 15·6; and in Edinburgh, 15·2.

The number of new cases of small-pox admitted into the Dublin hospitals during the week was 16, being 11 more than in the preceding week, but 5 less than in the week ending 26th July; 17 patients were discharged during the week, 3 died, and 40 remained under treatment on Saturday last, being 4 under the number in hospital on Saturday, 2nd inst.

Compared with the preceding week there was an increase in the number of new cases of fever and scarlatina admitted into the principal hospitals, but there are not many cases of these diseases under treatment. No cases of measles, and only 3 of pneumonia were received during the week.

Surgeon J. D. Crowe, of the Army Medical Department, recently saved the life of Lieutenant Cathcart, 79th Highlanders. While endeavouring to swim without the aid of his cork belt, Mr. Cathcart went out of his depth and sank twice, when Dr. Crowe plunged into the water with his clothes on, and brought him to the bank. This is the second life saved from drowning by Dr. Crowe.

Notice has been given by the Royal College of Surgeons of England, that applications with a view to lecture under the Erasmus Wilson Trust will be received by the Secretary of the College at any time in the month of October, but none can be received after the end of that month.

INCREASE OF PAUPERISM IN IRELAND.

In their lately-issued Report the Irish Local Government note a serious addition to the pauperism of Ireland within the past two years.

In 1876 and 1877 the Board noticed a decrease in the average daily number of workhouse inmates for two years in succession. In 1878 we were called on to report a change in the other direction; the average daily number of inmates being 1,441 more than in the preceding year, attributable to the indifferent harvest of 1877, and to the inclemency and wetness of the subsequent season. In the present report the average daily number of inmates shows an increase of 3,318 over that of the preceding year.

The out-door relief lists at the same periods show also an increase of 2,727.

The latest returns show in regard to the workhouse inmates a difference of only 2,267 between the present and the past year, at the close of the corresponding week; but, on the other hand, a difference of no less than 4,404 between the numbers on *out-door* relief in 1878 and 1879.

The Board derives a grim satisfaction from these figures, which they conceive prove the "elasticity of the Irish Poor-law system. They say that the excess of the number of recipients of relief in the present year strikingly confirms their repeated observations, that under the existing Irish Poor-law fluctuations in the extent of the relief afforded, are mainly due to the character of the seasons, and this law of fluctuation presents itself systematically, not only as between the different portions of each succeeding year, but likewise between one year and another year, according to its character, as affecting the general health and condition of thepopulation.

They also say that if the exceptional severity of the winter had been attended by no increase in the number of workhouse inmates, and by no increase in the number of persons receiving out-door relief, the Irish Poor-law would have failed to exhibit that elasticity and adaptation of itself to the circumstances of the country which has been for twenty-five years its most striking characteristic; and they express their satisfaction that a year almost unexampled for the length and severity of the winter season has produced so little strain upon the resources of the Poor-law Unions. It is further satisfactory to reflect that the increased cost of out-door relief, viz., £8,188, although forming a large percentage, in addition to the previous year's cost, has been expended on the three following classes exclusively, viz.:—

Persons permanently disabled from labour by reason of old age, infirmity, or bodily or mental defect.

Widows having two or more legitimate children dependent on them.

Persons disabled from labour by reason of severe sickness or serious accident.

Coroners' Verdicts and Inquest Witnesses.—A joiner named M'George died at Liverpool on July 14. The post-mortem indicated apoplexy. The man had eaten some lettuce for his tea the night before; the doctor had probably heard of lettuce-opium, and actually swore that the apoplexy had been induced by the quantity of lettuce, which would be dangerous to an elderly person! The jury found that death had resulted from poison (!) but whether or not it was contained in the lettuce there was not sufficient evidence to show!!!

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other cause, if the treatment be thoughtfully adapted to the peculiar circumstances of the case, a cure may, as a rule, be hoped for."

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The latest returns show in regard to the workhouse inmates a difference of only 2,267 between the present and the past year, at the close of the corresponding week; but, on the other hand, a difference of no less than 4,404 between the numbers on *out-door* relief in 1878 and 1879.

The Board derives a grim satisfaction from these figures, which they conceive prove the "elasticity of the Irish Poor-law system. They say that the excess of the number of recipients of relief in the present year strikingly confirms their repeated observations, that under the existing Irish Poor-law fluctuations in the extent of the relief afforded, are mainly due to the character of the seasons, and this law of fluctuation presents itself systematically, not only as between the different portions of each succeeding year, but likewise between one year and another year, according to its character, as affecting the general health and condition of thepopulation.

They also say that if the exceptional severity of the winter had been attended by no increase in the number of workhouse inmates, and by no increase in the number of persons receiving out-door relief, the Irish Poor-law would have failed to exhibit that elasticity and adaptation of itself to the circumstances of the country which has been for twenty-five years its most striking characteristic; and they express their satisfaction that a year almost unexampled for the length and severity of the winter season has produced so little strain upon the resources of the Poor-law Unions. It is further satisfactory to reflect that the increased cost of out-door relief, viz., £8,188, although forming a large percentage, in addition to the previous year's cost, has been expended on the three following classes exclusively, viz.:—

Persons permanently disabled from labour by reason of old age, infirmity, or bodily or mental defect.

Widows having two or more legitimate children dependent on them.

Persons disabled from labour by reason of severe sickness or serious accident.

CORONERS' VERDICTS AND INQUEST WITNESSES. A joiner named M'George died at Liverpool on July 14. The post-mortem indicated apoplexy. The man had eaten some lettuce for his tea the night before; the doctor had probably heard of lettuce-opium, and actually swore that the apoplexy had been induced by the quantity of lettuce, which would be dangerous to an elderly person! The jury found that death had resulted from poison (!) but whether or not it was contained in the lettuce there was not sufficient evidence to show ...

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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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE EXHIBITION OF SURGICAL INSTRUMENTS, DRUGS, &c.—In consequence of the length to which Mr. Savory's Address extends this week, we are compelled to hold over our report till next week.

MR. IRVIN O'FLYNN.—The appointments are not advertised in France as in this country. In the first place, fluency in the language would be necessary, and you must be on the spot so as to make application as vacancies occur.

A FOREIGN GRADUATE.—We propose devoting space to a consideration of the subject in the issue following our Students' Number next month. Having had several inquiries, we think the report would prove of service.

A PROVINCIAL PRACTITIONER.—Prof. Landolt's "Manual of Examination of the Eyes" will best answer your purpose. It is certainly the most practical work we have examined of late years. An English translation is obtainable at any of the medical booksellers.

MR. WARNER.—Sorry we cannot assist you in your researches, the subject is scarcely within our province.

PROFESSOR BLACKIE.—The following story is told by the *Paisley Herald* as a proof that Scotchmen are not so impervious to a joke as is popularly supposed. "One morning during the last session Professor Blackie, of Edinburgh University, feeling unwell to meet his classes as usual, he sent a messenger to chalk on the black board—'Prof. Blackie will not meet his classes to-day.' A wag among the students thereupon rubbed out the c in the last word but one, leaving the announcement thus: 'Prof. Blackie will not meet his lasses to-day.' Next morning, when the Professor came in, his eye caught the mutilated sentence, and, with a merry twinkle, he went up to the board and deleted the first letter of the penultimate word, the sentence thus reading: 'Prof. Blackie will not meet his asses to-day.' The learned Professor then walked out of the room in triumph, having certainly the best of the wag."

MR. FISHER.—Reviews of works *cannot* be criticised by the authors.

F.R.C.S.—Certainly.

ANALYST.—Write to the Editor of the journal called *The Analyst*, the Editor of which would doubtless help you to elucidate the puzzle.

DR. CHARTERIS'S "PRACTICE OF MEDICINE."—In our review of this book at page 144, last number, there was a slight error in the punctuation which altered our contention somewhat. At line 21 the quotation marks should be placed thus: "Cold effusions in the treatment of *scarlatina anginosa*" still remains, &c.

ARMY MEDICAL SERVICE.—The next examination for admission to this service is deferred until the end of September in consequence of a deficiency of candidates.

DR. ROBERTS will please receive our thanks.

"STATE OF MEDICINE AND PHARMACY IN FRANCE."—Since our notice of this interesting publication in our "Literary Notes," August 6, we have had several letters inquiring where it is to be obtained, price, &c. The work was published a few weeks since at Nantes, the price we do not know, but copies are, we believe, obtainable in London at the principal foreign houses.

COMMUNICATIONS, Enclosures, &c., have been received from—Sir Hy. Thompson, London. Dr. Braxton Hicks, London. Dr. Dobell, London. Prof. McKendrick, Glasgow. Dr. Van der Smaght, Ceylon. Dr. Cassells, Glasgow. Dr. Delstanche, Bruxelles. Prof. Darling, New York. Mr. W. Adams, London. Mr. Bayley, Northampton. Dr. Harbinson, Lancaster. Dr. Tilt, London. Mr. Gant, London. Mr. Atkinson, London. Dr. Charteris, Glasgow. Dr. Langdon Down, Normansfield. Dr. Stretch Dowse, London. Mr. Field, London. Mr. Hay, Hull. Dr. Pearse, Measham. Dr. Pearse, Plymouth. Major Duncan, Woolwich. Mr. Mills, Lancaster. Mr. Richards, Derby. Mr. Cowell, London. Mr. Cunningham, London. Dr. Wade, Birmingham. Dr. Armstrong, Newcastle-on-Tyne. Mr. Hird, London. Dr. Thomas, Glasgow. Mr. Evans, Manchester. Dr. Clark, London. Mr. A. T. Norton, St. Mary's Hospital. Dr. O'Neill, Dublin. Dr. Griffith, Pimlico. Mr. Spencer Watson, London. Mr. F. B. Cassidy, Magherafelt. Mr. Fisher, London. Dr. Norman Kerr, London. Dr. Clugston, Ballyclare. Dr. Fitzgerald, Newtownbutler. Dr. Ivers, Ballyshannon. Dr. O'Connell, Kilmallock. Dr. Langstaff, Athlone. Dr. Brady, Rathgar. Dr. Drapes, Keadue. Dr. Duncan, Ballybrack. Dr. Davys, Swords. Dr. Dwane, Cloyne. Dr. Fletcher, Ballinasloe. Dr. Marks, Dublin. Dr. Dorman, Kinsale. Dr. Duffy, Dublin. Dr. McGee, Belfast. Dr. Davy, Kimmage. Dr. Crean, Dublin. Dr. Farren, Buncrana. Dr. Gordon, Saintfield. Dr. Patterson, Ramelton. Dr. Warren, Tullaroan. Dr. Nesbitt, Monaghan. Dr. Bleakley, Letterkenny. Dr. Moore, Ardee. Dr. Frame, Comber. Drs. Clarke and McMullen, Belfast. Dr. Coyne, Crossmaglen. Dr. Cahill, Kells. Dr. Booth, Newry. Dr. Ambrose, Athea. The Registrar-General for Ireland. Dr. Wright, Llandudno. Dr. Dolan, Halifax. Mr. Ashenden, Hastings. Dr. Mitchell, Paris. Dr. Berkart, London. Mr. Copland, Harwich. Dr. Rogers, Great Stanmore. Dr. Watson, Hammersmith Dr. Weber-Liel, Berlin, &c., &c.

VACANCIES.

Bantry Union, Glengarriff Dispensary.—Medical Officer. Salary, £90, with fees, and £10 as Medical Officer of Health. Election, Aug. 29.

Chelmsford.—Medical Officer of Health. Salary, £60 per annum. Appointment for three years. Applications to W. W. Duffield, 96 High Street, Chelmsford, by Aug. 23.

East London Hospital for Children.—Resident Clinical Assistant. Board, but no salary. Applications to the Secretary on or before Sept. 8. (See Advt.)

Hampstead, Parish of St. John.—Medical Officer of Health. Salary, £125. Applications to the Vestry Clerk endorsed "Medical Officer of Health," before Sept. 1.

London Fever Hospital.—Resident Medical Officer. Salary, £200. Applications to the Secretary, Liverpool Road, Islington, before Sept. 6.

Mullingar Union, Castletown, Geoghegan Dispensary.—Medical Officer. Salary, £120, with fees and Sanitary salary. Election, Aug. 26.

Nottingham General Hospital.—House Surgeon. Salary, £80, with board, &c. Applications to the Secretary before Sept. 1.

Queen Charlotte's Lying-in Hospital.—Resident Medical Officer. Salary, £60, with board. Applications to the Secretary 191 Marylebone Road, London, W., on or before Sept. 1.

Ramsgate Seaman's Infirmary.—Resident Medical Officer. Salary, £130. Applications to the Secretary on or before Aug. 30

Shillelagh Union, Hacketstown Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Officer of Health. Election, Sept. 1.

Westminster Hospital.—Pathologist and Curator of Museum. Salary, £52. Applications to the Secretary on or before Sept. 13.

APPOINTMENTS.

BLAMEY, J., M.R.C.S.E., a House Surgeon to the West London Hospital.

BULLOCK, C., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Windsor Royal Infirmary.

CLARK, Miss A., M.D., L.K.Q.C.P.I., Assistant House Surgeon and Registrar to the Children's Hospital, Birmingham.

LEE, J. H., L.A.H.D., Resident Medical Officer to the Limerick County Infirmary.

LUNN, J. R., L.R.C.P.L., M.R.C.S.E., Resident Clinical Assistant to the East London Hospital for Children, Shadwell.

MCMUNN, J., L.R.C.S.I., Resident Medical Officer to the Great Northern Hospital, London.

MORGAN, J. H., F.R.C.S.E., an Assistant Surgeon to the West London Hospital.

NEWMAN, J. J., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Croydon General Hospital.

O'SHAUGHNESSY, P. J. B., L.R.C.S.I., Medical Officer to the Kanturk Union Workhouse

ROBINSON, G. W., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital.

SMITH, W. B., L.R.C.P.Ed., F.R.C.S.Ed., an Honorary Medical Officer to the Stockton Hospital.

VIVIAN, R. T., M.R.C.S.E., House Surgeon to the Male and Out-patient Department of the London Lock Hospital.

WOOD, F. H., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer of Health for the Wakefield Rural Sanitary District.

Births.

ARMSTRONG.—On Aug. 12, at 10 Brighton Vale, Monkstown, the wife of G. R. Armstrong, M.R.C.S.E., of a daughter.

GRAVES.—On Aug. 6, at Clonskeagh, co. Dublin, the wife of Surgeon-Major W. Graves, A.M.D., of twins—a son and daughter.

MELDON.—On Aug. 13, at 15 Merrion Square North, Dublin, the wife of Austin Meldon, F.R.C.S.I., of a son.

TINDALL.—On Aug. 15, at Rydal Villa, St. John's, S.E., the wife of Albert Alfred Tindall (MEDICAL PRESS), of a daughter.

Marriages.

FITZSIMONS—JEFFARES.—On Aug. 13, at Kilscoran Church, co. Wexford, J. B. Fitzsimons, M.D., L.R.C.S.I., to Orinda Annie, eldest daughter of W. S. Jeffares, Esq., Kilkenny.

KNOX-SANDELS.—On Aug. 6, at Lismaskea, co. Fermanagh, Thomas Knox, L.R.C.S.I., Maguiresbridge, co. Fermanagh, to Louie, only daughter of W. J. Sandels, M.R.C.S.E.

Deaths.

BURKE.—On Aug. 13, at 88 Stephen's Green, Dublin, Wm. M. Burke, M.R.C.S.E., Registrar-General, aged 60.

BLYTH.—On Aug. 6, at Narrandera, New South Wales, Howard Blyth, M.B., aged 24.

HARTLEY.—On Aug. 11, at 3 Bar Houses, Beverley, John Hartley, M.D., aged 63.

KITCHENER.—On Aug. 13, at Bath, Marie Louise, wife of T. Kitchener, M.D.

MAUND.—On Aug. 11, at Westmount, Sandown, Isle of Wight, Henry Maund, M.D., aged 51.

SCATCHARD.—On Aug. 6, at Boston Spa, near Tadcaster, Yorkshire, Thomas Scatchard, M.R.C.S.E.

STANTON.—On Aug. 12, at 9 Montague Square, London, W., John Stanton, M.D., aged 68.

THOMASON.—On Aug. 9, suddenly, at Panama, on board H.M.S. *Osprey*, Dr. W. J. Thomason, Staff-Surgeon R.N., aged 39. (*By Telegraph*).

TREVOR.—On June 28, at San Antonio, Peru, S. Lloyd Trevor, M.R.C.S., of Welshpool.

WOOLDRIDGE.—On Aug. 13, at Withdean, Brighton, Edward Wooldridge, M.D., aged 62.

YOUNG.—On Aug. 12, at Wrington, Somerset, William H. Young, M.D., aged 92.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 27, 1879.

CONTENTS.

LAENNEC: HIS LABOURS AND THEIR INFLUENCE IN MEDICINE. (a)

By ALFRED HUDSON, M.D., F.K.Q.C.P., M.R.I.A.,
Regius Professor of Physic in the University of Dublin.

To attempt a review of the triumphs of the present and recent past would be to follow, by unequal steps, in the path of those who have so ably and exhaustively treated the subject on many previous occasions, and to repeat to-day what you have read in the retrospects, records, and journals of yesterday; while to portray the glories of the future of medicine would require a prescience which I do not possess; besides, having arrived at an age when a man naturally becomes a *laudator temporis acti*, I felt attracted to the consideration of the more remote past, and I resolved to offer a few observations on the history of its several epochs, and of their representative men, and more especially of the great revolution which was in progress in my student days, when the era of nosology was superseded by that of pathology; when the theoretical deductions of Cullen and his predecessors were replaced by the inductive method of the present day, as inaugurated by Laennec.

In a comprehensive review of the past, three things attract our attention: its history, its progress, and the lives of the men who have marked its successive epochs.

Such a task differs from that of the student, or of the worker of the present day, in that, while the one necessarily seeks for advanced knowledge in the most recent sources, and the other founds his conceptions on those of his more immediate predecessors, a retrospect of the kind involves some notice of men whose works are now obsolete, and whose names have become mere traditions in the history of the science.

Its history has not always been one of progress, but rather a record of barren hypothesis and fanciful systems; of the lives and labours of men, often of marvellous ability and industry, whose aim was to attain that which was unattainable:

"Crying for the light,
And with no language but a cry."

These men have been sometimes compared to giants, who, taking us in their arms, and lifting us above their heads, have disclosed to us countries and prospects which they themselves could never discover. Living before their age, and being unable to explain observed phenomena by the aid of the imperfect science of the time, they resorted to hypotheses evolved out of their own consciousness, which were really not explanatory of diseased processes, while their ideas of therapeutics were made to correspond with these imaginary conditions. Not that their labours were altogether useless, for, as has been well said: "As in the growth and development of the body the daily death of the tissues is in strict relation with the activity of life, so in the organic growth of thought through the ages there is a corresponding decay or consumption of erroneous doctrines—a death of the false in strict relation with the growth of the true."

The comparison of the growth and development of science to that of the human body is by no means a novel one, and it is employed by Lord Bacon in terms peculiarly applicable to clinical medicine: "As young men," says Bacon, "when they knit in shape and perfectly, do seldom grow to a further stature, so knowledge, while it is in aphorisms and observations, is in growth; but when once it is comprehended in exact methods, it may, perchance, be further polished and illustrated, and accommodated for use and practice, but it increaseth no more in bulk and substance." The different stages of this comparison of progress correspond with the lives and labours of the great men who have marked the successive epochs of the science. While those of Harvey and of Haller are associated with the birth and progress of physiology, and Hunter is commemorated periodically as the founder of scientific surgery, the great names of Hippocrates, Morgagni, and Laennec correspond to the eras of aphorism, observation, and method, which each of them in turn illustrated by his life and works—each life, moreover, affording practical lessons of value. Thus the life of Hippocrates teaches the value of that early acquaintance with the objects of his future, study now too much overlooked. We are told that, "amid the sports of childhood he received from the mouths of his parents the elementary notions of medical science. By viewing diseases he learnt to distinguish them." Himself convinced of the superiority of this method of practical instruction, Hippocrates wrote: "In order to improve to a certain degree the knowledge and practical skill of the physician, it is necessary (independent of natural genius, the place of which nothing indeed can supply) that he be placed from early infancy amid all the objects of his researches, and that every

(a) Abstract of the Address in Medicine delivered at the Annual Meeting of the British Medical Association in Cork, August, 1879.

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means of instruction be employed with unremitting assiduity." (*a*)

Of the character of his writings, Cabanis remarks: "He brought the science back again to its natural channel, that of rational experience. He freed medicine from false theories, and formed for it sure and solid systems. His books of aphorisms have in all ages been regarded as models of grandeur of conception and precision of style. Through the whole of them we may remark that truly universal method, the only one which is adapted to the mode in which our intellectual faculties are exercised, and which, in every art and in every science, by making the principles flow naturally from the observations that have been collected, transforms the deductions from facts into general rules." This writer adds—"If the disciples of Hippocrates had understood his lessons well, they might have laid the foundation of that analytical philosophy by the aid of which the human mind will be henceforth enabled to create to itself, as it were daily, some new and improved instruments of advancement." It is scarcely necessary to remark how exactly this prediction has been realised in the history of physical diagnosis and in the life of Laennec.

The traditions of Hippocrates and his natural method, having outlived the centuries of dogmatism and of successive systems, have survived to the present day, transmitted through the dark ages of medicine in the aphorisms of Lommius, Baglivi, Boerhaave, Stoll, and others—aphorisms which, while comparatively free from the dogmatism of the age, contain matter of the highest practical value. One of the most illustrious of these writers (Baglivi) devotes two chapters to treating of the hindrances (*impedimenta*) of progress arising from neglect of ancient aphorisms and observations, and love of new systems, maintaining that "the entire value of the history of diseases depends on the careful and patient description of that which the observer, skilled in the mode of invasion, the progress, and issue of diseases, has perceived." The writings of these men, like those of their great master, are especially distinguished by the fidelity of their descriptions of symptoms and the sagacity with which they anticipated sequences. They read the prognostic signs of disease with an accuracy and an insight whose

"—Old experience doth attain
To something like prophetic strain,"

and are for these reasons, if for no other, worthy of the careful study of the practitioner. By the side of these names we place that of the English Hippocrates, Sydenham, the great observer, who, says the editor of his works, now stands out, at nearly the end of a second century, as the great representative of the practical medicine of practical England.

The influence of Sydenham is especially seen in the writings of the succeeding century, of Grant and Huxham, of Pringle, and others whom a distinguished American writer on fever terms "those glorious old British observers—the types and ornaments of a school never since surpassed by their countrymen." And I may here remark that the study of these and the above-mentioned older writers would greatly tend to moderate extravagance of doctrine and exclusive devotion to special methods of treatment in our own day. These British writers, as Dr. Bartlett observes, clearly recognised the distinction between the two great forms of continued fever, which the great majority of the British physicians in his day "refused to admit or to endeavour to ascertain;" while, of the wisdom and breadth of their views of treatment, no higher testimony need be adduced than the candid acknowledgment of Dr. Stokes, who says in his memoir on the state of the heart and use of wine in typhus fever—"I confess that it was not until several years after I commenced practice that I became fully aware of the erroneousness of what is termed the anatomical theory of disease; and I feel certain, humiliating though the confession may be, that the fear of stimulants with which I was imbued was the means of my losing many patients, whose lives would have been saved had I trusted less to the doctrine of inflammation and more to the lessons of experience given to us by men who observed and wrote before the times of Bichat or Hunter."

I would add one remark to the above. It is, that a careful perusal of the excellent, albeit, somewhat antiquated, chapter of Lommius on the diet of a fever patient, might help to guard the young practitioner from the too prevalent perversion and abuse of Graves's famous saying, "He fed fevers."

In England, these great observers were succeeded by others scarcely less noteworthy; by Fothergill and Fordyce, Heberden and Currie, whose writings will live as long as the art is cultivated.

Contemporary with these men were others; men of great ability, but who aimed at generalisations rather than observation, and strove to construct systems to which the medicine of the future should conform. I need not tell you that the systems of Cullen, of Brown, and of Darwin, have long become things of the past and forgotten.

But we pass on to the epoch of Pathology and Clinical Medicine inaugurated by Morgagni and his contemporaries and successors. In an admirable address delivered before the Glasgow Pathological and Clinical Society in 1864, Professor Gairdner thus tersely describes the character of Morgagni's work.

"In investigating the *seats* of diseases, Morgagni is not content to record the *coincidence* of a lesion in an organ with the symptoms apparently due to disordered function in that organ.

"For the first time almost in the history of medical inquiry, he insists on examining every organ, as well as the one suspected to be chiefly implicated; not only so, he marshals with the utmost care from his own experience and that of his predecessors, all the instances in which the symptoms have existed apart from the lesion, or the lesion apart from the symptoms. He discusses each of these instances with severe exactness in the interest of truth, and only after an exhaustive investigation will he allow the inference either that the organ referred to is, or is not, the seat of the disease.

"And in like manner in dealing with causes; a group of symptoms *may* be caused by certain organic changes—it may be even probable that it is so—but, according to Morgagni's method, we must first inquire into *all* the lesions of organs which occur in connection with such symptoms; in the second place, we must know if such lesions ever occur, or occur without the symptoms; and again, if such symptoms can be attributed in any cases to other causes in the absence of such lesion."

Did time permit, I would fain add to Dr. Gairdner's illustrations some examples of the glimpses of facts pointing to future observations and discoveries which are scattered through the portion of Morgagni's work relating to thoracic diseases. Such are his remarks on the connection between disordered states of the nervous system and deranged respiration (Letter 15); his notice of the sound heard on applying the ear to the præcordial region in a case of pericardial effusion (Letter 16); of the decubitus in empyema and the displacement of the liver in that disease; of the signs of dilatation of the right ventricle, and the clear explanation of the phenomenon of jugular pulsation, and the wonder he expresses that the increased bulk of the heart is not attended to in the histories of asthma; and of the curious case (quoted by Wardrop in his work on the heart) of alteration in the radial pulse, caused by a fall on the spine, and inexplicable until the discovery of the vaso-motor system of nerves; to lesions of which similar cases have been referred by Dr. Russell Reynolds and Dr. J. W. Ogle.

To those who, like Dr. Gairdner, look to what Morgagni has done for pathology and clinical medicine "in the light not only of his own researches, but of those of his successors," it would seem difficult to over-estimate the value of his work and influence. But that the work itself was regarded by his more immediate successors rather as a record of symptoms and morbid appearances than an exposition of morbid processes in the living body, as wanting the explanatory why, and consequently of little assistance to the practitioner at the bedside, appears from the language of Corvisart, who, after stating that it will immortalise its author, adds the remark that this great work "neither helped nor hastened the art of diagnosis;" adding, in a footnote, that "he himself had formerly read a memoir to the Institute, expressing the idea of a work analogous, but in an inverse sense from that of Morgagni, with the title, "De sedibus et causis morborum per signa diagnostica, investigatis, et per anatomen confirmatis;" but that, for such a work, at least another Morgagni would be required. (*a*)

(*a*) It is worthy of remark that in the course of a discussion on he subject of education in the General Medical Council, in 1877, Sir James Paget stated as the result of his own experience, that everything is in favour of putting a student at once to the daily honest practice of his profession by apprenticeship in the country for the first year.

(*a*) "Dans un des memoires que j'ai lus anciennement à l'Institut j'avais émis l'dée d'un ouvrage analogue mais en sens

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The hour and the man were both at hand; and, as it has been said of Harvey, "that on the doctrine of the circulation the dawn had long been visible," and when Harvey came the sun arose; "so Laennec appeared, and realised the prevision of Corvisart by substituting a living for a dead pathology, and revolutionising clinical medicine by a method of diagnosis which, by revealing the seat, nature, and *progress* of disease at the bedside, anticipated the disclosures of the post-mortem theatre, and endued the dry and unexplained facts of both symptoms and morbid appearances with meaning and with power."

"Time," says Dr. Stokes, "has shown that the introduction of auscultation and its subsidiary physical signs has been one of the greatest boons ever conferred by the genius of man on the world.

"A new era in medicine has been marked by a new science, depending on the immutable laws of physical phenomena, and like the discoveries founded on such a basis, simple in its application and easily understood—a gift of science to a favoured son; one by which the ear is converted into the eye, the hidden recesses of visceral disease opened to view; a new guide to the treatment, and a new help to the early detection, prevention, and cure, of the most widely spread diseases which affect mankind."

I have alluded to men who lived before their time, who were in advance of their age; Laennec was fortunate in living at the exact period at which he did, when Bichat had just created the science of general anatomy, and Haller and Hunter that of physiology; when Morgagni had grouped such a mass of his own observations and those of others on the results of disease as to entitle him to be called the founder of morbid anatomy; and when the first essay in physical diagnosis by Auenbrugger, long neglected, had been taken up and translated by Corvisart, who employed percussion as an aid to the diagnosis of cardiac diseases with much success. Laennec had thus, in the works of his immediate predecessors, the materials necessary for his system, which needed only the spark of his genius to burst into life and beauty.

I cannot but think it also fortunate that he did not live at a later period. He might perhaps have then anticipated some of the improvements which have followed from the modern advances in the correlated sciences; but I can imagine that, had the pathological anatomy of the period ripened into the histology of the present day—a science which, says Dr. Gairdner, "can only be sounded through the absolute devotion of a lifetime to its new methods of research"—his active and inquiring mind might have been altogether diverted from the study of the diagnosis of disease at the bedside to the researches of the dead-room and the laboratory, which, however important, must be held to be subordinate and secondary to the other. Laennec would seem to have so regarded it, when he wrote that "if the causes of severe diseases are sought for in mere microscopical alterations of structure, it is impossible to avoid running into consequences the most absurd; and if once cultivated in this spirit, pathological anatomy, as well as that of the body in a sound state, will soon fall from the rank which it holds among the physical sciences, and become a mere tissue of hypotheses, founded in optical illusions and fanciful speculations without any real benefit to medicine."

The life of Laennec, like the lives of other illustrious men, is not without its lessons. Although of feeble constitution and delicate health, it was marked by mental activity and incessant work. Like his great prototype Hippocrates, he became early familiar with disease, and while a youth, showed a decided predilection for morbid anatomy and clinical observation, the future studies of his life. At the early age of eighteen, he served as assistant-surgeon in the military hospitals, and in the following year he became a pupil of Corvisart at La Charité. Here he proved his diligence in the study of clinical medicine by drawing up a minute history of nearly four hundred cases of disease, which, it is known, furnished the groundwork of all his future researches and discoveries.

On taking his degree, he wrote a thesis on the doctrine of Hippocrates, as applied to practical medicine, which, says M. Bayle, proved him to be no less skilled in the knowledge of the Greek language than deeply read in the writings of the father of physic. In the previous year, he had commenced a course of lectures on pathological anatomy, which he continued for three years, when ill-health obliged him to discontinue them. From this time until 1816, he continued to contribute articles on general and morbid anatomy to the *Dictionary of Medical Sciences*, and other publications; but on his appointment as physician to the Necker Hospital they ceased, and having made the discovery of mediate auscultation, he devoted himself solely to the perfecting of the new system of diagnosis which he founded on it, and to the clinical teaching of his method to the numerous students who resorted to him.

The history of this discovery is well known, but Laennec's observations on it are too important to be passed over without notice. "From this moment," says he, "I imagined that the circumstance might furnish means for enabling us to ascertain the character, not only of the action of the heart, but of every species of sound produced by the motion of the thoracic viscera, and, consequently, for the exploration of the respiration, the voice, the rattle or rhonchus, and perhaps even the fluctuation of fluid extravasated in the pleura or pericardium. With this conviction, I forthwith commenced at the Hospital Necker a series of observations, which have been continued to the present time. The consequence is, that I have been enabled to discover a set of new signs of diseases of the chest, for the most part certain, simple, and prominent, and calculated, perhaps, to render the diagnosis of the diseases of the lungs, heart, and pleura as decided and circumstantial as the indications furnished to the surgeon by the introduction of the finger, or sound, in the complaints where these are used."

I have quoted this passage at length, as showing the strictly inductive character of the process of this discovery: first the observed fact, followed immediately by the anticipation based on previous knowledge of the pathological conditions of other diseases; then the repeated experimental trials, and the confirmation of the anticipation by repeated post-mortem examinations.

The narrative illustrates several important principles common to the histories of scientific discovery.

First, it was apparently, but only apparently, accidental. "Men," says Whewell, "are fond of repeating that such discoveries are most commonly the result of accident; and we have seen reason to regret this opinion, since that preparation of thought by which the accident produces the discovery is the most important of the conditions on which the successful result depends." Then, it conformed to the usual conditions, viz., distinct general notions, careful observation of many facts, and the mental act of bringing together these elements of truth.

Regarded as an epoch in scientific discovery, this, like other inductive epochs, had a prelude in the preceding period, which led immediately up to it, and to which I have already referred. It has also had a sequel of verification and connection during which the discovery has acquired a more perfect certainty and a more complete development among the more advanced thinkers and improvers, has been diffused to the wider throng of the secondary cultivators, and traced into its distant consequences in its influence on the practice and teaching of medicine and on the status of the profession.

This discovery, nevertheless, did not at first excite much interest in the profession generally. In was announced in the *Edinburgh Medical Journal* of the day in these terms: "M. Laennec has discovered that, by interposing a tube of paper or wood between the ear of the observer and the chest of the patient, much information may be acquired concerning the diseases of the chest. The pulsations of the heart are thus rendered more audible, and in phthisical patients the voice seems to proceed from the chest when one end of the tube is placed over those places where there are tubercles, and, according as the sound is clear or rattling, we may judge whether the cavity is clear or contains pus."

After such a notice, it is not surprising that the practitioners of the day did not much concern themselves about the new method of diagnosis, or that Sir John Forbes should write, three years after the appearance of his translation, that up to that time not even a single case of the use of auscultation had appeared in any British medical journal. Some of us can remember how the stethoscope and its inventor were sneered at and ridiculed by a few of the teachers of our own day. The new light was too strong for older eyes; and it is possible that, had not Laennec survived his discovery for some years and continued to demonstrate its employment and results to the younger generation, it might have left as slight an im-

inverse pourtant á celui de Morgagni; il aurait en pour titre, *De sedibus et causis morborum per signa diagnostica investigatis et per anatomen confirmatis.* Mais pour un tel ouvrage il foudrait au moins un autre Morgagni." (*Sur les Maladies du Cœur. Discours préliminaire*, p. ix.)

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pression on the minds of the profession as had the treatise on percussion by Auenbrugger, which preceded it.

Sir James Paget tells us that, "although Hunter was in high repute as the chief anatomist and naturalist of the time, yet in his great work of comparative anatomy and physiology not one of the young men of science imitated him—in the highest sciences he had not one true disciple." With Laennec it was different: unlike Hunter, he was "apt to teach," and had the opportunity afforded by his connection with the Hospital Necker of training numerous disciples from this and other countries, one of the most distiguished of whom (Dr. Williams) still survives. Others who, like our own Stokes and Corrigan, had not the advantage of his personal teaching, drank the knowledge from his published writings, and drew therefrom an inspiration and an impulse which carried them far into the field of discovery.

It only remains to remark that from Laennec's first observation till his death only ten years elapsed, two years of which were spent in the country, while suffering from disease which afterwards proved fatal. Few men have contributed an equal amount of such valuable work within the same space of time. Of its appreciation by men of kindred genius and pursuits, I have already given one example in the eloquent words of Dr. Stokes; let me add another in those of Dr. Addison. "Were," says Dr. Addison, "I to affirm that Laennec contributed more towards the advancement of the medical art than any other single individual, either of ancient or of modern times, I should probably be advancing a proposition which, in the estimation of many, is neither extravagant nor unjust. His work *De l'Auscultation Médiate* will ever remain a monument of genius, industry, modesty, and truth. It is a work, in perusing which every succeeding page only tends to increase our admiration of the man, to captivate our attention, and to command our confidence. We are led insensibly to the bedside of his patients; we are startled by the originality of his system; we can hardly persuade ourselves that any means so simple can accomplish so much, can overcome and reduce to order the chaotic confusion of thoracic pathology; and hesitate not in the end to acknowledge our unqualified wonder at the triumphant confirmation of all he professed to accomplish." But is he still appreciated as he deserved? Is he still the living oracle, or rather is not his name now rarely mentioned—fast becoming a mere tradition among practitioners and students? His work has been long out of print in both languages, but neither the old nor the new Sydenham Societies have thought it worthy of a re-issue. For the one it may have been too new—not yet fossilised; and it may be supposed that the council of the new society have passed it by while translating and re-editing works of inferior merit, because it is too old. I am glad, however, to see an announcement in a recent number of the *Lancet* that, "Thanks to the late Minister of Public Instruction, who granted a subsidy for this purpose, the Faculty of Medicine have been enabled to publish a new edition of Laennec's work upon auscultation, which has long been out of print. This is intended as a national monument to the illustrious pioneer in physical diagnosis; and it is to be sold at a low price, in order to bring it within the reach of all." The old saying seems still to be true: "They manage these things better in France."

What has been Laennec's influence on practice, on clinical teaching, and on the public estimate of medicine? By his introduction of differential diagnosis—the essential pre-requisite of scientific therapeutics—the treatment of diseases of the chest, previously directed to a name, a group of symptoms, or often to a single symptom supposed to be pathognomonic of a certain affection, has become differentiated; and a case of pneumonia is no longer treated as one of pleuritis, nor one of diseased heart; or of emphysema as one of hydrothorax—the universal practice during the preceding era. Auscultation, also, by enabling us to recognise the tendency of diseases to recovery, or the contrary, becomes a powerful adjuvant in their treatment. Moreover, we have, in the recognition of the vital condition and innervation of the heart, a most valuable guide to the treatment of various diseases, notably with regard to the exhibition of wine in fever, and the treatment of the cerebral anæmia of fatty heart and of other cerebral affections; and, in the field of preventive medicine, auscultation co-operates by detecting the germs and vestiges of disease, as the early signs of phthisis or the organic sequelæ of acute disease.

With regard to Laennec's influence on clinical instruction, we might well ask what would such instruction be, if physical diagnosis were omitted? Without it, the knowledge gained at the bedside would be mere cramming. "*Teaching*," says Dr. Moxon, "is the storing of knowledge—it may be done quickly. *Training* is the creation of an organ for the use of knowledge—it needs much time, it is a slow processs. The trainer has to convert the pupil's knowledge into motive, his desire into patience, his will into skill. Every good trainer aims to raise upi[illegible] pupil's mind *a self-training faculty*, which shall itself continue to train, more and more knowledge into motive. By such training knowledge becomes power." This is exactly what physical diagnosis does. Following the method of Laennec, the clinical teacher trains the pupil to the use of his senses in the observation of sensible phenomena, then to the associating these with the physical conditions from which they arise, and finally to their relations with principles of pathology and of treatment. No greater improvement has ever been effected in medical education than by the introduction of this method into hospital teaching by the late Dr. Graves, as described in his work on clinical medicine.

It were more easy to say what should be than what is the influence—indirect, of course—of Laennec on the public estimate of medicine. This, we know, has never been high; and physicians have been the objects of satire for centuries. A hundred years ago, Zimmerman wrote: "I sometimes hear pretended wits affecting, with a tone of raillery, that physic is still such as it was in the time of Hippocrates, and that the best informed physicians know only that which he knew. Later, we have the question gravely propounded by Sir William Hamilton: "Has the practice of medicine made a single step since Hippocrates?" and the late Dr. Symonds, in a Presidential Address on this subject—since published in his *Miscellanies*—referred to passages in two leading reviews of the day, too long for quotation, both representing medicine as uncertain, always changing, resting on arbitrary assumption, &c. One oracle asks: "But can any one at this moment seriously declare that there is such a thing as a science of medicine?" "What there is is this: there are a few facts—a very few—distinctly known and beyond the reach of controversy, and the number of these increases but slowly if it sensibly increases at all.

Our answer to such nonsense is to point to what Laennec has done. Is the influence of medicine in directly saving life called in question, we may refer to the physical diagnosis of cases which, without medical or surgical interference, run on inevitably to a fatal termination: *e.g.*, of empyema, or of a foreign body in the bronchus; to the advantage of the early detection and treatment of phthisis, or certain diseases of the heart, or aneurism of the aorta.

In regard of that power of prognosis which Hippocrates recommended physicians to cultivate, with a view to securing the confidence of those who consulted them, I need not remind you of what we owe to Laennec; and in the detection of latent disease, in the numerous cases in which the aid of the physician is sought by insurance companies or Governmental departments, from whom do we obtain help so largely as from Laennec, either alone or in conjunction with Bright? If, then, we challenge the public estimate for our profession as a science, it is to Laennec we owe much of the grounds of our claim; and if it be said that the art is conjectural, to a portion, at least, we say he has contributed a degree of certainty almost amounting to law.

"As soon as any department of knowledge," says Mr. Buckle, "has been generalised into laws, it contains, either in itself or its applications, three distinct branches: namely, inventions, discoveries, and methods."

Laennec combined all these. His invention was as perfect as simple, tried by the test for such—"will it work?" His discoveries have led to others, only second in importance to his own, by those who have adopted his method. He was not a generaliser like Cullen, and perhaps scarcely deserves the eulogy of Sir William Hamilton on that great man, whom he seems to praise for that "he had not made the discovery of a single phenomenon." He did not undervalue theory, which he calls the "scaffolding of science;" he reasoned—not downwards from general principles to facts, but in the contrary direction; and having seen and seized on the "enlightening fact," and pursued what Bacon calls the "*experimenta lucifera*" through a lengthened series of observations on the living and on the dead, he developed and has bequeathed to us a method "comprehensive and exact" in its induction, which, however, it

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may hereafter "be further polished and illustrated, and accommodated for use and practice," can never be dispensed with in the present, or superseded in a future age of medicine. To him we may fitly apply Cowley's well-known lines on Bacon:

"From these and all long errors of the way
In which our wandering predecessors went,
And, like the old Hebrews, many years did stray
In deserts but of small extent;
Bacon, like Moses, led us forth at last;
The barren wilderness he past,
Did on the very border stand
Of the blest promised land,
And from the mountain top of his exalted wit
Saw it himself, and showed us it."

Allow me to trespass on your patience for a moment longer, while I express my personal regret for one whose recent death, I may truly say, is deplored by the entire profession; and whose loss to the Association may be judged of by this, that his last public act, so far as I am aware, was in reference to the arrangements for the present meeting.

On reading the short biography, accompanying the announcement of his death, in the *British Medical Journal*, I was struck by the resemblance of his career to that which I have feebly attempted to sketch.

Like Laennec, Dr. Murchison was a diligent and highly distinguished student; he, also, early devoted himself to the cultivation of pathology and clinical medicine, and became a great clinical teacher; like Laennec, he compressed the labours of a long life into a comparatively short period; and like him, his name will ever be associated with a great work—a work which must live, inasmuch as it is not only the most comprehensive and exhaustive which has ever appeared on the subject, but also marks the epoch of that sound and scientific classification of fevers which the late Dr. Parkes, in his admirable address in 1873, pronounced to be probably "our greatest advance in practical medicine." That advance, mainly due to the researches of Stewart and Jenner, has been secured, and rendered permanent, and illustrated by the great work of Charles Murchison.

THE PREVENTION AND TREATMENT OF HÆMORRHAGE AFTER CHILD-BIRTH. (a)

By Dr. T. MORE MADDEN,
Obstetric Physician to the Mater Misericordiæ Hospital, Dublin.

The author remarked that notwithstanding all that had been written on the subject, its further consideration was not unnecessary as long as women still died from hæmorrhage after child-birth, despite all treatment. In the course of a long and tolerably large experience he had witnessed this lamentable accident on only two occasions, once in hospital, the other in private practice. With the gradual advancement of the obstetric art this occurence had become less and less frequent, and in the more perfect midwifery practice of the future it would probably be entirely unknown. It was therefore the duty of all who had opportunities of trying the different methods of preventing or arresting *post partum* hæmorrhage to record their experience, whether successful or unsuccessful, so that others might avoid their failures and imitate their successes. With that view, although novelty was probably impossible in a subject already so thoroughly discussed, he would venture to lay before them the methods which he had employed for the prevention and treatment of hæmorrhage. In his opinion, flooding in the majority of cases was preventible, and under proper treatment before and during labour should be rarely met with. The various predisposing causes of hæmorrhage, and the preventive treatment required by each, were then considered by the author. He also referred to the ill effects of premature delivery by the long forceps before the full dilatation of the *os uteri*, and also the production of hæmorrhage from undue delay in affording instrumental assistance when required in the second stage. The preventive measures he relied on during labour, were early rupture of membranes, in the first stage; enemas of the strong infusion of ergot, or hypodermic injection of ergotine, in the second stage; and firm manual pressure over the uterus until the completion of the third stage and permanent contraction of the uterus is secured. In nineteen instances of severe flooding perchloride of iron was resorted to. In eighteen of these cases the hæmorrhage was arrested; in one it failed. Dr. More Madden did not approve of the employment of this styptic in the ordinary way, by the syringe passed up to the *fundus uteri*, as he considered that a hazardous plan of treatment. He recommended, instead, the application of strong *liquor ferri* by saturated sponge carried by hand into the womb, and applied to the bleeding surface until firm and permanent contraction is obtained. Some cases were referred to in which he thus succeeded in arresting flooding which had resisted all other treatment; and one of these, a case rarely recovered from, namely, rupture of uterus, where he was called in consultation. He therefore regarded his plan as a most effectual method of arresting flooding, but at the same time he admitted that it was not free from danger, or to be adopted without grave necessity. The author's experience of various other remedies employed in checking *post partum hæmorrhage*, immediate and secondary, was then narrated, including the use and abuse of opium, the hypodermic administration of ergotine, the use of galvanism, the use of cold injections, and also of hot syringing in certain cases, and the comparative advantages of the hypodermic injection of ether and the transfusion of blood in cases of extreme exhaustion and collapse from flooding. No circumstance could occur in medical or surgical practice calling more imperatively for the exercise of the highest qualities of the medical attendant, than those in which the obstetric practitioner is placed when called, on it may be suddenly, in a remote district and under unfavourable circumstances, to treat a case of violent flooding, nor in any could the power of the physician's art be more strikingly illustrated than when he was thus enabled to rescue from the tomb one who stands trembling on its brink—pale, pulseless, unconscious, and collapsed from hæmorrhage after labour.

(a) "Abstract of a Communication to the Obstetric Section of the British Medical Association."

Original Communications.

GEOGRAPHY OF DEVONSHIRE AND CONSUMPTION. (a)

By WILLIAM H. PEARSE, M.D.,
Physician to the Plymouth Public Dispensary.

The following table contains the total deaths—male and female—from phthisis, in 221 parishes in Devon, for the ten years, 1861-70; being for the same years as the tables of death-rate for England and Wales, in the 35th Report of the Registrar-General.

The deaths in the various districts have been grouped into geological areas, and been made comparable with the mean population, density per acre, and approximatively to elevation above sea-level, and to rain-fall.

The table is arranged beginning with the areas having least death-rate, and ending with those having the highest.

The rain-fall is taken from the tables of Mr. Pengelly, F.R.S. The parish returns of deaths are supplied by the Superintendent-Registrars of the districts.

It is believed that the areas, population, and period of ten years, embraced in the table, are sufficiently large as a basis for comparison.

The mean death-rate in *England and Wales* from

(a) Read before the British Association for the Advancement of Science, 1877.

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phthisis is—male, 2·46 ; female, 2·48 ; or mean, 2·47. In *London*—male, 3·35 ; female, 2·39 ; mean, 2·87.

Mean Death-rate from Phthisis for Ten Years, 1861-70, in Devon.

No.	Registration District.	Total population from which drawn.	Acres per person.	Height of rain gauge.	Greatest rain in year.	Mean death-rate, per 1,000. M.	F.	Mean death-rate, 10 years, per 1,000 Persons
				feet.	inches.			
1	Tavistock	3,794	20	1,400	74·35	..	..	0·37*
2	Do.	4,611	15·6	..	..	0·96	0·71	0·86
3	Barnstaple	10,705	8·3	850	60·82	..	..	0·45†
4	Do.	14,991	6·3	..	..	0·90	0·82	0·86
5	S. Molton	4,318	12·9	..	46·46	0·82	1·09	0·95
6	Totnes	5,618	5·8	..	..	1·07	1·20	1·12
7	Plympton‡	4,636	3·0	350	49·26	1·0	1·35	1·18
8	Do.	6,540	2·7	175	49·05	1·39	1·07	1·23
9	Do.	5,093	2·5	116	47·92	1·43	1·12	1·27
10	Totnes	1,633	3·	..	..	1·83	0·92	1·34
11	S. Molton	14,631	6·	472	41·82	1·29	1·51	1·42
12	Plympton	1,839	11·6	..	high	1·15	1·81	1·46
13	Totnes	7,003	1·7	120	47·06	1·23	1·65	1·46
14	Newton	3,739	9·	950	58·95	1·77	1·26	1·52
15	Bideford	8,667	4·3	550	49·01	1·21	1·86	1·55
16	St. Thomas	17,697	3·3	..	33·35	1·69	1·62	1·65
17	Axminster	5,092	8·6	..	35·46	1·34	2·01	1·67
18	Newton	3,581	4·1	..	35·70	1·25	2·13	1·69
19	Totnes	13,814	1·	..	..	1·59	1·80	1·71
20	Axminster	5,785	3·7	..	..	1·39	2·01	1·71
21	Bideford	9,974	2·6	173	36·82	1·76	1·76	1·76
22	Tavistock	21,846	2·	288	49·36	1·89	1·72	1·80
23	Totnes	6,166	5·2	650	69·99	1·59	2·38	1·91
24	Tavistock	6,789	5·5	445	47·71	1·60	2·32	1·96
25	Barnstaple	8,490	4·3	31	39·47	1·75	2·17	1·97
26	Newton	2,370	4·9	..	..	1·29	2·66	1·98
27	Axminster	9,019	2·3	..	..	1·83	2·58	2·22
28	St. Thomas	8,885	2·8	..	..	2·20	2·27	2·24
29	Do.	1,448	5·	..	..	2·67	1·99	2·34
30	Do.	19,685	1·6	33	33·30	2·33	2·49	2·42
31	Newton	7,703	3·4	639	40·80	2·65	2·19	2·42§
32	Do.	35,527	0·43	200	37·69	3·28	2·14	2·62
33	Barnstaple	13,292	1·3	31	39·47	2·78	2·69	2·74
34	Newton	10,749	1·5	..	35·97	2·87	3·07	2·97
	Tavistock Prisoners Lunatics. Exminster	817 668	.. ..	1,400 ..	74·35 ..	2·6 22·42	.. 20·10	2·6 20·96

* Excluding prisons.
† Excluding Ilfracombe.
‡ Nos. 7, 8, 9, are different geological areas of Plympton.
§ Torquay.

The result of the table is, that the two wildest moorland regions of the county have the least death-rate—Western Dartmoor, 0·36 ; Exmoor, 0·45 ; against England and Wales, 2·47.

Western Dartmoor, or the granite, is essentially wild moorland ; the eastern region of the granite, with higher death-rate, is more cultivated. Again, the North Devon Exmoor (0·45) is open and exposed. It seems just to say that the freedom from phthisis in these regions goes along with, or is due to, the more habitually exposed out-of-door life led by the inhabitants.

Among the physical conditions involved are—pure air ; comparative mountain air (that is, air having, to air at the surface, "more carbonic acid and less oxygen, with little or no organic matter,"—Dr. Angus Smith) ; great rain-fall ; soil and natural drainage ; excess of ozone ; relative electrical conditions and phenomena ; sun "energy," or "forces ;" light, &c. ; in fact, the entirety of the physical conditions (known, and yet more unknown) in and of the atmosphere—using the word "atmosphere" in its widest and fullest sense.

We see the result of the power of such full physical correlations to man's body, in his more fully maintained vito-physical being ; that nerve segment, or "limb," of the body, of which the lungs are part, obtains such vital "force," or "energy," that its natural period of life is sustained, in harmony of time, to the longevity of the other segments, or "limbs," or tissues, of the body generally. In other words, the so far ultimate cells of the lung tissue are not (as they are in tubercular consumption) "early checked in their development . . . and do not early succumb to a process of shrivelling"—(Virchow).

Consumption is here treated purely as a part of natural history.

Other Registration Districts in Devon, not included in previous Table, reduced from the Registrar-Gener Returns—(Phthisis Death-rate, &c.).

District.	Men.	Women.	Mean.	Acres per person.	Approximate rain-fall, eight years, mean.
Okehampton...	1·57	1·92	1·73	6·58	40
Crediton ...	1·77	1·93	1·85	4·73	—
Holsworthy ...	1·77	2·35	2·06	8·75	45
Honiton ...	1·83	2·35	2·09	3·63	32
Kingsbridge...	1·97	2·21	2·09	3·72	38
Stoke Damerel	2·21	2·35	2·28	0·03	—
Tiverton ...	2·19	2·38	2·28	3·45	37
Torrington ...	2·21	3·08	2·64	4·98	41
Exeter ...	2·92	2·43	2·67	0·04	33
Plymouth	2·83	2·88	2·85	0·021	39
East Stonehouse ...	5·93	2·56	4·24	0·013	—
England and Wales ...	2·46	2·48	2·47	—	—
London ...	3·35	2·39	2·87	—	—

I proceed to consider the facts which the table indicates :—

Pure Air.—In the natural history of vital phenomena and living being, we must ever remember—just as we do in viewing astronomical or geological phenomena—the great import of small differences and rates ; and further, we must submit our dogmas, and allow Nature's own order and periods of time. Thus, that generation after generation breathe the pure air of the moorlands cannot be ignored as a cause of the freedom from phthisis. The population is sparse—20 acres per person—but the Tavistock granite moor (0·37) is east of Tavistock Devonian (1·82), Tavistock carboniferous (1·96), Launceston carbouiferous (1·76 R. G.), and Holsworthy carboniferous (2·06 R. G.) ; and, therefore (except for conditions embraced in elevation), the air cannot be purer than that of those more westerly regions, which earlier get the westerly ocean winds. Is the result (0·37), then, due to conditions involved in comparative elevation? Against this conclusion is the death-rate of similar granite regions, with about equal elevation, in the Newton granite (1·52), Plympton granite (1·46). Newton and Plympton granite have more farm cultivation than has the Tavistock granite ; the Tavistock moorland people lead a rougher out-of-door life than do the others. Pure air does not seem a full explanation ; it is of great place in the explanation of the phenomena, but it is not the full cause. The vital (whatever that may mean and contain) arises as the result of the fullest co-ordination of man's body, with the entirety of the physical existences of the atmosphere. Pure air, again, has its place no doubt in part, as an explanation of the low death-rate of the Exmoor region (0·45) ; or as, again, the death-rate of the sea-board parishes of the Bideford district is 1·55, whilst that of the more inland parishes is 1·76. Whether from pure air, or dry soil (Devonian formation), or out-of-door life, Lynton, with a mean population of 1,106, Coombe Martin, an adjoining parish, with a mean population of 1,451, each had but one male only die of phthisis in the ten years, 1861-70 ; no female died in either parish in the same period. But these regions of health, both on the granite and Devonian, have great rain-fall.

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I shall only remind you of the *vast* involvements of physical existences involved in rain, and of their correlations to living being. In various countries the rainy seasons are those of best health. The fact that rain washes the air free from germs, or irritants, is by no means a full explanation; far deeper physical or vito-physical facts are involved.

Soil.—The granite region (0·37) is hilly, and drains well. The Devonian is more healthy than the carboniferous; in North Devon Devonian, Barnstaple, 0·45—0·86; South Molton, 0·95; to North Devon carboniferous, South Molton. 1·42; Bideford, 1·76; Holsworthy, 2·06. Does this difference depend on relative moisture of soil?

Ventilation.—Axminster, Honiton, and Torrington show an excess of death-rate of women:—Axminster, male 1·49, female 2·34 (R. G.); Honiton, male 1·83, female 2·35 (R. G.); Torrington, male 2·21, female 3·08 (R. G.): results probably due to the rooms in which the lace and glove makers sit. Plastered rooms, *without effective means for the continuous escape of foul air*, must cause in a large number the failure of formative "energy," and the sinking of the tissue into tubercular phthisis. Architects rarely supply any means for the *continuous escape* of the slow but surely poisonous foul air.

Huts.—Holsworthy, a damp, "cold," clayey, carboniferous soil has a death-rate of—male 1·77, female 2·35; the population is sparse; 8·75 acres per person. The men are much employed in heavy, wet, farm work; yet their death-rate is but 1·77, to female 2·35. Do the ill-ventilated huts kill the women? or are the men (under such unfavourable conditions of soil toward phthisis) preserved by the out-of-door life, or by the moderate stimulants, or by the tobacco.

Animal Type.—

Lunatics, mean death-rate	20·96
Criminals in Dartmoor, mean death-rate,	2·60

This great contrast of death-rate is chiefly significant of the relation of animal type to phthisis. In a large proportion of young people, who have certain types of skin, hair, nails, teeth, you can predict that at early ages the nerve "force," or "energy," of the lung segments shall cease. So, again, tendency to phthisis corelates with certain mental types. Again, seeing that at the ages of the prisoners at Dartmoor, "that nearly half of all deaths are from phthisis" (R. G.), whilst the death-rate of the prisoners is 2·6 only; either, then, the moorland must be vastly preventive of phthisis in the prisoners, or the physical "type" of man who is criminal is far stronger than that of the population of England and Wales generally.

"*Form*" (F. Bacon) *of Phthisis.*—Phthisis is a natural deviation of growth. "Every diseased structure has a physiological prototype" (Virchow); probable that results which are "common" in some animals, are of the same series as the so-called "specific" in man (Simon). Phthisis is a rapid fever in some regions; a varyingly slow deviation of growth, generally, in Britain; but such variations of type "overlap" in instances. Phthisis has relation of interchange with ague; follows in a series after fevers, &c.; is inoculable; is producable by certain modes of life, and external physical relation; is hereditary; is preventable by certain full natural physical relations and co-ordinations; more related to female than to male lines of being. We thus approach the "form" of phthisis, by so varied external relationships; and again, by the *deeper* lines of the *series of vital evolution.* The "specific" does not belong to its nature. The dual phenomena of evolution and transmissibility must be acknowledged.

Evolution.—From the first splitting of the yolk and germinal vesicle, up to the highest forms of animal life, a necessitous order of series obtains; all the problems arising from mathematical analysis have not yet been solved. We need not be surprised, therefore, that the rates or series of vital evolution are not yet recognised. The word, evolution, expresses that an order of continuous and necessary relationship exists in vital being—an order necessarily related in series with all past forms, with the present variety, and with future contained evolving forms. Now, as the vital "force," or "energy," is a correlated "mode," or "affection," of matter, motion, &c., &c., so not only do we expect to sustain the full period of the longevity of lung tissue in any individual, by an entirety of external physical existences as on Dartmoor; but yet further, by co-ordinating the vital "force," or "energy," by the supply to the body internally, of certain mineral or other elements. In the study of the natural history of the body, geological time must be allowed; the vast involvements of Nature, and the vast "force," or "energy," of the molecules, or "atoms," of matter, remembered.

Sanitarium.—Experience has abundantly shown that the moorland immensely restores the "life" and power of those who are being slowly destroyed by the errors of Western civilisation; and there can be no doubt but that a vast number of those who are what is called "delicate," would have health preserved and strengthened, and even life prolonged, by spending the summer months year after year on the moor.

Conclusion.—I have thus endeavoured not only to lay before you a basis of area and population to phthisis, which I hope is sufficiently wide to indicate a law, but further I have sought to place that failure of vital force, known as consumption, in its true correlations with physical existences, and with the correlated "modes" of matter, &c.; not viewing consumption in any way as a disease, but as a phenomena in the domain of natural history—using the words, "natural history," in their widest sense.

DILATATION OF THE RECTUM IN THE TREATMENT OF HÆMORRHOIDS, FISSURED ANUS, AND AS A PROPHYLACTIC MEASURE IN FISTULÆ.

By WILLIAM A. BYRD, M.D.,
Quincy, Illinois, United States.

ACCORDING to Dr. George T. Center, of Evansville, Indiana, in an able and instructive article contributed to the Feb. 15th, 1879, No. of the *American Medical Bi-Weekly*—"In Verneuil, in presenting lately to the Société de Chirurgie, in the name of one of his old pupils, Dr. Fontan, a brochure, the 'Treatment of Hæmorrhoids by forced Dilatation of the Sphincter Ani,' expressed the opinion that the records contained in this volume, like the facts which M. Verneuil himself has had occasion to collect, are of a nature to suppress henceforth all bloody operations for hæmorrhoids."

What operation, heretofore, has been most generally resorted to in France for the cure of hæmorrhoids I cannot tell, but in America the ligature has been used almost universally by the most prominent surgeons, as their writings testify; and the proper application of the ligature to hæmorrhoids for their cure certainly does not deserve the title of a "*bloody* operation."

For the last eleven years I have been dilating the rectum preliminary to ligating hæmorrhoids, the dilatation being first practised upon Mr. Conner J. R——, of Lima, in this State. In the spring of 1868, I had operated upon him for hæmorrhoids by transfixing and ligating without an anæsthetic, but the operation only gave partial relief, on account of the imperfect manner in which it was performed. The pain was so great that he would retract the rectum in spite of every effort made to prevent it.

At the second operation, assisted by my then partner, Dr. J. W. Greenley, and Mr. Temple H. Davis, a medical student, the patient was put under the influence of chloroform, and ligation undertaken through a speculum. The speculum acting unsatisfactorily, I conceived the idea of inserting the fingers of my left hand, cone shaped, into the rectum, and allowing the tumours to drop into the concavity of the hand, and to transfix and ligate in

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that situation. The hand acting as a wedge, caused the sphincters to give way, allowing the rectum to roll out as in partial prolapsus. The tumours were then easily ligated without transfixing.

The operation was done in the morning.

The patient being a photographer, and having some customers come from a distance in the afternoon, who desired their portraits taken, got up and went to work, contrary to instructions. He made an excellent recovery, and has remained well ever since.

The same spring, with the same assistants, I operated upon Jacob T. for fissure of the anus, by inserting my fingers wedge-shaped into the rectum, intending in this instance, as in the former operation, to use the hand for a speculum, and to divide the fissure with a knife in the concavity of the hand. The wedge action of the hand caused a rent to occur at the location of the fissure of such depth that I considered the cutting operation unnecessary. He made a good and speedy recovery.

These two operations taught me that by dilating the anus, the rectum could be easily everted, and tumours brought external to the body, and readily operated upon. And farther, that the sphincters after dilatation readily regained their tone, permitting free and painless evacuations after operations involving loss of tissue from the use of the ligature.

Hearing other operators complain that patients were not entirely relieved of pain and difficulty during defæcation, after the use of the ligature in the treatment of hæmorrhoids, I concluded that my patients were exempt from after trouble on account of the preparatory dilatation, and have invariably dilated in the cases that I have operated upon since.

In many of the cases I have had the kind assistance of Drs. J. N. Ralston, L. H. Cohen, Francis Drude, J. T. Wilson, J. E. Cheney, Jacob A. Wagner, J. C. Pearson, Wm. M. Landon, E. G. Pugh, and other professional gentlemen.

The best speculum in these operations is either the human hand or a loop of strong wire, having the patient either in Sims' position or upon Bozeman's chair.

Dilatation alone is insufficient to cure the trouble from hæmorrhoids. After the dilatation, where the lax areolar tissue and dilated vessels were, will become infiltrated, and, the infiltration being absorbed, there will be left teat-like processes—I generally call them *dog-ear* excrescences—larger or smaller as the case may be, which, rubbing against the opposite wall of the rectum, will cause irritation, or sometimes a fissure or return of the hæmorrhoidal trouble. Inspissated mucus or husks of grain or small seeds becoming lodged in the folds of these tumours, cause excoriation, itching, and great uneasiness.

Most surgeons having experience in the treatment of diseases of the rectum have seen this condition, as it is frequently the result of spontaneous cure of hæmorrhoids.

I recollect being called some four or five years ago to see a middle-aged lady, who had been a great sufferer from "bleeding piles" in her earlier life, to relieve her of a very troublesome itching and uneasiness about the anus. There had been no bleeding for several years. Upon examination I found ten such tumours as I have described, just within the anus, some being over an inch in length. With the assistance of Dr. L. H. Cohen, I dilated the anus and removed them; the lady has suffered no inconvenience since.

After dilatation this lax tissue should be ligated so as to cause it to slough. In ligating it is both tedious and unnecessary to transfix the tissue with a needle and thread. The tissue should be caught up with a good strong forceps with broad jaws, and held tense by an assistant while the surgeon applies the ligature of strong flax thread, very tightly, just below the forceps; or, a better plan, and the one I now adopt, is to take up the hæmorrhoidal tumour in Smith's clamp, or between the jaws of an artery forceps, and cut it off with the galvano-cautery.

Irritation of a muscle, within certain limits, causes functional activity, functional activity causes hypertrophy, and a continuance of the irritation and activity causes what Dr. L. A. Sayre denominates contracture. The same law applies as well to the sphincters of the rectum as to the muscles of the extremities.

When the powerful sphincters become hypertrophied and contractured, the muscular coats of the intestine immediately above them being insufficient to withstand the ever-increasing deposit of fæces from above, become partially or completely paralysed, and at times enormously distended.

This condition will generally be found in connection with fistula in ano. The irritation of the abscess, that is, the beginning of the fistula, causes the sphincters to become functionally active and hypertrophied, and the painfulness of defæcation being added, causes the fæces to be retained and the rectum to become an immense pouch. Now cure the fistula with the knife, elastic ligature, or galvano-cautery wire, the sphincters are left hypertrophied, and the cicatricial tissue being tender, the weight and irritation of the fæces in the pouch above will very likely cause a recurrence of the trouble; but paralyse the sphincters by over-distension, and then cut out the fistulæ, and the rectum and sphincters will regain their tone *pari passu*, and the patient will remain well.

The first case that I put this idea to the practical test in was that of a German stone-mason, whom I saw with Dr. Francis Drude in the fall of 1873; there were five fistulæ around the anus, one extending clear across from the tuberosity of one ischium to the other, passing immediately in front of, and opening into, the anterior portion of the rectum. I first dilated the sphincters well with my hand and then laid the fistulæ open with a bistoury.

He made a good recovery, having no more rectal trouble up to the time of his death last summer.

Some time after this operation I saw a case of fistula in ano with another physician, where he operated without the preliminary dilatation, and the doctor informed me some three months after the operation that the fistula had re-formed, and the patient was as badly off as ever.

About the 1st of February, 1879, John McN—— called on me for relief from difficult and painful defæcation. He had had fistula in ano, and had been operated upon twice for the relief of the trouble within the six preceding months. There were cicatrices marking the site of the former fistulæ, with considerable inflammatory swelling posterior to the anus; the sphincters were in a state of contracture, and there were two or three "dog-ear" remnants of old hæmorrhoidal tumours just within the rectum. The rectum was dilated and full of hardened fæces.

I sent him to St. Mary's Hospital on Feb. 7th, and with the assistance of Dr. J. A. Wagner, dilated the sphincters and removed the tumours with the galvano-cautery.

He had small passages from his bowels daily for four days, but the hardened mass was still retained. An injection of warm soap-suds was given through a rectal-tube, reaching 12 inches up the bowel, which brought away an enormous mass of hardened fæces. In ten days he was discharged well, and has worked at his trade, coal-mining, ever since.

Of all the cases that I have operated upon by dilatation and ligation, or destruction of the hæmorrhoidal tumours with the galvano-cautery, there has been no recurrence of the disease so far as I have heard.

Different instruments have been made use of for dilating, as have the thumbs of the two hands, but I have found no means so satisfactory and effectual as the insertion of one hand, the fingers being brought together so as to form a cone, which acts as a wedge in dilating. If the sphincters are not overcome by the wedge when the hand

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is inserted as far as the junction of the phalanges and metacarpal bones, closing of the hand will accomplish the result fully and satisfactorily.

Translations.

HYSTERIA MAJOR.

By PROFESSOR CHARCOT,
Physician to the Salpetrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

Abstracted by T. M. DOLAN, F.R.C.S.Ed., Halifax, Yorks. (a)

I. AUTHORS recognise two kinds of hystero-epilepsy:—

1st. *Hystero-epilepsy, with distinct crises*, in which the symptoms of hysteria and epilepsy manifest themselves separately, at one time under the form of an hysterical attack, at another of an epileptic fit.

2nd. *Hystero-epilepsy, with mixed crises*, in which the symptoms of hysteria and epilepsy are blended. These mixed crises for a long time have been called by the employés of the Salpetrière by the significant name of *Attaques-accès*.

The second form is now only under consideration.

M. Charcot, for a long time, has held the opinion that hystero-epilepsy, with mixed crises, is only hysteria in an intense degree, and to avoid all confusion he proposes to call this form of disease, Hysteria Major, named by Louyer-Villermay, Epileptiform Hysteria.

The convulsive attacks seen in hystero-epilepsy, thus understood, have been for a long time considered as a confused mixture of prodromata, some hysterical, others epileptoid, entangled in an inextricable manner, and for that reason escaping all methodical and regular description. In opposition to this opinion, M. Charcot is endeavouring to demonstrate that all these phenomena, apparently so disorderly and so variable, develop according to a rule, a law. He describes, from Nature, a type of a complete attack, a kind of standard to which may be attached, in their numerous varieties, imperfect, incomplete, or abnormal attacks.

Description of a Complete Attack.

A complete attack is composed of four periods; it is preceded by prodromata.

A. Some days previously, the patient is taken with malaise, loss of appetite, and vomiting. She becomes taciturn, melancholic, or is a prey to excitement, which renders surveillance sometimes very difficult. The hæmi-anæsthesia increases in intensity, the insensibility extends sometimes to both sides of the body. Oftentimes she resists the action of æsthesiogenic agents (metallic applications, magnet, &c.) which have acted, more or less rapidly, in ordinary conditions. The hemi-asthenia equally increases.

Visual hallucinations are most frequent, consisting of visions of animals, as cats, rats, vipers, crows, &c. The hystero-genic zone is most sensitive, a slight excitement of the integument of this zone being sufficient to develop convulsions. Cramps sometimes come on, with trembling, limited to the members, or general agitation, accompanied with vertigo, which have a great analogy with what Herpin, in the domain of epilepsy, calls *epileptic commotion*.

The phenomena of aura-hysterica very soon show themselves, preceding immediately the attack, and appearing in the following order:—Ovarian pain, irradiations towards epigastrium, palpitation, sensation of globus hystericus in the neck, singing in the ears, sensation of blows of a hammer in temporal region, annihilation of sight.

Then loss of consciousness marks the *début* of the attack, which develops in the following manner:—

1st. *Epileptoid Period.*—It may resemble, and may be mistaken for, an attack of true epilepsy; convulsions tonic, clonic with stertor. But in spite of the appearances, two facts positively prove that epilepsy is only there in form:—

a. Ovarian compression, if an ovary exists, will arrest, more or less sharply, the convulsions, at whatever period it is tried.

b. The electric current has a similar effect, and strong friction over the hystero-genic points.

Now, these means will not arrest, or even diminish, the convulsions of true epilepsy.

This epileptoid period may be divided into three periods:—

a. Tonic Phase.—This often opens with movements of circumduction of the upper extremities, with loss of consciousness at the same time, with momentary arrest of respiration; pallor, followed by redness of the face, swelling of the neck, distortion of the features, and sometimes protrusion of the tongue. The cry, noticed by writers, is more frequently reduced to a hissing inspiration, and to a guttural noise. The tonic phase terminates by tetanic immobility of the whole body.

b. Clonic Phase.—The limbs and the whole body are animated by short and rapid oscillations, the length of which increases by degrees, terminating in some general shocks. The muscles of the face, set in action by the same movements, render it horrible.

c. Phase of Resolution.—The face remains swollen, the eyes are closed, all the muscles are in complete resolution, respiration becomes stertorous.

2nd. *Period of Contortions and Major Movements.*—After a moment of calm, following the stertor, the second period begins. It is constituted by two orders of distinct phenomena—contortions, and major movements. The contortions consist of strange attitudes, which only seem to belong to the laws of the impossible, the strange, and the illogical. These attitudes are very varied, the most common being the arc of a circle. The patient is curved backwards, the feet and head alone rest on the bed, the abdomen forming the summit of the curve.

The movements consist most frequently of rapid oscillations, the most frequent movement being the following:—The patient straightens herself as if to sit up, her head lowers to the top of the knees, then she turns brusquely round, striking violently at the pillow; this movement she repeats, perhaps, twenty times running. It is often preceded, or interrupted, by automatic cries, the piercing character of which resembles the shriek of a railway-whistle. At other times the movements are completely disorderly; the patient seems to struggle against an imaginary being, or endeavours to release herself from imaginary bonds. She raises dreadful cries; she is seized with a kind of rage, which impels her to strike, bite, and tear her hair.

3rd. *Periods of Attitudes of Passion.*—Hallucination manifestly presides over this third period. It is easy to follow the course of the drama in which she assists, and where she plays the principal *rôle*, for she now assumes a part, and acts with expressive and animated pantomime, interpolated by casual expressions. Two very different orders of ideas ordinarily enter into hallucinations of the patient. The tableau has two sides—one, *gay;* the other, *sad*. In the first, the patient believes she is transported into a magnificent garden, a kind of Eden, where all the flowers are *red*, and the inhabitants clothed in *scarlet;* music heightens the enjoyment, and she here meets with the object of her dreams, or of her previous affections. Erotic scenes sometimes follow. In the second, she dwells on fires, war, the Commune, assassination, and almost always there is bloodshed.

4th. *Terminal Period.*—At last, the patient returns to the real world. She recognises the persons surrounding her, but she remains for a long time in a state of delirium. She is often melancholic, and troubled by hallucinations. She sees animals, rats, black cats, vipers, crows, &c. These visions cause the greatest terror, principally showing themselves on the hemi-anæsthetic side, pointed out by Charcot, as taking place in periods of calm. Sometimes very painful general contraction takes places, which rapidly disappears; or painless partial contraction, which may last a long time.

This regular or typical attack, composed thus of four periods, has a mean duration of a quarter-of-an-hour; but it may be repeated, so as to form a series of attacks, varying in number from twenty to two hundred. The patient may thus remain in a kind of *etat de mal*, somewhat analogous to to the state of *mal epileptique;* this may be prolonged for twenty-four hours or more. It is important to bear in mind several diagnostic characters:—The absence of

(a) *Progrès Medical.*

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thermic elevation, which would be noticed in epilepsy; the influence of compression of the ovaries, of the galvanic current, of friction over the hystero-genic zones, &c.

(To be continued.)

Department of Lunacy.

GERALD MAINWARING.

From information and data placed in our hands respecting Gerald Mainwaring, convicted and subsequently reprieved for the murder of a police-constable at Derby on the 12th ult., we are in a position to give what we consider to be important facts connected with the case.

The prisoner received his earlier education at Rossall School, and after leaving school he resided with his father in Staffordshire; at this time it appears he evinced marked peculiarities, he became very taciturn, and avoided the society of others, preferring solitude to even the association of those most intimate, causing remarks and suspicions among his friends, so that even at this period he was considered eccentric. He left England in 1875 for Canada, remaining there for four years. Whilst there he conducted himself so far well as to avoid getting into any scrape, residing with Capt. Brereton, Stipendiary Magistrate, in Toronto. He returned to England in 1879 in consequence of the removal of Capt. Brereton's family from Toronto, the death of his father, and disappointment at not receiving remittances from England, for which he had written in pressing terms.

Shortly after his return to England he visited his brother at Oxford, but whilst there only drank claret, stating that "brandy made him mad." But we shall have more to say upon this point when we come to the consideration of the hereditary predisposition to drinking and the general effect that alcohol appears to have had upon members of his family. One peculiar feature, and what we consider to be most material in connection with his case is, the circumstance that none of the prisoner's family ever saw him the worse for liquor, so we are credibly informed.

With regard to his antecedents, we have reason to believe that other members of his family were equally liable to become affected from indulgence in alcohol.

We thus have a man who, from his own statement, had a horror of strong drink, and evidently keen and apprehensive as to the danger of imbibing brandy, but at the same time one who could be easily led astray by any person who endeavoured to guide him in the wrong direction, of strong animal passions, and by nature headstrong.

The murder was committed on the 12th of July, and we have evidence of the prisoner drinking incessantly from the 10th to this date, the liquor chosen not being ordinarily wine, but brandy, of the effects of which he had such a fearful dread, as appears from the remark made to his brother at Oxford that "brandy made him mad." Once, however, forgetting this circumstance, and indulging in it, it was impossible for him to desist. The more brandy he took so the fatal fire gradually increased until it accumulated in one maddening flame, rendering his brain in such a state of excitement as to make him not only heedless of what he did, but ignorant of the gravity of his acts, and consequently irresponsible for his crime.

The question for the jury was, whether his state was such as that he was to be held irresponsible for the murder, and whether a verdict of manslaughter or murder should be returned. To determine this vital question the jury were upwards of three hours in deliberation, evidently showing the grave doubts which must have existed in some of their minds. One most important fact is, that the jury unanimously signed and forwarded to the Home Secretary a petition expressing their conviction that the prisoner was, at the time he fired the pistol, "in a state of complete intoxication, and had no intention of doing an illegal act, or deliberately inflicting harm on the deceased, Joseph Moss, or any other person."

With regard to the way in which they arrived at their decision it is no province of ours to discuss, suffice it to say, that it will doubtless prove a death-blow to trial by jury when scientific questions are involved. We have frequently advocated the necessity of medical assessors, and had they been employed in this case, a British jury would never have come to the conclusion that Gerald Mainwaring had committed wilful murder with malice aforethought, and that at the time he did so he was in such a normal mental state as to be held responsible for his actions.

THE EXHIBITS AT THE CORK MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The display of Novelties in the shape of New Preparations in Medicine and Pharmacy, American Specialties, Surgical Instruments and Appliances, equalled, if it did not excel, most previous exhibitions under the auspices of the British Medical Association.

In the Medical Department, those firms not occupying a special stand were mostly represented by Messrs. Goulding, of Cork, who had a most attractive display of preparations of home manufactures and many American specialties.

In the Surgical Department, Messrs. Fannin & Co., of Dublin, fathered in like manner, several well-known manufacturers of instruments and surgical appliances. This firm also had an extensive stock of the newest books in medicine, surgery, and allied sciences, the products of most of the leading London publishing houses. A brisk trade seemed to be done at many of the stalls, and we hear that several of the exhibitors are quite satisfied with the results. As this admission has not been made for several years past, it argues either, that the meeting was more popular than those which have preceded it, that there was more money, that the exhibits were more attractive, or that the wants of Irishmen were greater.

We will now proceed to chronicle a few of the leading articles shown, with the names of their manufacturers, &c.

CORBYN, STACEY, & CO., London.

The exhibit of this old-established firm was, as usual, varied and extensive, and here the latest novelties in pharmacy could be seen, side by side with such new remedies as Ext. fucus vesiculosus. Liq. opii dialysatus is only just introduced by the firm, and we should anticipate that it will be largely used by those who have to prescribe opium—we hope to report on this more especially on a future occasion. Suppositories, bougies, and coated pills would not seem to afford much scope for pharmaceutic art, but as shown by this firm it will be seen that high art can be attained in their manufacture. Amongst the articles and preparations exhibited, which

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showed careful choice and great elegance, we more particularly note Adonis vernalis, a non-cumulative substitute for digitalis; chaulmoogra oil, the alterative remedy for skin diseases; coto bark and curara; damiana, a well proved aphrodisiac; euonymin; grindelia robusta for asthma; Ndilo oil, the Fiji remedy for rheumatism; psoralea Corylifolia, the Hindoo remedy for scanty hair; and the now well-known and widely appreciated Valentine's meat juice. Full particulars of all these and numerous other drugs, etc., will be found in "Notes on Drugs," 14th ed., published by this firm, and supplied we believe gratis to medical men.

SAVORY & MOORE, London,

had a stand where they exhibited a great number of their well known specialties, such as pancreatic emulsion, pancreatine, pepsine, datura tatula in the form of cigarettes and cigars for smoking in cases of asthma, and also all their gelatine preparations, comprising lamels for internal, and discs for hypodermic and ophthalmic, use. They also exhibited a great number of preparations of recently introduced drugs, such as the tincture and liquid extract of jaborandi, the liquor fucus vesiculosus, recommended for use in cases of morbid obesity, and the tinctures of boldo, coca, coto, sabadilla, &c. We also noticed an exceedingly ingenious little apparatus, known as Felton's inhaler, which was shown in operation, for the inhalation of the vapour of chloride of ammonium and other medicated vapours; amongst other advantages it is exceedingly compact, occupying but the space of an ordinary 3 oz. bottle. Messrs. Savory & Moore also exhibited splendid specimens of granular effervescent salicine and salicylic acid, and other granular preparations, and also numerous samples of the American eclectic preparations.

GOULDING & CO., Cork.

As before mentioned this firm exhibited for several manufacturers. Amongst the specialties were the popular elixirs of America, numbering about a dozen combinations. The term elixir in this case is applied to liquid preparations, made palatable and attractive by the aid of skilled pharmacy, without destroying their medicinal characteristics. Although not in the British Pharmacopœia they are, nevertheless, consistent materia medica adjuvants, and will probably occupy a good deal of attention in this country.

PARKE, DAVIS, & CO., Detroit, Michigan,

one of the largest manufacturing drug houses in America, displayed a large number of samples of some of their products, which they distributed among the members of the Association. There were improved empty capsules in six different sizes, prepared with gelatine. These little capsules are said to be very soluble, and of great value and convenience to the practitioner, who studies to remove the objectionable properties of certain remedies, which he deems it necessary to employ. Sugar-coated pills, oval in shape, coated while the mass is yet soft, very elegant in appearance. Fluid extracts, representing in one fluid ounce the properties of one troy ounce of the crude material, of the following new remedies:—*Berberis aquifolium*, a new Californian drug; *Cascara sagrada* (*Rhamnus Purshiana*), for habitual constipation; damiana, an aphrodisiac; evening primrose; used in respiratory and gastric troubles; five-flowered gentian, a tonic and antiperiodic; grindelia robusta, for asthma; quinine flower, from Florida, possessing strong antiperiodic properties, resembling quinine in its action; *Ustilago Maidis* (corn ergot), a substitute for ergot of rye; *Viburnum prunifolium* (black haw), for the prevention of abortion; *Yerba reuma*, for diseases of the mucous passages; *Yerba santa*, for bronchial and laryngeal disorders, and many other new preparations.

WYETH & BROTHER, Philadelphia, U.S.A.

This firm's exhibit covered the space next to Goulding's, and presented a very handsome appearance. Their specialty is the "Wyeth Dialysed Iron," modern dialysis being the most concentrated mode of manufacture. According to the analysis of Prof. Tichborne this preparation contains 27·68 grains to the fluid ounce, and is put up in handsomely fitted cases with dropper, so that it may be taken without any inconvenience or trouble to the patient. There was also a large display of Wyeth's well known compressed tablets, &c.

THE MALTINE MANUFACTURING CO., London.

This preparation is now so well known to the profession that little need be said of it here. It has undoubtedly become one of the most popular of the malt extracts, containing in a highly concentrated form malted barley, malted wheat, and malted oats, with all the nutritious principles that can be extracted from these cereals by the most carefully conducted scientific process of manufacture. The same company also showed their various combinations with cod-liver oil, quinine, &c., and through Messrs. Goulding & Co. freely distributed large sample bottles of maltine to all whose pockets were not already too full with specimens of other enterprising manufacturers.

KEPLER EXTRACT OF MALT CO., London.

So much has been said about the various extracts of malt and its compounds, some of which have been worthless, others again simply beverages, that the profession have had considerable difficulty in selecting the best article. Upon the space next to S. M. Burroughes & Co., and represented by that firm, were the Kepler extract of malt, and the Kepler extract of malt and cod-liver oil, tastefully arranged and inviting the criticism of the unbiased. These preparations are, we believe, like "maltine" thoroughly reliable, and are what they are represented to be.

ZOEDONE.

Special attention having been drawn by Dr. Norman Kerr and Dr. Carpenter, at the Temperance breakfast, to the new beverage zoedone of which Mr. David Johnson is the patentee, it received a good deal of notice in the museum. This preparation, containing the phosphates of lime, iron, &c., in perfect solution, is commendable equally for the style in which it is put up, and the delicate flavour which it possesses. We commend zoedone to the notice of those who had not the opportunity of tasting it at the museum. Being non-alcoholic, it will find favour with many on temperance grounds, and also on account of its merits as a nervine tonic. Richard Evans & Co., of Wrexham, are the manufacturers.

MAW, SON & THOMPSON, Aldersgate Street, London,

exhibited a fine collection of amputation instruments of their own special manufacture, also a few specimens of excellent lithotrites, embracing all the modern improvements. Ecraseurs of special construction for easy removal of wire; circular sphygmograph; resection saws, with improved spring handle allowing the blade to be placed at any angle. There was also a very fine collection of the new patent seamless Higginson's syringe, superseding all others, possessing, as they do, the great advantage of not splitting, and absence of all metallic connections. These were very much admired, and doubtless will take a lead in this class of goods.

ARNOLD & SONS.

This firm had as usual an extensive display, including a cheap form of their patent simplex enema, which will supersede many of the old-fashioned patterns. Their patent self-lubricating plunger fitted to aspirators, syringes, enemas, &c., is most useful, as it renders the plunger always moist and ready for use at any moment. They also exhibited an extensive stock of their patent clinical thermometer which has lately been much reduced in price, the effect of which will doubtless ensure a large demand, as thermometers from frequent breakage, are a constant source of expense. Dr. Godson's pocket gynæcological case is quite a *multum in parvo*, is likely to become popular as it contains everything requisite, and yet can readily be carried in the pocket. An assortment of Mr. Callender's splints was also shown for the painless dressing of stumps; Dr. Southey's trocars exhibited by this firm are certainly very beautiful and delicate little instruments. Messrs. Arnold also displayed several of their new patent constant current batteries, Dr. Shepard's combined vaporiser, bronchitis kettle and inhaler, and other useful instruments, and adjuncts to surgical art.

SALT & SON, Birmingham,

exhibited a varied collection of novelties in medical appliances and surgical instruments, among which may be noticed Professor Hughes' audiometer for ascertaining the various capacities for hearing of different persons, and of the same person in the various stages of treatment. This instrument was brought under the notice of the Otological sub-section, by Mr. Lennox Browne. This firm is noted for its specialty in the neat and portable arrangement of different sets of pocket instruments. Among them was a case not larger than a small snuff-box, and containing no fewer than fourteen fair sized instruments of the descriptions usually carried in an ordinary pocket case. They also showed a separating model, coloured to nature, of the female pelvis, showing the internal organs

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of generation, made by Dr. Azoux, of Paris; and a number of thermometers of different shapes and sizes, the glasses of which are so constructed as to form lenses which magnify the slender index (often troublesome to read), so as to render it conspicuous, even to failing sight or in a dark room without impairing the sensitiveness of the instrument. Generally, their collection was noticeable for its ingenuity, novelty, and careful selection.

HILLIARD & SON, Glasgow,

exhibited a collection of instruments selected on account of their novelty, and to show the special patterns at present used in Scotland. They exhibited a variety of inventions bearing the name of Dr. Foulis, of Glasgow, for throat cases. His artificial larynx with voice, used by a patient for many months to replace the natural vocal cords excised, is unique, and especially worthy of notice. This firm also showed a large collection of specula, including Tarnier's, Leishman's, and Christie's. A double bag for stopping flooding of the uterus, invented by Dr. Christie, of Letterkenny—a clever application of hydrostatic laws to produce the requisite pressure and cold, uniting the variable and constant with great ingenuity. Dr. Yellowlee's new bottle for feeding by stomach tube without valves, of special benefit in lunatic asylums. A model of splint used by Dr. Eben Watson, of Glasgow, for excision of knee-joint. Various patterns of sprays, from Austria, Germany, and Sweden, and Fleming's sphymographs.

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

published every Wednesday morning. Price 5d. Post free, 5½

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*** Post-office Orders and Cheques to be drawn in favour of—

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 27, 1879.

PROFESSOR ALLMAN AND MATERIALISM.

ORTHODOX folk will not be so astonished at the address which Professor Allman has just given before the British Association, as they were at that which Professor Tyndall delivered on a similar occasion in 1874. There are some, even in our profession, who think there is as little difficulty in conceiving thought to be a property of the cerebral cells as there is in conceiving attraction to be a property of the magnet, and contraction a property of muscle. This is not the case with Professor Allman, who expresses himself with a reserve that is characteristic of a true philosopher. "When," he remarks, "we say that life is a property of protoplasm, we assert as much as we are justified in doing. . . . When a thought passes through the mind, it is associated, as we have now abundant reason for believing, with some change in the protoplasm of the cerebral cells. Are we, therefore, justified in regarding thought as a property of the protoplasm of these cells, in the sense in which we regard muscular contraction as a property of the protoplasm of muscle? . . . If we could see any analogy between thought and any one of the admitted phenomena of matter, we should be bound to accept the first of these conclusions . . . but between thought and the physical phenomena of matter there is not only no analogy, but there is no conceivable analogy. . . . The chasm between unconscious life and thought is deep and impassable, and no transitional phenomena can be found by which as by a bridge we may span it over; for even from irritability, to which, on a superficial view, consciousness may seem related, it is as absolutely distinct as it is from any of ordinary phenomena of matter. That consciousness is never manifested except in the presence of cerebral matter or of something like it, there cannot be a question; but this is a very different thing from its being a property of such matter in the sense in which polarity is a property of the magnet, or irritability of protoplasm. . . . The power of conceiving of a substance different from that of matter is still beyond the limits of human intelligence, and the physical or objective conditions which are the concomitants of thought are the only ones of which it is possible to know anything, and the only ones whose study is of value. We are not, however, on that account forced to the conclusion that there is nothing in the universe but matter and force. . . . Whatever may be that mysterious bond which connects organisation with mental endowments, the one grand fact—a fact of inestimable importance—stands out clear and freed from all obscurity and doubt, that from the first dawn of intelligence there is with every advance in organisation a corresponding advance in mind. Mind as well as body is thus travelling onwards through higher and still higher phases; the great law of evolution is shaping the destiny of our race; and, though now we may at most but indicate some weak point in the generalisation which would refer consciousness as well as life to a common material source, who can say that in the far off future there may not yet be evolved other and higher faculties from which light may stream in upon the darkness, and reveal to man the great mystery of thought?"

These are fine thoughts finely expressed, and therefore the reader must excuse the length of the above quotation. Nor is there anything in these observations to which the modest and philosophic materialist can take exception, unless it be the seeming inconsistency between the Professor's views on the potentiality of protoplasm, and those which he holds respecting the potentiality or property of cerebral matter. It is difficult and even impossible for anyone not under the influence of the superstitions and prejudices of the day, to conceive of a "substance different from that of matter;" of mind being an entity distinct from, though

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working through the brain. There may be something of the kind, but at present we have no proof of it, whereas we have undoubted proof that thought and consciousness are never manifested except in the presence of cerebral matter. We will even go farther, and say that the materialist is justified in saying that, in all probability, "physical or objective conditions" are something more than the mere "concomitants" of thought. Professor Allman says that "of two particles of protoplasm, between which we may defy all the power of the microscope, all the resources of the laboratory, to detect a difference, one can develop only to a jelly-fish, the other only to a man, and one conclusion alone is here possible—that deep within them there must be a fundamental difference which thus determines their inevitable destiny, but of which we know nothing, and can assert nothing beyond the statement that it must depend on their hidden molecular constitution." If, therefore, there must be, as few will deny, in these different kinds of protoplasm, "some fundamental difference which determines their inevitable destiny," and the detection of which appears to be far beyond the reach of either the microscopist or the chemist, why may there not be some real physical, albeit inconceivable, phenomena going on within the living cerebral cell, of which thought and consciousness may be regarded as the expression or property, with as much truth as we regard polarity as a property of the magnet? In the case of certain physical phenomena, we do not know *how* or *why* they should belong to the agents by which they are respectively conditioned, and the materialist might argue that there is no more difficulty in conceiving thought or consciousness to be a property of cerebral matter than to conceive how and why under certain conditions electricity is developed, or why polarity is a property of the magnet. If, he might say, there is no analogy between thought and any of the admitted phenomena of matter, neither is there any analogy between the structure of a piece of iron and the fine and delicate organisation of a cerebral cell. Why, moreover, does Professor Allman allow "Life" to be a property of a tiny lump of transparent, structureless, and semi-fluid substance, called protoplasm, and not allow that thought and consciousness are properties of the delicately organised cerebral cell? If there is no analogy between thought and ordinary physical phenomena, there is surely some analogy between the phenomenon of thought and that of life. Nor is the difficulty of forming a conception of a physical basis of mind any valid argument against such a belief, any more than the difficulty of conceiving of a substance different from that of matter is a valid reason for our saying that there is nothing in the universe but matter and force. We cannot, therefore, find so much fault with the views which certain materialists have taken of these questions, as with the bold and confident tone in which they have expressed them. For some would have us believe in the almost illimitable potentiality of matter, and that the materialistic origin of thought is as intelligible as any physical phenomenon with which we are acquainted. So they complacently talk of the inconceivable number of molecules entering into the composition of the cerebral cell, with the countless and never-ceasing motions of, or changes in, those molecules, as the several conditions of the numerous phases of thought and consciousness which constitute the mental phenomena of our being. And what is more, they say all this with as much assurance as if they had actually witnessed the molecular changes or molecular motions, which they assume to be the physical and only basis of thought. To regard a proposition as highly probable is one thing; to say that it is an undoubted and approved fact is quite another. If we were asked on which side the truth will probably be hereafter found to lie—with those who believe in the materialistic basis of both vital and mental manifestations, or with those who believe in the existence of a something altogether distinct from, although generally associated, with matter—we should certainly say with the former. We say "probably," for perhaps it would be unwise to regard either pure materialism or the theory of evolution as amongst the best established facts in science. Nevertheless, what is to day but a bold hypothesis or theory, may be to-morrow unquestionable truth; and perhaps as time rolls on it will be found that the present theories of materialism and evolution have turned out to be the nucleus of some of the grandest generalisations it has been in the power of man to discover.

THE VACANT OFFICE OF REGISTRAR-GENERAL FOR IRELAND.

THE unexpected and regretted death of Dr. Malachi Burke has, as might be anticipated, given rise to most animated controversy and hot competition within and without the profession in Ireland. The salary of the office being £1,000 a-year, and its rank being one of the highest amongst official positions in Ireland, it was to be expected that it would be the subject of eager competition, not only on the part of those whose experience in and knowledge of the registration system gave them recognisable claims, but on the part of a multitude of hangers-on to the skirts of Government whose only claim to the Registrar-Generalship is that derivable from a fussy and ostentatious political partisanship. We refer to the matter to-day specially to protest, in the name not only of the profession, but on behalf of the public health of Ireland, against the selection of any person uneducated in the subject, and unqualified in mind to undertake the onerous and signally important functions of Registrar-General for Ireland. The history of the Registration Department in Ireland bears forcibly upon our protest. The office came into existence on the passing of the Registration (Ireland) Act in 1864 and Dr. Burke was then appointed Medical Superintendent of Vital Statistics, under the supervision of Mr. Donnelly, the Registrar-General. Thus the absolute necessity of employing medical knowledge and experience in the classification of the statistics of the department was recognised by the Act and by the Government. For fourteen years Dr. Burke held office in this capacity, and the wisdom of placing a medical man in control was made evident by the improvement in the registration system, and in the accuracy of the information relating to the vital statistics of Ireland which the reports from the office afforded to statisticians. When Mr. Donnelly became incapacitated from active duty Dr. Burke was at once placed in supreme

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control of the department, and on the retirement of his chief he was made Registrar-General, the office of Medical Superintendent being abolished, as obviously unnecessary while a medical man was at the head of the office. Since then Dr. Burke administered the registration of Ireland, not only without fault, but with obvious success and advantage to the public service, and on no occasion did any question arise with which he had any difficulty in grappling. By the consolidation of the two offices the taxpayer was relieved of a charge of £600 a-year, and the duties of the office were much better discharged than at any previous period.

Although the clamorous candidature of a number of lawyer-politicians and of others who do not possess any medical knowledge, have impelled us to speak on behalf of the unchallengably superior claims of a medical man to the office, we can hardly think that any suggestion from us is needed to make plain to the Government or to the public that the official who is to classify health and disease ought to be a person who knows something of these matters. It appears scarcely necessary to urge that a lawyer, or a head clerk, however politically useful or personally efficient, is not the right man to employ to classify zymotic diseases, and to read for the public advantage the sanitary lessons derivable from a side-by-side study of the frequency of these diseases; and we shall hardly gain much credit for our prophesy, if we predict that a registration of disease or of mortality entrusted to those who know nothing of the matter, would be not only useless but a nuisance, and misleading to sanitarians.

Registration of disease has come to be one of the burning questions of the day, and has occupied the recent Congress at Cork as an urgently required addition to our registration system. Is it to a mere politician, or to a mere office administrator, that the development of such a system is to be entrusted? We hope not.

It would be a monstrous proceeding to leave the supervision of vital statistics in Ireland without the aid of a medical expert; and almost equally objectionable to re-create an abolished office, and re-establish an abolished salary, in order that a political supporter should be satisfied.

We have not yet heard a syllable of reason why there should be two offices, or why a medical man should not fill the superior and responsible department, as Dr. Burke did; and we have full confidence that a Government, which prides itself in not making mistakes, will not violate common sense and public feeling by appointing any person save he who can truthfully lay claim to a full knowledge of the classification of disease.

THE ADVANCEMENT OF THERAPEUTICS.

That part of Dr. Andrew Clark's address before the British Medical Association which treated of therapeutics should not be allowed to fall from the memory of those who wish to take an active part in the advancement of practical medicine. To us the theme is particularly interesting. It is one which has often engaged our attention, and our views of which in a great measure correspond with those so well expressed by Dr. Clark in the course of his address.

Some may think that this physician has taken a rather pessimist view of this present state of therapeutics. We hold a different opinion. Indeed, some weeks ago, when writing on the future prospect of hygiene or preventive medicine, we ventured to assert that, excluding surgery from consideration, curative medicine has been up to the present time, *comparatively* speaking, a failure; and that, judging from our past and present experiences, it seems as if the future aim of medicine should be directed rather to the prevention than to the cure of disease. At the same time, it must be admitted that ages must elapse before the work of the sanitarian has left the therapeutis nothing to do; and therefore there are good grounds for our trying to place on a surer basis a department of medicine which will be for some time to come capable of being of no little service to mankind.

The chief allegations which Dr. Clark has made in respect to the backward or stationary condition of therapeutics, are such as few will be inclined to gainsay. Too much attention is given to materia medica, too little to therapeutics. Of the natural history of disease we know little or nothing, and therefore we have no trustworthy information about the respective powers of nature and art in recovery from disease. We do not know exactly in what condition we may employ the known physiological properties of drugs with any sure prospect of success. There exists no accurate account of the phenomena, physiological, pathological, or chemical, which accompany the administration of remedies, the effect of which are in some degree certain, but the modes of action of which are utterly unknown. There exists an assumption that the effect of drugs upon living tissues in a state of health are identical with those which the same drugs have upon the tissues in a state of disease. Moreover, the cultivation of animal chemistry in its relation to pathological and therapeutic processes is much neglected. Lastly, there is a "strange and fantastic" theory that diseases are immutable, and that the types of morbid action are for ever the same. Such are, briefly put, the conclusions which Dr. Clark has arrived at on the subject, and certainly with one important exception to be presently noticed, he has taken a pretty comprehensive view of the causes which have prevented the advancement of therapeutics keeping pace with that made in other branches of medicine. It may, however, be said that the influence of all the other causes above mentioned sinks into insignificance when compared with that arising from our having never accurately studied the natural history of disease, with the object of having some criterion by which we might be able to gauge the efficacy of medicines and other remedies in the treatment of disease.

It is no exaggeration to say that owing to this great omission thousands, and tens of thousands, of clinical records that lie scattered through the columns of English and foreign medical journals are, from a therapeutical point of view, rendered perfectly worthless. Next to this hindrance to therapeutical progress must be mentioned the prevailing looseness in therapeutical investigations, and the want of accuracy in recording their results. The

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reader may think that Dr. Clark used rather strong language when he spoke of "a few crude and ill-digested experiments upon animals supplemented by some equally crude and undigested observations on man, tricked out in the phraseology of science," &c. But severe as his animadversions were, they were just, and such as the experimental enquirer might profitably bear in mind. There is great charm in performing a few experiments, the very thought of earning a reputation for "original work," and being dubbed a practical scientist, inducing us to draw hasty and illogical conclusions from insufficient data, or from a few ill-devised or imperfectly performed experiments. Not that Dr. Clark underrates the value of experimental enquiry. On the contrary, as far as therapeutics are concerned, he rather overrates it. He says "that it is to experiments upon animals, aided by chemistry and physiology, that we shall have to look hereafter for our most substantial additions to the knowledge of the treatment of disease." We cannot conceive on what grounds such a statement could be made. If we may judge from the past history of medicine, and the actual gains in therapeutics obtained by experimenting upon animals, we cannot be very sanguine as to the future results of this method of investigation. Our knowledge of the therapeutic efficacy of nearly all our most approved drugs has been the result of accident, or of ordinary clinical experiment and empirical observation. In this way medical men became acquainted with the medicinal virtues of cinchona, antimony, mercury, opium, and many other equally valuable drugs. Of course, chemistry will continue to contribute, as it has done lately, many valuable additions to our materia medica; but it will be impossible to gauge their real efficacy in the treatment of disease by administering them first to healthy animals. The very fact—to which Dr. Clark himself calls attention—that the physiological effects of drugs upon the healthy textures of animals are by no means identical with those observed in diseased human beings, should prevent us placing too much reliance upon this method of advancing the science of therapeutics. This mode of inquiry can be at best only tentative. It will give much information respecting the poisonous or non-poisonous nature of an unknown drug, and point to that part of the human system on which the drug will probably be found to act; but that it will hereafter make "our most substantial additions to the knowledge of the treatment of disease," we cannot for a moment admit. Nor can we refrain from noticing an error of omission which runs through the whole of Dr. Clark's remarks on this important subject. He seems to imply that our efforts to advance the art of therapeutics, and to place it on a firmer and more scientific basis than that on which it at present rests, should be chiefly directed to the physiological and therapeutical action of drugs, as if the medicinal treatment was the most important part of practical medicine. It would be easy to show that the testing of drugs upon the lower animals will form but a small part of the work of the future investigator for this simple reason, that the medical prescription forms but a small part of the advice of the rational practitioner. The biologist, and even the horticulturist, have long shown us how much may be done by changing the environment or the hygienic conditions under which a plant or an animal lives; but this principle has not perhaps influenced the practice of medicine so much as it ought to have done, and hence we see hydropathists and other empirics taking possession of a field the cultivation of which by the rational therapeutist might have yielded abundant fruit. Whoever would rescue the science of therapeutics from the very low position it holds among other sciences, must not only study the natural history of disease, but before resorting to the use of drugs, obtain more exact data than we now have respecting the influence which change of air, exercise, habits of life, baths, diet, and other hygienic conditions, exert upon the progress and termination of a disease.

Notes on Current Topics.

Drug Smoking in Asthma.

Some time ago we drew the reader's attention to a very suggestive paper in the *Practitioner* by Dr. Reginald E. Thompson, on the "Therapeutical Value of Drug Smoking." In the current number of that journal Dr. Thompson has a few remarks on the application of this method of giving drugs to the treatment of asthma. Remedies for asthma are supplied in three forms: a powder which is burnt and the fumes of which are inhaled, cigarettes composed of tobacco combined with various drugs, or of paper dipped in a solution of the drugs. The best method of preparing drugs for the powder form is that: "The leaves of the vegetable used should be procured in good condition and perfectly fresh. They should then be soaked in a solution of nitre (25 per cent.), and the leaves then dried by gentle heat and powdered." In this way (fumigation) opium and stramonium may often be of great service. Good results were also obtained from nine grains of stramonium and one grain of cannabis indica, this being a quantity which will cover a shilling, sufficient for one fumigation. But if the patient does not object to smoking, Dr. Thompson much prefers to administer the remedies in the form described in his previous paper, namely, cigarettes impregnated with tinctures, so that the dose may be accurately apportioned. Thus for a sheet of Swedish paper sufficient to make 64 cigarettes, the following formula is given:—Tinct. tabaci, ʒx; t. conii, ʒij; t. lobelia, ʒij; t. cannabis ind., ℥xxxij; ext. opii, gr. j; ext. stramonium, gr. ij; olei anisi, ℥viij; potas. nit., gr. xvj; sp. v.r., ad ʒijss. Those who would like to try these cigarettes can get samples of them by applying to the firm of Messrs. Strickland & Rowe, Cromwell Place, South Kensington.

Formula for Podophyllin.

As most of us have felt the inconvenience arising from giving this drug in the ordinary form of pill with colocynth, rhubarb, henbane, &c., we shall not hesitate to note the following formula, which has appeared in several of our contemporaries. It is that adopted by Dr. Dobell, who states that from a very long and extensive experience he can confidently affirm that none of the accidents and inconveniences which so commonly attend the administra-

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tion of podophyllin ever arise when this drug is prescribed according to his method. On the contrary, it is one of he most satisfactory and reliable of our medicines. The formula given is :—

℞. Podophylli, gr. ij.; essent. zingiberis, ʒij.; spiritus vini rect., ad ʒij. Fiat guttæ. A teaspoonful to be taken in a wine-glassful of water every night at bedtime, or every second, third, or fourth night as required.

Some practitioners do not take the trouble to inspect or inquire about the nature of the stools after ordering aperient medicines, but those who do will find that, in the case of many patients, podophyllin, combined with some corrigent, produces a copious, natural-looking, and consistent evacuation of the bowels, acting gently upon the liver, without causing any griping, liquid discharges, or tenesmus.

Rupture of the Spleen.

In a recent issue of the New York *Medical Journal* there is a case of rupture of the spleen which occurred in the practice of Dr. C. G. Hubbard, of Hornellsville, N.Y. Soon after the completion of a natural labour in a woman who had previously presented signs of an enlargement of the spleen, Dr. Hubbard was called in haste to her at 8 p.m., when he found her dead. Upon opening the abdomen all the organs were found in a healthy state, except the spleen. This was of normal colour, shape, and consistence, but it was ten inches in length, six inches in breadth, three inches in thickness, and weighed just four pounds. Two inches from its lower end, on its anterior surface, was a fissure, semi-lunar in shape, and extending nearly transversely across it. The fissure was six inches long, one-fourth inch in width, with ragged edges, and evidently had recently been made. Surrounding the spleen as it lay in position was more than a litre of clots of blood. From the cavity of the abdomen was taken over eighty ounces of blood. The cause of death was patent to all present, but at what time the rupture occurred was more difficult to determine. It appeared to be subsequent to the completion of labour, and but a short time previous to death. Dr. Hubbard states that Simpson cites three cases of rupture of this organ in connection with pregnancy.

Mr. Savory's Criticism of Professor Tyndall's Logic.

The strictures which Mr. S. Savory recently passed upon some observations made by Professor Tyndall in the November number of the *Fortnightly Review* for 1876, justly show how carelessly, even eminent scientists, will weigh the value of evidence when their judgment is warped by prejudice and preconceived opinion, or when they have some "framework of theory into which they press their facts." Because a wound in his foot, after the infliction of which he had walked about all day, was followed by an abscess in the neighbourhood of this injury, he hastily assumes that the abscess was owing to the germs of bacteria having got into the "incautiously opened wound." When, after a few days rest, the wound was uncovered, it was found "perfectly clean, uninflamed, and entirely free from matter," and no doubt had the Professor not walked about all day, it would soon, as in the case of thousands of other wounds of a like nature, have got quite well. "If," said Mr. Savory, "there be any difficulty in explaining the facts here set forth, surgery has assuredly long been under a strange delusion regarding the influence of rest, and motion, and position on the progress of wounds. . . . But Dr. Tyndall, throughout all his trouble, can see no agency at work but the germs." The question, moreover, was not so much a question of surgery, but rather one on the nature of evidence, and it was the more remarkable that this eminent savant should have fallen into this error, considering that in this same article in which he had been accounting for the serious results of his accident, he states "that while against unsound logic a healthy mind can always defend itself, against unsound experiment without discipline it is defenceless." But in this case the writer's mind was not in its usual "healthy state." His judgment was warped, and his inferences made fallacious by one of those "idols of the den," which Bacon has so well described in the first book of "Novum Organum." As a writer has observed, "the inference to be drawn from the fifty-fourth aphorism of that book is to suspect that kind of evidence which is most consonant to our inclinations, and not to admit any notion as real, except we can base it firmly upon that kind of demonstration which is peculiar to the subject, not to our impression." Professor Tyndall was under the spell of a "preconceived fancy" which made him "wrest and corrupt" the nature of the evidence before him respecting the cause of the abscess in his foot, as well as his "contemplations of a universal nature" regarding the germinal origin of abscesses in general.

Prolapsus Uteri.

La France Médicale gives the following description of the treatment of this disease, which it alleges has proved most successful. We arm ourselves with pure tannic acid, and ourselves make a *concentrated* solution of it in water, *at the moment of using it.* A score of little balls of charpie are made, and are allowed to soak thoroughly in the solution. A brush (camel's hair), with a long handle, is to be in readiness. The woman being in a suitable position, a speculum is introduced into the vagina which reduces the uterus, or the reduction may be effected before its introduction. The brush is then dipped in the tannic acid solution, and being carried through the speculum, the uterine neck and the whole internal surface of the vagina is several times freely bathed, the speculum being withdrawn little by little, but re-introduced afterwards to pack the balls of charpie soaked in tannin in the uterine culs-de-sac, by means of a long pair of dressing forceps. The culs-de-sac are thus firmly packed, and the speculum being gradually withdrawn, the whole cavity of the vaginal canal is filled with these same balls, and the vulva is closed by a charpie tampon, which is externally supported by a compress. Complete rest in bed is observed, and twenty-four hours after its application the charpie is gently withdrawn, pellet by pellet. Cold vaginal injections, composed of a strong decoction of dried oak bark, are then prescribed, to be used three times a-day. Before each of these injections the womb should be restored to position. At the end of two or three days

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at most this operation is repeated, and so on, increasing little by little the intervals between the applications of the dressings; and even after it is thought that a cure has been obtained, the injections alone should be continued for fifteen days or so.

The proceeding is very simple, inexpensive, applicable at all times and in all places, necessitating neither special apparatus nor substances difficult to procure, nor traumatism of the genital organs; it is entirely painless, very easy of application, even for the most inexperienced physician, and secures at the end of some months an absolute and veritable cure of uterine prolapse.

Irish Vaccination and Offences against the Law.

In Ireland, as we learn from the report of the Irish Local Government Board, there was last year an increase in the total number of cases vaccinated and re-vaccinated in all Ireland of 15,366 cases. There were 140,469 births registered in the year 1876, 139,659 in the year 1877, and 134,370 in the year 1878. The number of children vaccinated yearly in those years, and coming under the provisions of the Compulsory Vaccination Act, are returned as 112,489, 115,190, and 122,015 respectively, showing a decrease in the number of births, but an increase in the number of children vaccinated, and, therefore, a more satisfactory compliance with the provisions of the Compulsory Vaccination Act. With respect to defaulters under the Compulsory Vaccination Act, a return has been prepared showing the numbers of defaulters returned in the whole of Ireland for the half-year, ended the 30th June, 1878, The total results arrived at are as follows:—

No.	of defaulters returned	16,489
„	found vaccinated	11,230
„	not found at addresses, dead, or left district	2,341
„	found still unvaccinated	2,918
„	unfit	1,148

A Satire on Medical Witnesses.

At the recent annual meeting of the Kansas State Medical Society the Committee chose a lawyer to move the address of welcome, and witness from the following extracts how he requited them for the honor conferred on him:

He said there are many cases determined in our courts involving nice questions of medical jurisprudence, whose elucidation requires the learning, the skill and experience of the physician, and the lawyer who is most active in securing the services of the largest number of medical gentlemen to espouse his cause is generally successful in gaining the victory. It may be a case in which an unfortunate defendant is accused of having taken the life of a human being, and ordinarily, for such an innovation upon the rights of man, he ought to be punished; but when we take into consideration the fact that he might have committed the act in a moment of emotional insanity—which, generally, can only be shown by the testimony of gentlemen of your profession—we at once understand the obligation of the lawyer who has successfully established the innocence of his client through the skill of witnesses whose experience in life has unfolded to them, and them alone, the hidden mysteries of the mind. It may be a case in which a plaintiff claims that some railroad corporation, through negligence, has cause his limbs to be broken, his body crushed, his heart displaced, and his flesh lacerated and wounded. The lawyer for the plaintiff can generally show that the injuries of his client are lasting, permanent and agonising in the extreme; while that of the defendant will experience no difficulty in almost demonstrating the fact that the displacement of the heart will produce freer action of that organ of the human system; that the injury may be functional or it may be organic—in either event beneficial; that the broken arm is stronger than before; that the fractured clavicle lends more power to the acromion process; that a broken spine aids and accelerates locomotion; and that a lesion of the spinal cord awakens the hitherto dormant faculties of the brain; and, in fact, that the plaintiff has been improved upon by the accident.

Instruction in Swimming.

We are glad to see that the London Swimming Club, 14 Finsbury Square, are still doing all they can to encourage people to learn the art of swimming. Mr. J. Garrat, hon. sec. to the Club, writing to one of the daily papers, says:—"Why every moderate-sized boarding school is without a plunge bath I cannot understand. In the winter season it could be used as a covered playground or lecture room. If this expense is too much, a 'tuition tank' could be erected for about £50, in which every child could be taught in the routine of the school, as it does not require a champion to impart this knowledge. The City is sadly deficient of baths, which deficiency we are trying to remedy by a scheme to build one in Finsbury Square, as well as eight others in different parts. We are compelled to do this, having signally failed to persuade the City authorities to do so, although we have laid plans well matured before them for this purpose. Therefore, all those who will aid us can have the particulars at this address. We shall continue to give gratuitous tuition to all sending me a stamped and directed envelope, or advise those who can afford to pay for tuition."

We have on more than one occasion dwelt upon the hygienic as well as the social advantages that would result from every one of both sexes learning this useful and healthy exercise. The great scarcity of good baths in London is certainly a disgrace to a rich and civilised country like England. We may remind Mr. Garrat that a new and abundant supply of water for the metropolis is in contemplation; and when this great project is realised, that will be the time for agitating in favour of establishing a system of public baths on a scale commensurate with the importance of the subject, and the size and population of this great city.

A disgusting case of milk adulteration was heard at Newport, Cardiff, last week. It was proved that a milk-seller, named Merchant, was in the habit of largely diluting his milk with water from a brook into which a water-closet emptied itself, and near a bank which was a manure-heap. The man was fined £20.

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tion of podophyllin ever arise when this drug is prescribed according to his method. On the contrary, it is one of he most satisfactory and reliable of our medicines. The formula given is :—

℞. Podophylli, gr. ij.; essent. zingiberis, ʒij.; spiritus vini rect., ad ʒij. Fiat guttæ. A teaspoonful to be taken in a wine-glassful of water every night at bedtime, or every second, third, or fourth night as required.

Some practitioners do not take the trouble to inspect or inquire about the nature of the stools after ordering aperient medicines, but those who do will find that, in the case of many patients, podophyllin, combined with some corrigent, produces a copious, natural-looking, and consistent evacuation of the bowels, acting gently upon the liver, without causing any griping, liquid discharges, or tenesmus.

Rupture of the Spleen.

In a recent issue of the New York *Medical Journal* there is a case of rupture of the spleen which occurred in the practice of Dr. C. G. Hubbard, of Hornellsville, N.Y. Soon after the completion of a natural labour in a woman who had previously presented signs of an enlargement of the spleen, Dr. Hubbard was called in haste to her at 8 p.m., when he found her dead. Upon opening the abdomen all the organs were found in a healthy state, except the spleen. This was of normal colour, shape, and consistence, but it was ten inches in length, six inches in breadth, three inches in thickness, and weighed just four pounds. Two inches from its lower end, on its anterior surface, was a fissure, semi-lunar in shape, and extending nearly transversely across it. The fissure was six inches long, one-fourth inch in width, with ragged edges, and evidently had recently been made. Surrounding the spleen as it lay in position was more than a litre of clots of blood. From the cavity of the abdomen was taken over eighty ounces of blood. The cause of death was patent to all present, but at what time the rupture occurred was more difficult to determine. It appeared to be subsequent to the completion of labour, and but a short time previous to death. Dr. Hubbard states that Simpson cites three cases of rupture of this organ in connection with pregnancy.

Mr. Savory's Criticism of Professor Tyndall's Logic.

The strictures which Mr. S. Savory recently passed upon some observations made by Professor Tyndall in the November number of the *Fortnightly Review* for 1876, justly show how carelessly, even eminent scientists, will weigh the value of evidence when their judgment is warped by prejudice and preconceived opinion, or when they have some "framework of theory into which they press their facts." Because a wound in his foot, after the infliction of which he had walked about all day, was followed by an abscess in the neighbourhood of this injury, he hastily assumes that the abscess was owing to the germs of bacteria having got into the "incautiously opened wound." When, after a few days rest, the wound was uncovered, it was found "perfectly clean, uninflamed, and entirely free from matter," and no doubt had the Professor not walked about all day, it would soon, as in the case of thousands of other wounds of a like nat have got quite well. "If," said Mr. Savory, "there any difficulty in explaining the facts here set forth, gery has assuredly long been under a strange delu regarding the influence of rest, and motion, and pos on the progress of wounds. . . . But Dr. Tyn throughout all his trouble, can see no agency at work the germs." The question, moreover, was not so a question of surgery, but rather one on the natu evidence, and it was the more remarkable that eminent savant should have fallen into this error, c dering that in this same article in which he had accounting for the serious results of his accident, he "that while against unsound logic a healthy min always defend itself, against unsound experiment w discipline it is defenceless." But in this case the w mind was not in its usual "healthy state." His jud was warped, and his inferences made fallacious by those "idols of the den," which Bacon has described in the first book of "Novum Organum." writer has observed, "the inference to be drawn fr fifty-fourth aphorism of that book is to suspect th of evidence which is most consonant to our incli and not to admit any notion as real, except we c it firmly upon that kind of demonstration which liar to the subject, not to our impression." P Tyndall was under the spell of a "preconceive which made him "wrest and corrupt" the natur evidence before him respecting the cause of th in his foot, as well as his "contemplations of a nature" regarding the germinal origin of abs general.

Prolapsus Uteri.

La France Médicale gives the following desc the treatment of this disease, which it alleges h most successful. We arm ourselves with pu acid, and ourselves make a *concentrated* soluti water, *at the moment of using it.* A score of lit charpie are made, and are allowed to soak tho the solution. A brush (camel's hair), with a lo is to be in readiness. The woman being in position, a speculum is introduced into the va reduces the uterus, or the reduction may be effe its introduction. The brush is then dipped in acid solution, and being carried through the the uterine neck and the whole internal su vagina is several times freely bathed, the spec withdrawn little by little, but re-introduced to pack the balls of charpie soaked in tan uterine culs-de-sac, by means of a long pair forceps. The culs-de-sac are thus firmly pac speculum being gradually withdrawn, the v of the vaginal canal is filled with these san the vulva is closed by a charpie tampon, ternally supported by a compress. Complet is observed, and twenty-four hours after it the charpie is gently withdrawn, pellet by l vaginal injections, composed of a strong dried oak bark, are then prescribed, to be us a-day. Before each of these injections the be restored to position. At the end of two

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...this operation is repeated, and so on, increasing by little the intervals between the applications of ...ings; and even after it is thought that a cure ... obtained, the injections alone should be con-...d for fifteen days or so.

...proceeding is very simple, inexpensive, applicable ... and in all places, necessitating neither special ...s nor substances difficult to procure, nor ... of the genital organs. It is entirely painless, very ... patient, even for the most inexperienced phy-... and secures at the end of some months an absolute ... [illegible]

Vaccination and Offences against the Law.

[illegible]

[illegible]

Instruction in Swimming.

[illegible]

[illegible]

[illegible]

Postponement of the Army Medical Examination.

As we foretold a fortnight since, the War Office authorities have found it wise to postpone (!) the examination for the British Medical Service which had been advertised for this month. It is "postponed to the end of September." The fact is that the postponement was forced upon the Department by the absolute refusal of the profession to have anything to say to the Service until their bargain with the authorities was actually published. A previous experience of the reliability of War Office promises induced a marked shyness of students towards the Service until they had something more in the way of a guarantee than promises of a warrant. It remains to be seen whether the coming warrant—when it arrives—will make matters any better. Judging from the habitual attitude of the combatant organisation towards the medical officers it may reasonably be assumed that "the doctors" will get as little as possible, and as grudgingly as possible; and that a steady effort will be made to nullify any concessions which the Warrant may make, and to throw every difficulty in the way of a more satisfactory Army Medical Service.

Lord O'Hagan's Neglected Lunatics (Ireland) Bill.

A Bill, introduced by Lord O'Hagan into the House of Lords, extends to Ireland the provisions of English law relating to neglected lunatics. The Bill commences by extending to Ireland the provisions of English law relating to pauper lunatics, their visitation, and confinement. It gives jurisdiction to the judge of a Civil Bills Court over the persons and property of lunatics whose property is so small as to be entitled to exemption from fees and percentages under the Irish Lunacy Regulation Act of 1871. Another provision authorises the guardians to relieve a poor person, either in the workhouse or out of it, where his destitution is caused by his being temporarily disabled by reason of mental defect, or the mental infirmity of any one dependent on him for support. Moreover, the Bill empowers the governors of Irish district lunatic asylums to board out a lunatic with any private person, upon the latter undertaking that the lunatic shall be properly taken care of, and shall be prevented from doing injury to himself or to others. Every lunatic so boarded out is to be subject to the periodical inspection of the medical officer of the dispensary districts.

The Botanical Prizes for Ladies in the London Apothecaries' Hall.

The competition for prizes offered by the Society of Apothecaries to young women for proficiency in botanical science took place at the hall in Blackfriars, on Wednesday, June 18. At the first meeting twenty-seven young women attended, most of whom were educated in London: all were under twenty years of age. The examination occupied four hours. The result was pronounced by the examiner very satisfactory. The final competition was held at the Society's garden at Chelsea, when nineteen candidates attended, and were examined in writing and in microscopic demonstration. The papers written on these subjects were, as before, of great merit. Certificates and the prizes were finally awarded as follows:—The Society's Gold Medal to Miss Whittaker, aged nineteen, Whiteland's College, Chelsea; and the Silver Medal to Miss Klaassen, aged eighteen, of Croydon.

An Anomalous Monstrosity.

Dr. Plant recently reported in the *Obstetric Gazette* a rather singular monstrosity. The history of the case revealed nothing unusual in the labour. The fœtus seemed to terminate at the pelvis in a large, fleshy mass attached to the buttocks. No umbilical cord, no vestige of connection of the monstrosity with the uterus could be observed. There were some feeble efforts at respiration, but these were not encouraged. An investigation revealed the fact that the fœtus was doubled up in the usual antenatal fashion, and that it was enveloped by the secundines, the fleshy mass at the buttocks being the placenta. When the membranes were skinned off a perfectly formed male child was shelled out.

The Medical Schools.

The Medical Schools of the metropolis will open on the 1st October. At St. Thomas's an introductory address will be delivered by Dr. Robert Cory; at the Middlesex by Dr. Sidney Coupland; at the Charing Cross by Mr. Francis Hird, F.R.C.S. Eng., the Dean of the School; at St. Mary's by Mr. St. George Mivart, F.R.S.; at the Westminster by Dr. Dupré, F.R.S., the lecturer on chemistry and toxicology; at St. George's by Dr. William Bartlett Dalby, aural surgeon to the hospital; at University College by Professor George D. Thane; and at King's College by Professor Alfred Baynard Duffin, M.D. At St. Bartholomew's and Guy's no addresses will be delivered.

Camphor as a Hypnotic.

The *Jour. de Med. de Bordeaux* says that Wittich has repeatedly administered camphor to relieve the insomnia which accompanies certain forms of mania, hysterical insanity, and hypochondria. He has found that under such conditions camphor acts much better than chloral, morphine, or bromide of potassium. He administers it by hypodermic injection. He dissolves it in olive oil, and the dose which he recommends is from one to one and a quarter grains. Small doses are more certain to produce sleep than large doses. The sedative effect, as a rule, appears rapidly, and the sleep produced lasts several hours. The injection is to be repeated when the restlessness reappears.

Locomotion for Medical Students.

The *Union Medicale* says that the Paris Faculty of Medicine has adopted a measure likely to be followed by other teaching bodies—viz., the issuing gratuitously every day to students a certain number of tickets for tramways and omnibus, which are only available between the hours of ten and twelve. This is done in consequence o the difficulty which many students find in attending the clinics at the different hospitals, owing to the distances which have to be traversed within a short period of time.

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Two Prize Essays.

The German Empress has offered a prize of 2,000 marks (£100) for the best essay on Diphtheria. The conditions are, that the writer is to bring forward important new facts as to the essential nature of the disease, especially with regard to the infectious matter which propagates it, its dissemination, and the means for arresting its progress. The essays may be written in German, English, or French, and must be sent to Prof. v. Langenbeck, Berlin, N.W., 3 Roonstrasse, on or before December 15, 1880.

The Pharmaceutical College of Madrid offers a prize of 5,000 reals (£50) to the author of the best memoir on the following subject :—

On a septic poison, with explanation of the method of isolation, and the experimental studies by which this is attained ; with a demonstration of its nature, composition, properties and characteristics. A specimen of the poison is to accompany the monograph.

A Hindoo Medical School.

An appeal has been made by a Calcutta Baboo for a sum of 22,000 rupees wherewith to found a "free Ayur Veda College for the education of Hindoo physicians.' The prospectus states "that in India, treatment according to the Hindoo system of medicine, is generally more efficacious than that according to a foreign one. As our bodies are formed of and nourished by Indian materials, it would be against nature if medicines brought from foreign countries suit our constitution in time of illness."

American Ophthalmological Society.

This Society held its regular session this year at Newport, R. I., commencing July 24th. The following officers were elected for the ensuing year :—President, H. D. Noyes, of New York ; Vice-President, W. F. Norris, of Philadelphia ; Secretary and Treasurer, Dr. R. H. Derby, of Boston ; Corresponding Secretary, J. S. Pronte, of Brookline ; Publication Commissioners, E. G. Loring and D. B. St. John Roosa, both of New York. It was voted to hold the next annual meeting in Newport.

The death is announced of Sir Thomas Maclear, late Astronomer Royal at the Cape of Good Hope.

Sir Thomas was the eldest son of Mr. James Maclear, of Newtownstewart, co. Tyrone. He entered the medical profession before turning his attention to astronomy. He began his medical studies in Newtownstewart, under Dr. Rodgers. At the age of sixteen years he left Newtownstewart, and completed his studies in England. Having obtained his diploma he became assistant to his uncle, where he remained for many years. He then turned his attention to astronomy, in which he was encouraged by his wife, and afterwards got appointed to the Royal Observatory at Cape Town.

On Monday next an Act to amend the Poor Laws will take effect. By the statute, among other things, power is given to the Metropolitan Asylums Board to contract with any local authority in the metropolis for the reception and maintenance in any hospital belonging to the Board of any person suffering from any dangerous infectious disorder.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Death-Rate of Glasgow.—The deaths in Glasgow for the week ending the 16th inst., show the lowest rate ever recorded for one week, being at the rate of 15 per 1,000 per annum, against 16 in the preceding week, and 21, 22, and 22 in the corresponding periods 1878, 1877, and 1876.

Dr. Russell's Report.—Dr. Russell, medical officer of health for Glasgow, reported that during the fortnight ending 9th August there were 339 deaths registered, as compared with 381 in the fortnight preceding, being a decrease of 49, representing a death-rate of 16 in place of 17 per 1,000 living. The number of deaths from pulmonary diseases was 103 in place of 109, representing a death-rate of 5 per 1,000, and constituting 30 per cent., in place of 28 per cent. of the total deaths. The number of deaths from fever was 6 in place of 8, viz., 2 from typhus and 4 from enteric fever. The general vital figures were—low pulmonary mortality, the entire absence of fatal diarrhœa, and of infectious diseases in the epidemic form.

Glasgow Lying-in Hospital.—The directors of this somewhat unfortunate institution have resolved upon closing it for some time, owing to another outbreak of puerperal fever. What has become of the vaunted *cures* of puerperal septicæmia at this hospital? Were they mistakes of diagnosis or what?

Glasgow Convalescent Home, Lenzie.—This home is at present full, and has been so during the year. Upwards of 900 patients have been treated since 1st January last, and a large number wait admission. This Home is in connection with the Royal and Western infirmaries, and great demands have been made for admission to the Home by patients from these institutions, as well as from the general public.

The Edinburgh Police and the Royal Infirmary.—The Lord Provost has received, through Mr. Henderson, Superintendent of Police, a cheque for £22 10s., contributed towards the funds of the Edinburgh Royal Infirmary, by the "superintendent, officers, and constables of the City Police Force." The whole force subscribed most willingly.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, August 16th, says : The death-rate in the eight principal towns during the week ending with Saturday, the 16th August, 1879, was 15·3 per 1,000 of estimated population. This rate is 5·1 under that for the corresponding week of last year, and 1·3 below that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 12·2, and the highest in Perth, viz., 19·5. The mortality from the seven most familiar zymotic diseases was exactly the same as during the previous week, viz., 1·8 per 1,000. Whooping-cough and diarrhœa were the most prevalent, causing 13 deaths each. Acute diseases of the chest caused 58 deaths, being nearly the same number as in the previous week.

Correspondence.

THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me, on my own behalf and on that of a great majority of my fellow-students in the various London hospitals, to endorse most fully your judicious remarks

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upon the Army Medical Service. A great number of us would only be too glad to enter the service if we thought we should be fairly treated. A great grievance among us, I find, is the new system of the Army Medical Corps. In the old system medical officers, being attached to their various regiments, became more or less incorporated with them, and a strong *esprit de corps* pervaded between the surgeons and the military officers and privates; by this new system. this laudable and necessary spirit naturally collapses, as by frequent change the medical and military men are never permitted to remain long enough together to form any strong reciprocation of friendship; besides, if it were only for the discipline of the regiment, I should imagine everything would be more in unison if all parties were in harmony, and united by the bond of "auld lang syne."

Believe me, Sir,

Yours very truly,

MED. STUDENT.

Charing Cross Hospital.

REACTIONARY BLEEDING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Reactionary bleeding is a well-known and frequent source of trouble after amputation of the penis. Having experienced this once, an idea suggested itself which was put into practice in the following case, my friend Dr. Stoney assisting:—

M. F., æt. 40, a very powerful man, presented himself, suffering from cancer of the penis of about twelve months, duration, and involving so large a portion of the member as to require amputation very close to the pubes.

The diseased mass having been removed, three vessels tied, and the urethra treated in the usual manner, a needle was passed from side to side through the skin and behind the urethra; round the projecting ends of this a narrow tape was twisted, so as to embrace and compress the corpora cavernosa. Next morning the needle was removed.

In this case, owing to the comparative youth of the patient, his great physical power, and the removal of the organ so near its base, reactionary bleeding might have been expected. None, however, occurred, and M. F. made a good recovery.

Not having seen this plan mentioned, it struck me its publication might prove useful.

Very truly yours,

Abbeyleix, Aug. 19, 1879. THOS. SWAN.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

J. C. WEBSTER.—Thanks for your communication, but we think it is scarcely fit for publication in our columns.

F.R.C.S.—The book you refer to has been long out of print, but you might be able to see it by applying either to a second-hand medical bookseller, or to the librarian of one of our large medical libraries, such as that of the Royal Medical and Chirurgical Society, the Medical Society of London, or of the College of Physicians.

DR. OGSTON will please receive our thanks.

DR. COLLARD.—With pleasure.

CURIOSUS.—The publication of the translation you sent was unavoidably postponed, but will now shortly appear in our columns.

F. C.—A review of the book is in the hands of the printer, and from that you will be able to judge whether it will suit your purpose.

F.R.C.S.ED.—The subject has already received attention.

MR. GREEN.—We should advise you to take no notice of the circular. It is in itself sufficient to condemn the man who wrote it.

DR. G. H. T.—Decidedly not.

CHAS. H. S.—The information required will be given in our next Students' Number.

B.Sc.—Next week.

VACANCIES.

Alnwick Infirmary.—House Surgeon. Salary, £120, with furnished apartments, attendance, &c. Applications to the Hon. Sec. by Sept. 27.

Bantry Union, Glengarriff Dispensary.—Medical Officer. Salary, £90 with fees, and £10 as Medical Officer of Health. Election, Aug. 29.

Dreadnought Seamen's Hospital, Greenwich.—House Physician and House Surgeon. Salary, of the former, £76, of the latter, £50, with board, apartments, and attendance. Applications to the Secretary on or before Sept. 10.

East London Hospital for Children.—Resident Clinical Assistant. Board, but no salary. Applications to the Secretary on or before Sept. 8. (See Advt.)

Hampstead, Parish of St. John.—Medical Officer of Health. Salary, £125. Applications to the Vestry Clerk endorsed "Medical Officer of Health," before Sept. 1.

Hospital for Diseases of the Throat and Chest, Golden Square.—Physician. Applications to the Secretary on or before Sept. 1.

Leeds Union.—Medical Superintendent. Salary, £300, with an unfurnished house. Applications to be sent to the Clerk of the Guardians, East Parade, Leeds.

London Fever Hospital.—Resident Medical Officer. Salary, £200. Applications to the Secretary, Liverpool Road, Islington, before Sept. 6.

Nottingham General Hospital.—House Surgeon. Salary, £80, with board, &c. Applications to the Secretary before Sept. 1.

Queen Charlotte's Lying-in Hospital.—Resident Medical Officer. Salary, £60, with board. Applications to the Secretary 191 Marylebone Road, London, W., on or before Sept. 1.

Ramsgate Seaman's Infirmary.—Resident Medical Officer. Salary, £130. Applications to the Secretary on or before Aug. 30.

Royal Hants County Hospital.—House Surgeon and Secretary. Salary, £109, with board and lodging. Applications to be addressed to the Committee, under cover to the Secretary, before Sept. 10.

Westminster Hospital.—Pathologist and Curator of Museum. Salary, £52. Applications to the Secretary on or before Sept. 13.

APPOINTMENTS.

BARLING, G. H., M.R.C.S.E., Clinical Assistant to St. Luke's Hospital for Lunatics.

COX, LI., M.R.C.S.E., Assistant Medical Officer to the Wiltshire Lunatic Asylum, Devizes.

CURTIN, P., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Clane and Timahoe Dispensary District of the Naas Union.

DAVISON, S., M.D., Certifying Factory Surgeon, for the District of Dromara, co. Down.

DAVY, H., M.B., House Surgeon to the Evelina Hospital for Sick Children.

GARBUTT, J. G., M.A., M.R.C.S., L.S.A., Assistant House Surgeon to the Female Department of the London Lock Hospital.

HALTON, R. J., L.K.Q.C.P.I. & L.M., L.R.C.P.Ed., Certifying Factory Surgeon for the District of Kells, co. Meath.

LAWTON, J. W., M.R.C.S.E., House Physician to the London Hospital.

LENDON, E. H., M.B., Obstetric Physician to the St. Marylebone General Dispensary.

LUBBOCK, M., M.B., L.R.C.P.L., a Physician to the St. Marylebone General Dispensary.

MACARTNEY, T. L., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to Court Kynaston of the Ancient Order of Foresters, Worthen.

MARTIN, T. M., M.D., Medical Officer to the Piltown Dispensary, Carrick-on-Suir Union.

MORISON, B. G., M.B., C.M., Surgeon to the Ball's Pond Branch of the Holloway and North Islington Dispensary.

NEALE, W. H. B., an Hon. Dental Surgeon to the Birmingham Dental Hospital.

PROWSE, A. B., M.B., M.R.C.S., Resident Registrar and Chloroformist to St. Mary's Hospital.

SMITH, R. H., M.R.C.S.E., L.S.A.L., re-appointed Medical Officer to the Hackney Union Workhouse at Homerton.

STRAHAN, M., L.R.C.P.Ed., L.R.C.S.L., Medical Officer for the No. 2 North Dublin Dispensary District of the North Dublin Union.

TARLETON, P., L.R.C.P.Ed & L.M., M.R.C.S.E., House Surgeon to the Victoria Hospital for Children, Queen's Road, Chelsea.

WHEATCROFT, S. H., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., Medical Officer for the Fransham District of the Mitford and Launditch Union.

Births.

CAMERON.—On Aug. 11, at Liege, Belgium, the wife of Charles Cameron, M.P., M.D., of a daughter.

RUTHERFORD.—On Aug. 10, at Ivy Castle, Ballinasloe, the wife of Wm. Rutherford, M.D., of a daughter.

Marriages.

HALLOWES—BERRY.—On Aug. 9, at Walcot, Bath, William Bourne Hallowes, L.R.C.S.I., of Newark, Notts, to Louisa Jane, daughter of the late Francis Berry, J.P., of Eglish, King's co.

Deaths.

CANDY.—On Aug. 15, at Littlehampton, John Candy, M.D., aged 72.

DALY.—On Aug. 21, at 16 Talbot Street, Dublin, James Daly, M.D.

DENTON.—On Aug. 12, at Leicester, Joseph Denton, M.R.C.S., aged 84.

GRAY.—At Peshawur, Henry A. C. Gray, M.B., Surgeon Bengal Service.

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IRISH POOR-LAW INTELLIGENCE.

SANITARY ORDERS UNDER THE PUBLIC HEALTH (IRELAND) ACT.

THIS important order has been issued by the Local Government Board within the last week.

To the Guardians of each of the Unions named in the Schedule A to this Order annexed (or other Sanitary Authority); to the Medical Officers of the Workhouse and of the Dispensary Districts therein (or of the Sanitary Authority); to the Clerk and other paid Officers thereof; and to all whom it may concern:

Whereas by the "Public Health (Ireland) Act, 1878," each of the said unions has been constituted a rural sanitary district, and the guardians of the union have been, as such, declared to be the rural sanitary authority.

And whereas by the eleventh section of the said Act it is enacted that every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of, under the title of medical officer of health, and that every sanitary authority shall appoint in addition such other sanitary officers, including a medical superintendent officer of health when deemed necessary, as the Local Government Board shall in each case direct:

And whereas by the said eleventh section it is further provided that the Local Government Board shall assign to the medical officers of health, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery, or inspection, or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district:

And whereas by the said eleventh section it is further provided that the Local Government Board shall have the same powers with regard to the qualification, appointment, duties, regulation of salary, and tenure of office of every sanitary officer as they have in the case of the medical officer of a dispensary district:

Now, we, the Local Government Board for Ireland, do hereby order and direct, with respect to each of the unions named in the said schedule as follows:—

Appointment of Sanitary Officers, and Tenure of Office.

1. The sanitary authority shall appoint so many sanitary sub-officers as the sanitary authority shall, with the consent of the Local Government Board, determine; and the relieving officers of the union and the collectors of poor rates shall be alike eligible for the office of sanitary sub-officer, or any other person who may be approved by the Local Government Board.

2. The sanitary authority shall, when directed by the Local Government Board, appoint one consulting sanitary officer, or one medical superintendent officer of health, and for either of the offices every medical officer of the union, including workhouse medical officer or officers, and also, subject to the approval of the Local Government Board, any other duly qualified medical practitioner; and the sanitary authority shall also appoint an executive sanitary officer, for which office the clerk of the union, or any assistant of the clerk appointed by the guardians, shall be eligible, or any other person who may be approved by the Local Government Board.

3. Every officer appointed by the sanitary authority shall continue to hold office for such period as the sanitary authority may, with the approval of the Local Government Board, determine, or until he die, or resign, or be removed by such sanitary authority, with the assent of the Local Government Board, or by the Local Government Board; and the sanitary authority shall, upon the occurrence of any vacancy in any of the offices herein mentioned, cause the same to be reported to the Local Government Board, and shall, unless otherwise directed by the said Board, proceed to a new appointment.

4. All consents, approvals, assents, directions, and requisitions of the Local Government Board touching the appointment of sanitary officers, and their tenure of office, shall be signified by the Local Government Board to the sanitary authority by letter, and need not be embodied in any order under the seal of the Board.

Duties of Medical Officers of Health, and other Sanitary Officers.

1. Every sanitary sub-officer shall, by inspection of the district for which he is appointed, keep himself informed in respect of any nuisances existing therein that require abatement under the Sanitary Acts, and if he shall receive notice of the existence of any nuisance within the district, he shall, as soon as practicable, visit the place and inquire into such alleged nuisance; and when he finds any matter demanding, in his opinion, attention from the medical officer of health of the dispensary district in which the same occurs, he shall notify it forthwith to the medical officer of health in writing, specifying the nature of the case, the situation of the premises, and the name of the occupier or owner, in the form (A) in the schedule B to this order annexed, and shall preserve a copy thereof in duplicate; and he shall submit to the sanitary authority at each weekly meeting, the duplicates of the reports which he has made to the medical officer of health during the preceding week, or an abstract thereof, and he shall also report to the sanitary authority any other matter affecting or threatening to affect injuriously the public health within his district.

2. Every medical officer of health who shall have been apprised officially by the sanitary sub-officer or shall otherwise become cognisant of any matter demanding his attention as aforesaid, shall, as soon as practicable, visit the place, and if, after due inspection, he finds such matter to involve danger to public health, he shall report thereon

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to the sanitary authority, in the form (B) in the said schedule B, showing the source from which he received the information, and the date thereof, and the date of his visit of inspection; he shall also give a sufficient description of the nature of the case, and the remedy which he recommends to be adopted, and shall preserve a duplicate of every such report.

3. Every medical officer of health shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district in his charge, and shall from time to time, as occasion may require, report on the subject to the sanitary authority, and recommend the measures which, in his opinion, should be adopted for the protection or improvement of the public health in such district.

4. Every consulting sanitary officer, if such an officer be appointed for the sanitary district, shall attend meetings of the sanitary authority, whenever required to do so, and shall advise them on all matters and proceedings requiring medical knowledge and advice in the administration of the sanitary laws.

5. Every medical superintendent officer of health, if such an officer be appointed for the sanitary district, shall discharge all the duties imposed by this order on the consulting sanitary officer, and in addition to such duties shall perform the following duties—that is to say, he shall report monthly to the sanitary authority on the general sanitary condition of the rural sanitary district, and on the discharge of their duties by the medical officers of health and sanitary sub-officers of the district.

6. Every executive sanitary officer shall attend the meetings of the sanitary authority, and shall take their directions from time to time on the sanitary business of the district, and on the reports of the sanitary officers, and all proceedings arising thereon, and shall, so far as may be requisite, give instructions for the prompt and correct execution of all such orders and directions, and report on such execution, or on any neglect or failure therein which may come to his knowledge.

7. Every medical officer of health and sanitary sub-officer of the union shall attend meetings of the sanitary authority, whenever required to do so, and shall assist in all proceedings in which his assistance may be required.

8. Every medical officer of health, and every other officer appointed under this order, shall, in matters not specifically provided for in this order, observe and execute the instructions of the Local Government Board and all the lawful orders and directions of the sanitary authority applicable to his office.

9. The proceedings of the sanitary authority shall be recorded by the executive sanitary officer, and a copy of such record shall be transmitted by him to the Local Government Board as soon after each meeting as practicable.

Statistics of Disease.

It shall be the duty of the medical officers of health, and of the consulting sanitary officer or medical superintendent officer of health, if such an officer be appointed to the sanitary district, to furnish to the Local Government Board such statistical returns of sickness and disease as shall from time to time be required from them respectively.

Orders No 2, 3, and 4 are identical with the above except that they are directed to urban authorities, whether recognised by the Public Health Act or erected by provisional order.

The fifth order applies to the city of Dublin, and differs in material respects from the others. We shall refer to it in our next.

PILTOWN DISPENSARY.

On Wednesday last the members of the committee met for the purpose of electing a medical officer, a vacancy having been caused by the death of Dr. O'Meara. Minutes read.

Mr. Lalor thought it well if there was some arrangement made with whatever doctor would be elected as to the payment of a *locum tenens*.

Mr. Walsh—What Mr. Lalor means is, whatever doctor is elected that he should give an undertaking to supplement anything that is required over two guineas a week to his *locum tenens*.

Mr. Lalor said, a doctor acting as *locum tenens* usually gets three guineas a week, which would make the salary given six guineas a week. He considered six guineas a week too much for any board to pay. Two guineas a week would be enough for them to allow a *locum tenens*, and anything more that would be required should be supplied by the doctor who gets leave of absence. Giving two guineas per week to the *locum tenens*, the entire salary would be five guineas a week. He considered he was right in moving that a resolution to that effect should be passed by the committee, and moved that their medical officer, when applying for leave of absence, be required to supplement anything required over two guineas a week to his substitute.

Passed unanimously.

THE APPLICATIONS.

The diplomas of Dr. George Hearne, Dungarvan, and Dr. Thomas Morgan Martin, of Portlaw, were now examined, and Dr. Hearne was called into the room and asked by Mr. Blackett whether he would, if elected, be satisfied to supplement anything over two guineas that would be required by his substitute whenever he got leave of absence?

Dr. Hearne—I am satisfied with that.

Dr. Martin being asked the same question answered in the affirmative.

On a poll being taken, the result stood as follows:—

For Dr. Martin—10.

For Dr. Hearne—8.

Dr. Martin having been called into the board-room, returned thanks.

[We beg to observe that no board of guardians has any power whatever to impose upon a candidate such a condition as that attempted to be imposed in this case. The regulations set forth the privileges and duties of medical officers, and no one can add anything thereto or take anything therefrom, and no pledge given by a candidate for the purpose of securing his election can be sanctioned by the Local Government Board, or have any validity. We think it a very objectionable practice for committeemen to exact such promises as the price of votes, and, if the practice is tolerated, there can be no limit to such dictation.—Ed. M. P. & C.]

WATERFORD UNION.

INFANTS IN WORKHOUSES.

Read the following letter from the Local Government Board:—

The Local Government Board have had before them the minutes of the 22nd inst., containing an entry of a report from Dr. Connolly, one of the medical officers of the workhouse, stating that, in accordance with the wishes of the guardians, he had removed the names of nine women from his books, who were not actually in attendance on the sick, and that he desires it to be understood that he cannot be in the same degree responsible for the infants as when those women had charge of them. In reference to this report, the Board have to state that so far as they were aware there was nothing in the order made by the guardians calculated to interfere with the responsibility of the medical officer. All that he was required to do was to carry out the workhouse rules, and any sick infants or infant can have such care and treatment as the medical officer thinks necessary, under Article

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19 of the workhouse rules. The Board accordingly request the guardians to be good enough to inform Dr. Connolly that he cannot relieve himself of his responsibility as he suggests.

Ordered that the letter be communicated to Dr. Connolly.

CARRICKMACROSS UNION.

READ letter from Dr. M'Kenna, to the effect that while examining a lunatic he attacked the doctor and bit his right hand so severely that he was quite unable to do the duty of the dispensary.

The guardians ratified the appointment of Dr. Garland as *locum tenens*.

THE VACCINATION ACT.

At the last meeting it was stated that twenty-nine persons were ordered to be summoned under this Act some time previous, but that although the summonses were filled they could not be sent out for service as the Board named no person as complainant. Dr. M'Kenna declined to allow his name to be used, and the matter was allowed to stand over for a few days to take the directions of the guardians. In the meantime all the defaulters came in and complied with the terms of the Act but seven, and on the matter being explained at the last meeting, these seven were ordered to get a few days' more grace. It was now stated that they had all complied but two, but the guardians were now presented with the Petty Sessions Clerk's little bill for the spoiled stamps.

Mr. Campbell, R.O., said when he went to Dr. M'Kenna about the matter, he said he wouldn't prosecute, but he was quite willing to provet he cases.

The Chairman—Dr. M'Kenna was bound to prosecute. How were the prosecutions conducted formerly?

Mr. Campbell—The Board of Guardians were made complainants, but by an order recently made the guardians could not now appear except through an attorney. By using the name of one of their officials they could save the solicitor's costs to the poor people, and it was in order that the guardians might name the official to represent them that the delay was made.

DUNGARVAN UNION.

FEES FOR SANITARY PROSECUTIONS.

DR. FLYNN wrote for payment of two guineas, for attending at Ballymacarbery petty sessions, and prosecuting in a sanitary case at suit of the guardians.

Clerk—I believe he is entitled to a fee in a case he prosecutes. Whether the person convicted or the guardians are to pay him, I don't know.

Mr. Fitzgerald—Why, if Dr. Anthony charged for every case he had before the magistrates he'd have a long bill against us.

Mr. Quinlan—I'd simply refuse it. If we had to pay this it is not the fellow who caused the nuisance we would be punishing, but the ratepayers.—Refused payment.

[By sec. 258 of Public Health Act ("Irish Medical Directory," page 582), the medical officer is "entitled to remuneration from the sanitary authority at such rate as the Local Government Board shall approve."—ED. M. P. & C.

MOUNTMELICK UNION.

READ letter from Dr. Clarke asking for an extension of sick leave.

Mr. Peacock said that Dr. Rice had stated he would not undertake the charge of workhouse and dispensary again unless the board guaranteed him £5 5s. a week.

Mr. Rice was sent for.

Mr. Vanston—It is stated you will not continue to carry on Dr. Clarke's duties for £3 a week.

Dr. Rice said that was perfectly right. He was not going to attend to the workhouse for three hours a day, coming into contact with contagion in the fever hospital, to be liable to be called out of his bed any moment, and to be prevented from leaving the town, for 2s. 6½d. a day. He thought it was derogatory to his profession to ask him to undertake the charge of the workhouse at such a rate of remuneration.

At the request of Mr. Vanston, Dr. Clarke's letter was read for Dr. Rice.

Dr. Rice said he wished to do what was fair, but he would not demean himself by accepting 18s. 6d. a week for attending the workhouse.

Mr. Vanston quoted Article 43 of the Poor-Law Regulations, to show the powers of the board in cases like that under attention. The Article is as follows:—"If any officer, or assistant appointed to hold any office under this Order, be at any time prevented by sickness, or any other sufficient reason from performing his duties, the guardians may appoint a fit person to act as temporary substitute, and may, subject to the approval of the Commissioners, pay him a reasonable compensation for his service."

Dr. Rice remarked that he did not receive notice of the remuneration he was to be allowed until the Monday following the board day on which Dr. Clarke was granted leave, and it was then too late for him to decline to act.

Mr. Cobbe contended that Dr. Rice could not relinquish the duties of *locum tenens* without a week's notice. The resolution read two ways. It gave Dr. Clarke a month's leave, but it did not appoint Dr. Rice for any definite time.

Dr. Rice denied that the board could compel him to act longer than he wished. He was perfectly independent of the board. In answer to Mr. Clarke, he said he would continue to discharge the duties in connection with the dispensary and those connected with the workhouse for £4 4s. a week He would have done the duty for Dr. Clarke for nothing, only on the last board day some of them proposed to give him 18s. 6d. a week for taking charge of the workhouse, he believed with the object of slighting him. The custom was to give a *locum tenens* £3 3s. a week for taking charge of a dispensary, but here they only gave him £2 2s. a week.

Mr. Cobbe said Dr. Clarke was bound by the resolution of the last board to pay his substitute.

Proposed: "That we continue the leave asked for by Dr. Clarke for one week, and that we pay Dr. Rice the sum of £4 to perform his duties."

The Chairman said he could not see his way to put the resolution.

Mr. Cobbe—I will read what I have to propose: "That this board having given due notice to Dr. Clarke of the terms he would be expected to act on if he did not resume his duties, are, therefore, of opinion it would be pressing unduly on the ratepayers to depart from the resolution in these hard times (especially when we find the doctor has had more paid substitutes of late years than any other medical officer), and it would be unfair to impose any further expense on the said ratepayers. We, therefore, call the attention of the Local Government Board to the resolution passed on the subject."

Mr. Clarke—Dr. Rice has consented to act for £4 a week, and I suppose it rests between Dr. Clarke and himself.

Dr. Rice—Four guineas, if you please, to be paid by the board.

Mr. Vanston said the resolution of the last board was not binding, and read the following communication from the Local Government Board to the guardians to support his contention:—

"Local Government Board, Dublin,
9th May, 1879.

"Sir,—The Local Government Board for Ireland acknowledge the minutes of the proceedings of the board o guardians of the Mountmelick union of the 3rd inst.,

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and with reference to the resolution that a substitute for a dispensary medical officer shall not under any circumstances be paid by the guardians, the Board desire to point out that such a resolution has no binding effect, nor can it fetter the action of the guardians at any subsequent meeting.—By order, "B. BANKS."

Mr. Cobbe said that this communication did not refer to the case before the board. They had agreed to pay Dr. Clarke's substitute for one month, and they had notified that they would not pay the substitute any longer.

Dr. Rice asked what about the dispensary.

Mr. Vanston replied that the dispensary committee would settle that.

Dr. Rice replied that he did not understand that. The option of paying him lay with the board of guardians. If he were wanted to do his duties in connection with the dispensary after twelve o'clock that night, he would charge £2 2s. for every night visit, and £1 for every ordinary night.

Mr. Vanston's resolution carried unanimously.

Dr. Rice—I accept the workhouse; but the dispensary is an open question.

Several of the guardians present having assured Dr. Rice they would support the proposition that the *locum tenens* discharging the duty of the dispensary should be paid £2 2s. a week, whenever the matter might come before the board, Dr. Rice said he would consent to do the dispensary duties.

QUARTERLY RETURN OF BIRTHS & DEATHS IN IRELAND FOR THE QUARTER ENDING JUNE 30, 1879.

(Continued.)

Measles.—The mortality from this disease was again below the average, the deaths numbering only 183, viz.—74 in the province of Leinster, 47 in Munster, 49 in Ulster, and 13 in Connaught. Of the 74 deaths from this cause in Leinster, 60 occurred in the two Dublin Unions, and of the 47 deaths in Munster, 46 were in the county of Cork, including 18 in Bandon Union, 9 in Bantry Union, and 15 in the Clonakilty Union; 10 of the deaths in the last-named union were in the Timoleague District, where the deaths from all other causes under 60 years of age numbered only 11. Eleven deaths from measles were registered in Inishowen Union, county Donegal.

Scarlet Fever.—Deaths from scarlet fever were about one-fourth less than in either of the two preceding quarters and although much more numerous than in the second quarter of last year or of the year 1877, they compare very favourably with the average mortality from this cause in the June quarter of the last ten years. They amount to 307, of which 113 were in the province of Leinster, 49 in Munster, 115 in Ulster, and 30 in Connaught.

Fever.—The deaths from fever were about the average for the June quarter. In proportion to population the mortality was highest in Munster and lowest in Ulster. The total number of deaths was 774, of which 262 occurred in the province of Munster, 205 in Leinster, 202 in Ulster, and 105 in Connaught. The Registrar of Newry, No. 2 District, Newry Union, reports the prevalence of fever in a portion of the town in the last month of the quarter.

Diarrhœa.—There were 435 deaths ascribed to diarrhœa, viz., 83 in Leinster, 152 in Munster, 168 in Ulster, and 32 in Connaught. The deaths in each province correspond very closely with the number registered during the second quarter of 1878.

Simple Cholera.—Only 7 deaths were referred to this cause—4 in Munster, and 1 each in Leinster, Ulster, and Connaught.

The Registrar of Cappoquin District Lismore Union, gives details concerning an eruption "like a commingling of the eruption of scarlatina and measles," of which there were many cases in his district.

THE EFFECT OF THE PUBLIC HEALTH ACT UPON IRISH SANITATION.

Abstract of a few Registrars' Notes.

No. 1.—North-Eastern Division.

Crossmaglen.—The sanitary condition of this district is not at all satisfactory. I have warned the people frequently with regard to cesspools, dungheaps, &c., and very little attention has been paid to my warnings. Other measures must now be put in force. Keeping pigs, goats, &c., in the dwelling-houses is a very common practice. These they can turn out when they see or hear of my going to the place, and they are, as a rule, put in again when my back is turned.

Portaferry.—I do not anticipate much advance in sanitation until inspectors are appointed, having full power to issue orders for abatement of nuisances, institute and conduct proceedings against offending persons, and generally direct the operation of the "Public Health Act."

Bryansford.—The sanitary arrangements of Newcastle are defective owing to the want of main sewers.

Magherafelt—*Bellaghy.*—No improvements in sanitary condition of the district. It is very hard to get the people to understand the danger of having cesspools, manure heaps, &c., at their very doors, still harder to keep them from drinking dangerous water—for instance, one well in this village was condemned by the public analyst (twelve months ago) as utterly unfit for use, &c., and yet the well still remains open, the people still use the water, and all the reporting, &c., went for nothing.

Mullaghglass.—Fever has been very prevalent during the quarter. I have had large posters freely circulated through the district setting forth the powers with which health officers are invested with regard to removal of infectious diseases into hospital. I would beg to draw attention to section 141 of the Public Health Act, in which a penalty of a fine only, without any power of imprisonment, can be imposed in case of opposition to the removal of patients. This deficiency renders the Act *almost inoperative;* it is only laughed at, the public well knowing the money penalty is irrecoverable for the best of reasons; this portion of the Act needs amendment.

No. 2.—North-Western Division.

Ballyshannon.—Health of district is, generally speaking, good. The sanitary arrangements are still very defective; several important changes have been frequently reported to the sanitary authority, but beyond serving notices for abatement, no action has been taken, and in the event of epidemic disease appearing, untoward consequences are likely to ensue.

Glenties—*Doocharry.*—The district is in a healthy state, notwithstanding the filthy condition of the houses and their surroundings. In the majority of the houses cattle are kept in close proximity to the beds, and manure heaps with offensive cesspools are situated immediately outside the doors. The Public Health Act has been a miserable failure, so far at least as my district is concerned.

Carrickmacross—*Donaghmoyne.*—Considerable improvement has taken place in the sanitary condition of the dwellings of the people in this district; however, constant central supervision and an expanded organisation and outlay are necessary for the realisation of the full benefits to be derived from the amended Public health Act. It is to be regretted, in the interests of sanitary science and statistics, that the beneficial clause in the latter for the appointment of registrars at cemetries still remains in abeyance, at least in this Union; were it put in operation the registration of deaths would be much more perfect.

Kilkenny.—The sanitary state of John Street in my district, very bad; no proper sewerage. There have been two cases of fever recently—one malignant typhus, which proved fatal.

(To be continued.)

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 3, 1879.

CONTENTS.

Original Communications.

PSYCHOLOGY AND THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the National Hospital for the Epileptic and Paralysed, and to the London Hospital.

In a scientific investigation of nervous diseases, it is essential to keep distinct psychology and the anatomy and physiology of the nerve systems. In epilepsy it is imperative. I have been misled by not having seen the distinctness of physical (nervous) states and psychical states in my earlier studies, and thus I feel bold to point out the evil results of the confusion of the two things. In cases of epilepsy we have such different symptoms (at the beginning of, or during the paroxysm, and after the paroxysm), as "balls of fire" before the eyes, spasm of muscles, loss of consciousness, hemiplegia, and actions of different degrees of elaborateness. To consider these symptoms as being on the same platform leads to confusion. We can compare and contrast physical conditions only with physical conditions, and psychical conditions with physical conditions. To take an example: to compare "balls of fire" as being a symptom any way like spasm of muscle is absurd. The former is a sensation, a psychical state; the latter a physical state; the things comparable are discharges of sensory centres, *during which* the abnormal sensation arises, with the discharge of motor centres *from which* the spasm arises. Any psychical states, and any physical states, normal or abnormal, are incomparable; they have nothing whatever in common, even for reasonable contrast; the only possible contrast is, indeed, absolute; the two things being utterly dissimilar.

The distinctness of physical and psychical states has been urged strongly in the most different quarters. I have only to re-urge what has been urged over and over again long ago. What applies to healthy, psychical, and physical states, applies in principle to abnormal psychical and physical states. Pain is as different from the strong physical changes in the sensory nerve and centre affected, as colour in normal vision is from the comparatively slight changes in the optic nervous centres occurring with the psychical state colour. These psychical states occur during the nervous discharges. In all cases we speak of psychical states as occuring *during* or *attending* nervous discharges; not as occurring *from them*, lest that expression should be taken to imply a continuity of a nervous discharge with a psychical state. The pyschical and the physical states occur in parallelism, one does not change into the other; there is no interference one with the other. Two things are said: (1) psychical states are utterly different from physical states; (2) physical states always go along with psychical states. There are two series of states: (1) an immaterial series, psychical (2) a material series, physical; the latter are active states of nerve structures; that is, liberations of energy or discharges. To take an illustration. Colour is a psychical state, there is a correlative physical state, a mode of motion in some nervous arrangements (nervous discharge, or liberation of energy), but there is no community of nature betwixt the two parallel states, colour and molecular motion. Sometimes, however, we hear it said that a colour, say red, consists of so many vibrations or impulses in nervous centres, corresponding to, but infinitely less numerous than, so many etherial impacts, declared by physicists to impinge on our retinæ, when we have that sensation vividly. Supposing this to be, as probably it is, a correct explanation of what goes on physically in our nervous centres; it is no sort of account of the colour red, but only of the material changes *during* our having that sensation. Let us now return to what we said of the absurdity of the comparison of "balls of fire" with spasm of muscles. The comparisons we can make are (1) of the nervous discharges of certain sensory elements, *during which* the "balls of fire" arise, with (2) discharges of motor elements, *from which* spasm arises; the abnormal psychical state *occurring during* the latter discharge which might be compared with the abnormal psychical state of "balls of fire," is a

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feeling of the limb getting bigger before the spasm becomes actual or decided.

No properly educated person denies that along with every sort or degree of psychical state there is a corresponding physical state. We are all thoroughgoing materialists in that sense. "Within the limits of our experience no one supposes that thinking is done without a body. No philosopher of any school whatever, theological or scientific, maintains that, during the period of human life, there is such a thing as consciousness without brain. None will assert that, under terestrial conditions, we have any experience of psychical manifestation apart from physical structure. (Fiske, "Cosmic Philosophy," vol. 2, pp. 436-7.) During the most refined emotional or ideational state—let us say, without obvious external or peripheral manifestation—there are certainly physical changes, nervous discharges, as much as there are when we sneeze. But the emotional or ideational state is not the nervous discharge.

To speak again of colour in health; when a man sees or thinks of red (red substance), there are two things: there is that of sensation, and there is also a liberation of energy (nervous discharge). We must not say that colour is a function of the elements discharged, but that it occurs during their functioning; function is a physiological not a psychological term. If the term function be used for psychical states, we must say that there are two functions—a psychical one and a physical one. This, however, would be very inconvenient; it is far better to restrict the term function to physiology, making this term include what we may call the abnormal physiology of disease.

I will now show that the distinction above made is one most widely, if not nearly universally made. From the names of the authorities cited, the reader will see that the matter has simply nothing to do with "orthodoxy" in any way. This is remarked because the supposition that it has illustrates well the want of clearness there is as to the real question. Some theologians seem to think the unorthodox *must* be materialists, and on the other hand some materialists think that the insistance on the distinctness of the psychical and physical arises from a desire to uphold the theological systems of the day. Both fail to see that the question is a scientific one, or if the *nature* of the relation be a question, a problem in metaphysics; it has no necessary connection with theology. One of our most distinguished English physicists is continually repudiating a belief in materialism, which is continually being imputed to him. It is commonly supposed that those who hold the Doctrine of Evolution are materialists. This is a great mistake. Spencer writes ("Essays," vol. iii., p. 249): "The Doctrine of Evolution, under its scientific form, does not involve Materialism, though its opponents persistently represent it as doing so. Indeed, among adherents of it, who are friends of mine, there are those who speak of the materialism of Buchner and his school, with a contempt certainly not less than that felt by Mr. Martineau." Fiske writes, ("Darwinism and other Essays"), that "modern scientific philosophy, as represented by Spencer and Huxley, not only affords no support to materialism, but condemns it altogether."

Fiske has written elsewhere—"It is the usual lot of scientific writers, who maintain theories which have not yet become popular with the theological world, to be accused of holding opinions that they not only do not hold, but against which they have, perhaps, on every fitting occassion, publicly and emphatically protested."—"Cosmic Philosophy," ii., p. 432.

Now I give further quotations from very different quarters:—

Sir William Hamilton.—"Those . . . who do not allow that mind is matter—who hold that there is in man a principle of action superior to the determinations of a physical necessity, a brute or blind fate—must regard the application of the terms physiology and physics to the doctrine of the mind as either singularly inappropriate, or as significant of a false hypothesis in regard to the character of the thinking principle."

If this be so we can only use the term—physiology of mind—figuratively; we ought to speak of the physiology of the nervous system.

J. S. Mill.—Speaking of colour, Mill says: "Whatever number of hidden links we might detect in the chain of causation terminating in the colour, the last link would still be a law of colour, *not* a law of motion, nor *of any other phenomena whatever.*"—"Logic," vol. ii., p. 4.

"Let it be shown, for instance, that the most complex series of physical causes and effects succeed one another in the eye and in the brain to produce a sensation of colour; rays falling on the eye, refracted, converging, crossing one another, making an inverted image on the retina, and after this a motion—let it be a vibration or a rush of nervous fluid, or whatever else you are pleased to suppose, along the optic nerve—a propagation of this motion to the brain itself, and as many more different motions as you choose; still, at the end of these motions, there is something which is not motion; there is a feeling or sensation of colour. Whatever number of motions we may be able to interpolate, and whether they be real or imaginary, we shall still find, at the end of the series, a motion antecedent, and a colour consequent."—Mill's "Logic."

Clifford.—"The assertion that another man's volition—a feeling in his consciousness which I cannot perceive—is part of the train of physical facts which I may perceive, this is neither true nor untrue, but nonsense; it is a combination of words whose corresponding ideas will not go together." Again, if anybody says that the will influences matter, the statement is not untrue, but it is nonsense. The will is not a material thing; it is not a mode of material motion. Such an assertion belongs to the crude materialism of the savage. . . . . I may very well say that among the physical facts which go along at the same time with mental facts, there are forces at work. That is perfectly true, but the two things are on two utterly different platforms—the physical facts go along by themselves, and the mental facts go along by themselves. There is a parallelism between them, but there is no interference of one with the other."—*Fortnightly Review*, Dec., 1874, p. 728.

Herbert Spencer.—"Physiology is an objective science; and is limited to such data as can be reached by observations made on sensible objects. It cannot, therefore, properly appropriate subjective data, or data wholly inacceseible to external observations. Without questioning the truth of the assumed correlation between the changes which, physically considered, are disturbances of nerves, and those which, psychically considered, are feelings, it may be safely affirmed that physiology, which is an interpretation of the physical processes that go on in organisms, in terms known to physical science, ceases to be physiology when it imparts into its interpretations a psychical factor—a factor which no physical research whatever can disclose, or identify, or get the remotest glimpse of.

"The relations between nerve actions and mental states form a distinct subject, to be dealt with presently. Here we are treating of nerve-actions on their physiological side, and must ignore their psychological side. Doing this, we have no alternative but to formulate them in terms of motion."—Spencer, "Psychology," vol. i., p. 48.

"Though accumulated observations and experiments have led us by a very indirect series of inferences to the belief that mind and nervous action are the subjective and objective faces of the same thing, we remain utterly incapable of seeing, and even of imagining, how the two are related."—"Prin. of Psy.," vol. i., p. 140.

Elsewhere Mr. Spencer writes: "We can think of matter only in terms of mind. We can think of mind only in terms of matter. When we have pushed our explorations of the first to the uttermost limit, we are referred to the second for a final answer, and when we have got the final answer of the second, we are referred back to the first for an interpretation of it. We find the value of x in terms of y; then we find the value of y in terms of x; and so we may continue for ever,

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without coming nearer to a solution. The antithesis of subject and object, never to be transcended whilst consciousness lasts, renders impossible all knowledge of that ultimate reality in which subject and object are united." —"Prin. of Psy.," vol, i., sec. 272.

Max Müller.—" . . . the whole of the nerves is outside the mind. A state of nervous action may be parallel, but it never is identical with a state of consciousness ('Principles of Psychology,' ii., 592); and even the parallelism between nervous states and states of consciousness is, when we come to details, beyond all comprehension." (*a*)—Ib. i., 140.

Bain.—We have every reason for believing that there is, in company with all our mental processes, *an unbroken material succession.* From the ingress of a sensation to the outgoing responses in action, the mental succession is not for an instant dissevered from a physical succession. A new prospect bursts upon the view; there is a mental result of sensation, emotion, thought, terminating in outward displays of speech or gesture. Parallel to this mental series is the physical series of facts, the successive agitation of the physical organs. . . . While we go the round of the mental circle of sensation, emotion, and thought, there is an unbroken physical circle of effects. It would be incompatible with everything we know of cerebral action to suppose that the physical chain ends abruptly in a physical void, occupied by an immaterial substance, which immaterial substance, after working alone, imparts its results to the other edge of the physical break, and determines the active response—two shores of the material, with an intervening ocean of the immaterial. There is, in fact, no rupture of nervous continuity. The only tenable supposition is that mental and physical proceed together as undivided twins. When, therefore, we speakof a mental cause, amental agency, we have always *a two-sided cause;* the effect produced is not the effect of mind alone, but of mind in company with body."—Bain, "Mind and Body," p. 131, 1873.

David Ferrier.—The above quotation is given in Dr. Ferrier's work, "The Functions of the Brain." Ferrier, after giving the quotation, writes:—"In accordance with this position it must follow, from the experimental data, that mental operations in the last analysis must be merely the subjective side of sensory and motor substrata. This view has been repeatedly and clearly enunciated by Hughlings-Jackson, with whose physiological and psychological deductions, from clinical and pathological data, I frequently find myself in complete accordance."—"Clinical and Physiological Researches on the Nervous System;" reprints from *Lancet*, 1873.

Huxley.—"If I say that thought is a property of matter, all that I can mean is that, actually, or possibly, the consciousness of extension, and that of resistance, accompany all other sorts of consciousness. But . . . why they are thus associated in an insoluble mystery."—"Lay Sermons," p. 341.

Du Bois Reymond.—"It seems, indeed, on a superficial glance, as if we could explain certain mental processes and dispositions, *e.g.*, memory, mental habits, &c., by means of a knowledge of the material processes in the brain. . . . . The least reflection teaches that this is a delusion. What conceivable connection exists between definite movements of definite atoms in my brain on one side, and on the other, the facts—not further definable, not gainsayable—'I feel pain, pleasure, have a sensation of sweet taste,' &c.? . . . It is absolutely inconceivable that a number of atoms of carbon, hydrogen, nitrogen, and oxygen, &c., should not be indifferent how they are lying and moving, how they lay and moved, and how they lie and will be moved; we cannot see in any way how, out of their co-operation, consciousness can arise."—"Ueber die Greuzen des Naturerkeunaus," p. 25.

(To be continued.)

(*a*) He is speaking of language, and continues—"Language, on the contrary, is not outside the mind, but is *the* outside of the mind." The references in the quotation are to Herbert Spencer's Psychology.

ON UTERINE INFLAMMATION AFTER THE MENOPAUSE.

By EDWARD JOHN TILT, M.D.,
Past President of the Obstetrical Society of London.

IV.

THE organ, whose last pathological troubles I am sketching, is gifted beyond all others with a power of physiological increase and diminution. The surprising growth of the womb during pregnancy, and its return to nearly its original size in about two months, is of course the most striking example of this organic elasticity, but it is closely imitated by the considerable uterine enlargement, that precedes the menstrual flow, and by the shrinking of the womb to its normal size when the flow ceases. Pelvic arrangements of blood-vessels contrived to afford ample supply of blood for these physiological enlargements, almost always lead to considerable enlargement of the diseased womb, and a return to its right size by another kind of involution, is the best sign that uterine disease has been cured. Lastly, there is that final process of uterine involution which effectually bars the liability of the womb to diseases that may have been most troublesome. If, notwithstanding the menopause, this final involution be indefinitely delayed, there is no immunity from uterine diseases, although they will be less frequent and their type less acute. The enlargement of the body of the womb may be the result of long standing chronic metritis, but I am more and more convinced, that puerperal defective involution during the last decade of uterine life is the prime factor of uterine pathology after the menopause. The reduction of the puerperal womb by fatty degeneration being too soon checked, it settles down into a permanent state, resembling hypertrophy, which effectually delays the process of climacteric involution. I have occasionally met with this simple uterine enlargement in healthy women many years after cessation; I believe it to be much more frequent than people suppose, that it passes unobserved in healthy women, in lapse of years, the womb becoming a fibro-cartilaginous mass. When this uterine enlargement after the menopause occurs in delicate women, attention is sometimes drawn to it by the co-existence of vaginitis and of cervical inflammation, and, as in a case related, the lining membrane of the body of the womb may be hyperæmiated, or its veins in a state of varicose enlargement, so that considerable bleeding may follow the gentle use of a wax bougie. As a rule, however, when attention is drawn to the fact of the womb having remained too large after the menopause, it depends upon some form or other of internal metritis, the legacy of a previous period. The mucous membrane may be found inflamed and ulcerated, or it may be mammillated and have a fungoid appearance, a condition long ago recognised by Recamier as leading to repeated flooding. I do not assert that the rare cases of flooding, independent of cancer, occurring after 60, always depend on this fungoid condition of the uterine mucous membrane, but it was present in women past 50 years of age, in six out of the eleven cases, in which this lesion was found in the dead-room by Prof. Kœberlé, (*a*) of Strasburg, the ages of these women being 32, 38, 40, 45, 48, 52, 62, 62, 65, 65, and 76. I think it is better to refer these forms of disease to chronic internal metritis, as I have done in my work on "Uterine and Ovarian Inflammation," rather than to describe them as "leucorrhœa of old women," as did Dr. Mathews Duncan, many years ago in the *Edinburgh Journal of Medicine*, for in some of these cases there is no discharge, and because there was ulceration of the mucous membrane of the body of the womb in the only case he examined after death. Real leucorrhœa, or the greatly increased secretion of mucous from the vagina, is rare after cessation, and a vaginal discharge is usually found to depend on vaginitis. With regard to the sym-

(*a*) "Des Fongosités de la Cavité Uterine." Dr. Goldschmidt, These, Strasburgh. 1859.

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ptoms of such senile metritis, the discharge varies considerably; it may be milky and very abundant, or more purulent and scanty, or mixed with blood, or pure blood oozing away without check through a freely dilated cervix. An excellent characteristic of internal metritis, at all ages, is the gradual accumulation of pus in the body of the womb, giving rise to a sensation of fullness, and of a dull heavy weight above the pubis, followed at the end of a few days by stabbing pains, and by the sudden expulsion of half a teacupful of pus, which is often supposed to come from an abscess. Senile internal metritis is more likely to show itself in this way, and I have known this round of symptoms to be repeated several times, with several months interval of peace between these attacks. Such cases exemplify another important factor of uterine pathology in old women, which is, that uterine involution does not always progress *pari passu*, in the body and in the cervix, that the body of the womb may be still large and distended by secretions that find a difficult egress, through an involuted cervix, and a strictured canal. The cervical canal may be completely obliterated, so that none of the accumulated fluid can escape. In such cases the patient may suffer little or not at all, except at intervals of a few months, or longer; she then has a bearing-down sensation of fulness above the pubis, and the womb may be sometimes felt to be large, and it may be the chief seat of pain. In an exceptional case, there were one or more attacks of pain every day, and nothing more resembled labour pains, as she lay on her back, groaning or screaming, with face injected by tugging hard at a sheet tied to one of the bed-posts. In most cases, the pain is felt on one or other side of the womb, and there is more or less back pain and inability to walk. There may be nausea, vomiting, constipation, incontinence of urine, with great and varied symptoms of cerebral disturbance. In such a case I order hot hip-baths, hot poultices to the abdomen, followed by the application of a stimulant liniment, a purgative, henbane pills, or a bromide mixture. In a fortnight the symptoms subside, and the patient recovers her usual health for some months or longer, until the recurrence of similar symptoms. I can only account for these by supposing that, from some unknown cause, there is occasionally an extra accumulation of uterine secretion, and that by the subsequent absorption of the watery parts of it, the strain is taken off the over-distended womb. This is a rare disease, and I have never seen it lead to a fatal termination, except in the case of an old lady, who I attended with Mr. Walker, of Peterborough. When this lady was about 60, I had to remove from the os uteri two small polypi, and as there was ulceration, or an hypertrophied cervix, I applied potassa fusa cum calce. The menopause had long passed, so I did not think it worth while to take steps to prevent the closure of the os uteri. This patient enjoyed fair health for many years, after which she suffered in the way I have described about every six months. When 74, and fourteen years after the little operation, she was seized with acute pelvic peritonitis, with great pain and sickness, and died in a few days. There was no post-mortem examination, and as there was no intestinal disturbance, I cannot help thinking there was a rupture of the womb and effusion of the uterine contents into the peritoneum, as in a case related by Duparque, in which, ten years after the menopause, a patient died in the midst of severe pain, and on opening the body, a large quantity of blood was found in the peritoneum, and it had evidently come from the distended womb, for there was a rent in the fundus, while the cervix was cartilaginous, and its canal obliterated. In other instances the obliteration of the cervical canal has been observed in connection with an enlarged womb containing a caseous-looking fluid, and some of the cases described as hydrometra have no other origin.

Treatment.—If there be chronic inflammation of the cervix, the first thing is to cure it, for that may suffice to cure internal metritis. The repeated application of the solid nitrate of silver to the cervix for the cure of ulceration has appeared to me to bring about a decrease in the size of the body of the womb, and Scanzoni reports having seen this practice to have rapidly reduced the size of the womb, which had risen two inches above the pubis, to its level, in a woman aged 57. I have applied blistering liquid to the skin above the pubes, giving astringent injections, with the addition of Condy's fluid, if the discharge be fœtid, prescribing extract of nux vomicæ in conjunction with ergotine. I have carefully looked after the cervical canal to maintain its permeability, dilating with laminaria bougies whenever the womb occasionally ejects its contents by a spasmodic effort, for if there be not a free passage to the exit of uterine secretion, internal metritis cannot be cured, whatever may be a woman's age. I have seldom injected a solution of nitrate of silver into the womb in such cases, and supposing life to be endangered by excessive purulent discharge, which I have never observed, I should rather fully dilate the cervix, bring down the womb, and swab its internal surface with fuming nitric acid. The same treatment is the best for the rare cases of dangerous flooding in old women, which cannot be checked by the intra-uterine injection of tincture of iodine, or by a solution of the tincture of subsulphate of iron. Flooding was nearly fatal in a patient of Dr. West, aged 51, and at page 251 of the third edition of my work on the Changes of Life, I have related a fatal case of internal metritis in a lady aged 64, death being due to long-continued blood-loss, intense uterine pain, want of sleep, and an inability to keep down food. In the rare cases in which I explained to myself considerable pelvic distress by the extra accumulation of secretion in the womb, owing to cervical obliteration, I have never sought to re-establish the permeability of that canal, but the cases just given show that it might be justifiable to do so. With regard to the prevention of uterine inflammation in old age, the gynæcologist should never interfere with the permeability of the cervical canal if he be obliged to operate on the cervix, whatever may be the patient's age. When the womb is found to be much too large after the menopause, it is well to try to reduce it, for even if it be free from disease it is a standing menace to the future health of a woman, particularly during the two years subsequent to the menopause, during which the womb is still more or less subject to congestion, without efficient means of relief, and it may be useful in such a case to take from the arm eight or ten ounces of blood. Astringent vaginal injections have seemed to me of service; also the alternate exhibition of iron and strychnia in combination with ergotine. When defective involution of the body coincides with a hard hypertrophied cervix, the application to it of an issue, by means of potassa fusa cum calce, and the subsequent dressing of the womb with tincture of iodine, may be sometimes resorted to, as means of reducing the size of the entire organ.

Clinical Records.

CASES OF CHRONIC DYSENTERY.

By C. HANDFIELD JONES, M.B. Cantab, F.R.S.,
Physician to St. Mary's Hospital.

No. 1.—S. H., æt. 45; admitted July 14, 1876. Served all through the Crimean war, and 13 years in India. Had dysentery in the Crimea, everybody had it; in India had slight fever and pain in right side, lasting only a week, no other illness. Has been ill over six months, got ill from being at Millbank in charge of convicts. He was sergeant-major, and weighed 14 stone when he left the army. After two years of Millbank he was a wreck, and had lost 52 lbs. Has had to walk four miles, twice a day, to and from his work, got very weak. He has been suffering during the last six months with continual purging, alternating with constipation, with pain and swelling of his abdomen after food. His bowels act six times a day or oftener. Has passed a good deal of blood per anum, but has not passed any during the

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last fortnight. Ordered Acid muriat., ℥ij ; acid hydrocy. dil., ℥iij ; tr. calumb., ℥v ; aq., ℥j ; t.d. Gummi rubri, gr. v, in pil., t.d. Simple diet—milk, beef-tea, two eggs, ground rice pudding. He improved very materially under this treatment, said he was a better man than he had been a long while. One relapse occurred after eight or nine days of treatment, but soon gave way to rest.

No. 2.—H. B., æt. 47 ; admitted June 1, 1877. He had cholera two years ago in India, followed by dysentery, which lasted four months. He was operated on for urethral stricture 12 years ago, partial stricture still exists. No enlargement of liver or spleen. Emaciated, arms and legs very thin and wasted. Is anæmic. Has pain occasionally in abdomen at site of large intestine. Has frequent calls to stool, but has no pain or straining now, as he used to have lately. Motions watery, and almost colourless. Occasionally has griping pains. Ankles have been much swollen, but are not now. Tongue small, moist, clean, very dry at night. Lungs and heart normal. His weight on 14th was 78lbs. On 30th, it had increased to 87 lbs., on July 9th it has declined to 85 lbs. Red gum, gr. v, quater die, was tried in this case, but without benefit, the purging was increased. Liq. ferri perchlor., ℥xx, with acid muriat. dil., ℥xv, t.d., and cod oil, ℥ij, t.d. was of much use. Liquid extract of coto seemed, however, even more effectual ; he stated, after taking ℥x t.d. for a week, that it had done him a world of good, had made another man of him. He went out August 2.

No. 3.—J. K., æt. 24, soldier ; admitted January 15, 1872. He was quite healthy before he went out to India, was in Madras three years. After 12 months he got diarrhœa and dysentery, and then liver disorder. Used to to take a good deal of spirit in India. He had a slight touch of fever and ague in Burmah, gets chilly sensations now and then. He was invalided and sent home for liver and dysentery. Has been at home two years, and has had repeated attacks of dysentery. Has passed blood and slime, and now everything he takes seems to go through him directly, he passes slime, but no blood. Has great tenderness over region of gall bladder, not much in other parts of abdomen. Liver dulness extends from 4th space to margin of ribs. Abdomen not distended. Feet stone cold and numb the last three weeks. Is very weak. Temp., 98·6 ; pulse, 100, small and weak. Sometimes the purging stops, and he has no stool for three or four days. Brandy, 3 oz. Simple diet—milk, ground rice pudding. Gummi rubri, gr. x ; glycerini, ℥j ; aq., ℥j ; quater die.

Jan. 18th.—Has got pain to-day in lower right side, increased on respiration—continuous poultices.

24th.—Bowels act eight times a day, no blood or slime passed, the stools are much firmer than they were, pain in right lower side almost gone, only felt when he draws a deep breath. Pulse 92, of fair force.

Feb. 1st.—Only two stools a-day.

14th.—Doing perfectly well. His weight a little before admission was 113 lbs., yesterday was 133 lbs.

17th.—Gone out well.

He was re-admitted April 22, 1872, in a state of great exhaustion with severe recurrenee of dysentery, which had come on soon after he left hospital. Treatment was unavailing, and he died May 1.

There were several small recent abscesses in the liver, and one as large as a good sized orange, evidently of old date. The liver weighed 103 oz. The cæcum at its lower part showed dark red, congested mucous membrane, eroded at small spots into ulcers with grey bases ; at a little distance these coalesced, the mucus membrane disappeared, and the whole of the large intestine was a sheet of the same grey looking ulceration, marked here and there by streaky deposits of black pigment. Mesocolic glands enlarged and hard, and dark coloured. A little peritonitis. Splen pretty normal.

No. 4.—J. P., æt. 32 ; admitted December 22, 1874. Has been in India and Africa, had some fever. Ill now six weeks, has lost much flesh. Bowels usually act eight to nine times a day, stools some days loose, on others more solid, a little blood is passed sometimes. Abdomen feels sore, especially at lower part and left flank, he feels sore inside ; it is collapsed. Has nausea at times, but no vomiting. Pulse 96, open, soft. Neither liver nor spleen enlarged. Tongue pale, natural. Ordered Gummi rubri, gr. x ; glycerinii, ℥j ; aq., ℥j ; quater die. Simple diet—rice pudding, beef jelly.

24th.—Temp., 98·6 ; pulse, 64 ; resp., 20. He feels a good deal better, stools are more consistent, the last are slightly streaked with blood.

28th.—Five stools in last twenty-four hours, more solid. Two eggs. Fotus tereb. abdomini.

31st.—Up, bowels acting four times a day, sent back to bed.

Jan. 4th, 1875.—Keeps in bed, has three stools a day ; says that the turpentine stupes caused the stools to be more frequent and bloody. Pt. mist., c. gr. xv, gummi.

7th.—Has had seven stools a day since. Catarrh very prevalent. Argenti nitratis, gr. vj ; tr. opii, ℥x ; aq. destil., ℥iv ; m. et solve fl enema, bis die.

9th.—Enemata retained fairly well, but stools have been more frequent—nine per diem, and bloody ; one I saw consisted of shreds of mucus and blood, was scanty. Pulse 100, feeble ; not much pain, looks low. Pulv. ipecac., gr. v ; mist. mucilig., ℥j ; t.d.

14th.—Three stools a day, feels better, is up, little or no nausea from medicine. Fish.

18th.—Four stools a day, ordered again to bed. Ext. ergotæ liquidi, ℥j ; aq., ℥j ; quater die.

25th.—Has had only two stools per day, until last 24 hours, then only one. Feels very well.

28th.—Only one stool a day, feels quite well, allowed to be up a little.

Feb. 4th.—He remains quite well, is about the wards. Discharged. Pte. mist., bis die.

No. 5.—J. P., æt. 24 ; admitted March 1, 1879. He was in this hospital in 1875, left in September, went back to his work as ship's steward, but did not make a voyage. Has been working on and off since that time, has been feeling extremely weak lately. While he abstained from opium or brandy he had had 24 motions a day. On March 14th he had 32 motions between 8 p.m. and 6.30 a.m. He describes the motions as consisting of blood and matter, with some cheezy mucus floating in the liquid. Lately he has been getting thickheaded, cannot calculate. Has taken gr. x of pulv. doveri frequently, and describes the effect produced as follows :—"Head, trunk, limbs, are like dead weights, and he feels that he must lie down. He remains in this state about three hours, feeling as if everything in him was dead, except his brain. At these times his thoughts are so vivid and rapid that he feels as though he was on the verge of delirium, but he never has been really delirious. The effects pass away in about three hours, leaving him just as he was before." Skin cool ; pulse 56, very feeble and compressible, irregular. Heart normal. Temp. normal, one morning 96·8. Chest ill-formed, pigeon-breasted. Loud rhonchi in both fronts, crepitations in both backs, no dulness. Has had dry cough for a week. Tongue red and large, dorsum very cracked ; appetite very good. He suffers severe pain across the abdomen, especially on the left side. Pain is increased shortly before a motion." As soon as he wakes in the morning the excessive pain brings on a motion, he then passes more blood than at any other time. Motions are quite fluid, dark brown in colour, contain blood-streaks, and some whitish clots. He was ordered on admission—Gummi rubri, gr. v, in pil., and has taken by 3 p.m. to-day (22nd), 7 pills ; the bowels have acted 15 times in the same period. Intermittent pill. Pulv. ipecac., gr. v, in pil., quater die. Simple diet—milk, beef-tea.

24th.—Feels much better, stools less frequent, five or six he thinks in 24 hours, containing much less blood. Left iliac region tender. Improvement was marked on 23rd, pulse then was extremely small and feeble. I offered him stimuli, but he declined. Pulse 72. Broth diet on 23rd. Resumat pil. gummi rubri.

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26th.—Yesterday there was more blood in the stools, to-day he has had three stools by 2.30 p.m., none in the night—stools contain a little blood. Pain in belly gone, he had a turpentine stupe applied there. Pulse less weak, of more volume. Brandy 2 oz. ordered on 25th.

28th.—Is rather worse, bowels more relaxed. Capiat pulv. ipecac., gr. ij, in pil. altern. cum pil. gummi rubri.

29th.—Much better, no stool from 5 p.m. to about 6 a.m. of to-day, only one since.

April 8th.—Doing very well, has only had one stool a day during last four days. Stools are formed. Ordinary diet—greens. Went out soon after.

No. 6.—S. C., æt. 43, clerk; admitted March 25, 1879. Anæmic, with greyish hair. Has been several years in the Tropics, returned in September, 1877. While in India he had no bronchitis, but had dysentery in Ceylon, no fever, although he was a good deal in the lowlands. Married, children healthy. Family history, good. He spat up a little blood 8 or 10 years ago, but only streaks, he had then a bad cough. Pulse 95, weak. Skin cool. Temp., 98·8. He has three to six stools in 24 hours; he has had three stools to-day, all containing blood; has not had a natural stool since his return to England. Says he has suffered from piles for some week; when a motion occurs, he thinks that the bowel protrudes, and that this causes the bleeding. Has sometimes a little griping in the belly, has no tenderness, but a dragging sensation as if his bowels were falling downwards. No distinct tumour in abdomen, but the left hypochondrium is dullish, as well as the adjacent lower side. Has lost flesh lately, but is not very thin. The last three days his dysentery has got worse. Defective entry of air in both backs, expiration is prolonged and attended with rbonchi, same condition in fronts. Percussion note in right upper front slightly inferior to that in left, surface in right is slightly flattened, and air enters there rather less freely. Acidi nitrici, ℥ij; tr. calumb., ℥x; liq. morph. bimec., ℥v; aq., ℥j; t.d. Fotus terebinth. dorso. Cold sponging to anus. Simple diet—chop.

29th.—Had seven stools in 24 hours, up to 7 p.m. last evening, most of them containing blood except the last one or two. Has been taking last two days pulv. ipecac., gr. j; ext. conii, gr. j; in pil. quater die. Omit pil. Fotus terebinth. abdomini.

31st.—Nothing discoverable at anus, has pain across mid-abdomen and griping, and has had till to day six stools in 24 hours. Omit mist. pulv. ipecac., gr. ij; opii, gr. ¼; in pil. quater die.

April 3rd.—Better, less pain in abdomen, stools fluid, bilious; blood is occasionally passed—is always distinct from the stool.

8th.—No blood in stools now, has three a day. Nothing very marked found on rectal examination on 7th. Pain is felt across upper abdomen; some tenderness in both hypochondria. Pulse 92, jerky. Began yesterday pulv. ipecac., gr. ij; gummi rubri, gr. v; opii, gr. ¼; in pil., ij quater die. Broth diet.

14th.—State same. Bowels loosely open three or four times a day. Omittantur pil. Ext. ergotæ liquidi, ℥j; aq., ℥j; t.d.

17th.—Has about four stools a day, liquid, more offensive than before. Belly quite soft and lax, not tender any where definitely. Olei ricini, ℥x; liq. opii sedat., ℥ij; mist. mucilag., ℥ij; 2dis. horis.

21st.—No benefit; stools very offensive and liquid. Glycerole of tannin, ℥j; aq., ℥j; 4tis horis.

26th.—Stools less liquid, always preceded by griping; has four in 24 hours. Baln. calid.

28th.—Same. Pl. argenti nitratis, gr. x; tr. opii, ℥xv; aq. dest., ℥v; m ft. enema in dies.

30th.—No blood in stools now for six days, seems better.

May 1st.—Stools liquid, blood bright red in last but one. Ergotine disc subcutaneously, bis die, omittr. alia.

3rd.—Has been passing blood in stools ever since; the blood is red and clots; the stools are most offensive. Pulse 100, weak and small. Pain is felt across upper abdomen; there is no tenderness, but griping when the bowels are about to act. Pulv. ipecac., gr. v; opii, gr. ½; in pil., ij quater die.

8th.—Not improving. Liq. ferri perchloridi, ℥j, glycerinii, ℥j; aq., ℥j; quater die.

20th.—Improved, has two stools a day, and they are more solid; has simple diet—fish and sago.

26th.—Only one stool a day, and that formed, no pain in abdomen.

June 6th.—Has had no recurrence of symptoms; has kept in bed. Discharged.

Remarks.—These six cases have been met with in about 1,200 taken indifferently. The subjects are all male. All had been in the Tropics (there is perhaps some doubt about No. 5), and had acquired their malady there. Red gum was tried in all the cases; it failed in 3, and succeeded in 3. In 1 of the failures, and in 1 of the successes, it was combined with ipecacuan. In the latter the combination seemed essential to success. One case was cured by ergot, one by ℥j doses of liq. ferri perchloridi. This last case had proved very refractory, and the success of the iron, which was suggested by my house-surgeon, Mr. Brown, was very remarkable. The analogy between this case and one of extremely asthenic bronchial catarrh complicating rheumatic fever, and attended for a time with quasi-gangrenous fœtor of the breath and sputa, was shown by the same remedy succeeding in both. In 2 of the cases ipecacuan was of use in mitigating the severity of the recrudescences, though the astringents were necessary to produce a permenent effect. The good effect of rest in bed is by no means to be ignored, but it is abundantly clear that it alone did not suffice to obtain recovery. The cases show how varying are the conditions in chronic dysentery, and how much depends on what we must term the idiosyncrasy of the individual. One or other of the astringent tonics will almost invariably be necessary, but it is scarce possible to say before trial which will suit best.

No. 3 affords a warning against tao early discontinuance of medical care, however great the improvement may be. The larger abscess in the liver no doubt existed during the patient's first stay in the hospital, and caused the pain in the lower right side. Probably, under long continued treatment he might have soundly recovered.

Comparing chronic dysentery with acute, the condition which is cured by large doses of liq. ferri perchlor. with that which yields to large doses of ipecacuan, the difference clinically is enormous, and should suggest to pathologists the existence of some factor in the inflammatory process, apart from the blood and vessels. This I have always insisted is the influence of the tissues, which when perverted seems to arrest the blood-current, judging from the observed effects of ammonia in producing stasis in the frog's web. In acute inflammation, especially in sthenic habits, the tissue influence is a principal motor of the process; in chronic it counts for much less, except during the exacerbations.

Translations.

HYSTERIA MAJOR.

By PROFESSOR CHARCOT,

Physician to the Salpetrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

Abstracted by T. M. DOLAN, F.R.C.S.Ed., Halifax, Yorks. (*a*)

(*Continued from page* 178.)

THE convulsive attack of hysteria major, with the characteristics which have just been sketched, is not peculiar to patients in the centre where our observations have been made.

For a long time it has been known that imitation may have a certain influence on the form of the complications assumed

(*a*) *Progrès Medical.*

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by hysteria. But this is not the case, as far as regards (at least) the leading features of our description. These features are found without any fundamental qualification in patients isolated from town, where the influence of imagination could not have any play. They are found in observations made abroad. This is testified, for instance, by the facts recently collected in Scotland by Dr. Inglis, assistant at the Edinburgh asylum. We find in the descriptions of such authors the various phases in succession: epileptoid major movements, attitudes of passion, &c., &c. The decisive influence of compression of the ovary is equally noted. The descriptions of Dr. Leiderdorf, of Vienna, offer confirmatory evidence.

The study of ancient convulsive epidemics bears evidence that hystero-epilepsy has not changed with the times. We find, in the relations given of these epidemics, the principal characteristics on which we have insisted. The epileptoid convulsions are almost constant and clearly indicated, but the authors principally expand in their description of the second phase; being struck by the frightful contortions and strange movements, which were frequently attributed to the influence of a supernatural force.

The *arc de circle*, for instance, is noticed in most of the celebrated epidemics; in the hystero-demonopathy of the religious of St. Elizabeth at Lousers, from 1642 to 1646, in a similar attack of the nuns of Naertet, Germany, and also in the *convulsionnaires* of St. Mèdard.

The attitudes of passion are found isolated under the form of ecstasy or *representations* according to the expression used at St. Mèdard. Finally, as regards the latter *convulsionnaires*, we have the recital of attacks of religious and phophetic delirium, which clearly belongs to the delirium of the terminal period of the attack.

A point of study of the most immediate interest, consists in the resemblance between the preceding description of an attack of hystero-epilepsy and the description given by classic authors of an attack of common hysteria. It clearly results from this similarity that we cannot separate these two affections to make two maladies of a different nature, and that common hysteria or *petite hysteria* must only be considered as an attenuation or a rudimentary state of hystero-epilepsy or hysteria major.

Some quotations borrowed from the works of some of our principal classic writers on hysteria, M.M. Briquet and Bernultz, will prove this. In the midst of the description which M. Briquet gives of the convulsions forming part of an attack of hysteria vulgaris, the following passage is found, manifestly in relation with the epileptiform convulsions of the first period:—

"The face swells; the jaws clasp one another, so as to produce gnashing and grinding of the teeth; the neck swells; the muscles of this part and those of the chest contract spasmodically. The thoracic walls either remain immovable, with their muscles contracted in such a manner as to threaten asphyxia (tonic phase), or move convulsively and rapidly as in the most severe attack of asthma (clonic phase). The muscles of the abdominal walls are agitated with similar movements to those of the chest."

Mr. Bernultz is perhaps more expressive still:

"At the moment when the hysterical cry is produced suffocation appears at its summit, there is a kind of general tonic spasm, sometimes of tetanic stiffness of the whole body. The figure is swollen, injected. . . . . The neck is tumefied; the carotids beat violently; the jugular veins are swollen and distended, whilst the abdomen is slightly meteorised. There is considerable oppression as if threatening asphyxia. . . . . Ordinarily the time of the attack is very short, and convulsions more or less general (second period) immediately succeed loss of consciousness."

Who does not recognise here a sketch of the epileptoid period?

The second period seems to constitute the greatest part of hysteria vulgaris. The authors describe it at length, as Briquet, thus:

"Most ordinarily the patients are agitated at one time as if they wished to escape violence, at another as if they resisted restraint. . . . . At another time the upper and lower extremities move in all directions; flexion, extension, rotation, adduction, abduction, succeed one another with the greatest rapidity. The body moves sometimes like a worm, at another time contracts. The head is agitated backwards, forwards, sideways. The hands are carried instinctively either to the neck, which is violently seized as if to tear away some body which is causing it great restraint, or towards the epigastrium, which the patients endeavour to tear or to strike; at another time they try to pull off their hair or tear their face. The force employed in some of these acts is so great that many strong persons can scarcely hold a frail young woman, who in such moments is capable of bending the iron laths of a bed."

Briquet has also noticed the cry of fury accompanying the ordinary movements of the second period:

"There are yet a certain number of hysterics whose cries last during the whole period of an attack. These cries are analagous to those raised by a person suffering, or who was resisting violence."

The description of Bernultz resembles that of Briquet:

"These convulsions when they are typical have a special physiognomy; persons unacquainted with medicine recognise them. They are very difficult to describe on account of the disorder accompanying them. The members one instant stiffen (first period) convulsively; we have abduction, adduction, extension, and flexion, and *vice versa*."

The third period, or period of *attitudes of passion*, is not less clearly indicated. M. Bernultz even employs some words very similar to those used by Charcot, when he designates under the name of "*expressions passionnées*" the different movements of the patient in this period. He says when the convulsive movements have lost their energy, and when the figure only presents a slight turgescence, a new phase developes, in a certain number of hysterics. Their *faces*, up to that passive, become animated, and the seat of various expressions. The eyes contribute to this effect by frequent winking, and there is sometimes nystagmus. A variety of expressions are produced, as anger, terror, voluptuousness, whilst there is muttering of incoherent words by some patients.

The attitudes of passion may be recognised in this description. M. Briquet has not failed to remark them as the following passage clearly proves:—

"The patients present a succession of tableaux, in which may be found the expression of all the passions of the soul and of the sensibilities.

"During the convulsions patients are often seized with delirium more or less lively; it has generally some relation to scenes that the patient believes she is acting in, or to thoughts with which she has been occupied. During the attack hallucinations, ecstasy, often come on."

The delirium of the fourth period has not escaped the sagacity of these observers. It is thus described by M. Bernultz:

"When the period of passionate expression has tided over the eyes become humid; tears flow in abundance constituting a veritable crisis of sobs, during which the patients completely recover consciousness. . . . . Some patients in place of bursting into tears have an attack of convulsive laughter; others are semi-delirious, and relate in an incoherent and unintelligible manner some fact or event, or involuntarily allude to some indiscretion, very compromising to themselves or others."

M. Briquet expresses himself as follows:—

"After lasting some time the convulsions cease; consciousness returns, but scarcely has it returned when sobs burst forth. In some cases, in place of tears there is laughter. A state of delirium and dreaminess exists in a few patients, during which unreasonable things are done."

In thus collecting and co-ordinating these scattered fragments nothing is wanted to complete the description. If the authors from whom these quotations are borrowed, had only in view an attack of hysteria vulgaris, that is a powerful argument in favour of the opinion maintained by Charcot, that hystero-epilepsy is only the most intense degree of hysteria. It is also an argument in favour of the excellence of the method, which consists in considering the major types before entering on the study of imperfect forms. For it is incontestible that the description of an attack of hysteria vulgaris is singularly clear, when considered by the light of ideas furnished by the study of hysteria major.

(To be continued.)

The Société de Biologie in Paris has opened a subscription-list for the purpose of erecting a monument to Claude Bernard. It will take the form of a statue, which, by permission of the Municipal Council of Paris, will be placed opposite the chief entrance of the College de France.

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THE MUSEUM DEPARTMENT OF THE BRITISH MEDICAL ASSOCIATION.

One of the most complete and interesting stands in the Exhibition, was that of Messrs. Fannin and Co., of Dublin, which contained not only the exhibits of the firm itself, but those shown on behalf of Messrs. Krohne and Seseman. Messrs. Fannin showed, Browne's electric polyscope, for illuminating the mouth and other cavities; Allen's carbolic steam apparatus; Dr. Gordon's impaired splint for fracture of the radius; Dr. Stevenson's splint for fractured patella; Dr. Sparner's 30 cell constant current battery; Mr. Butcher's box-splint and straight thigh splint; Spencer Wells' new torsion forceps; Mr. Hayes' splint for excision of knee-joint; Parkes' new English medical microscope; Allen's croup kettle; Alexander's pocket clinical urine case; Siemann's (New York) new patent clinical thermometer; Dr. Shrady's new subcutaneous saw knife and bone rasp; Sussdorf's tupelo tents for dilating os and cervix uteri; Pond's improved sphygmograph; Dr. R. McDonnell's apparatus for intravenous injections of blood, milk, &c.; Dr. Kidd's cephalotribe; Drs. Hayes, Corley, and Richardson's hernia knifes; new screw dilating vaginal speculum; improved lever Sim's speculum; new instrument for hare-lip; endoscope; Lennox Browne's ophthalmoscope; Davy's lever for compression of iliac artery; Dr. L. Atthill's intra-uterine canula. On behalf of Messrs. Krohne and Seseman, the firm exhibited Schrafter's trachea dilators; Lennox Browne's laryngoscope; Parker's prepuce dilator—laryngo-phantom; Bryant's double splint for hip-joint disease or fracture of the thigh or lower leg; Thomas's splint for diseased knee-joint or fractured thigh; Spencer Wells' piessure forceps.

SURGICAL INSTRUMENTS.

Mr. Lester, pharmaceutical chemist, Cork, represented Messrs. Wright and Co., 108 New Bond Street, London, and exhibited on their behalf, an extensive assortment of surgical instruments, including almost every instrument of recent introduction, and many special instruments used by our leading men. There were to be seen on this stand, Lister's spray producer, Barnes' obstetric bag, Smith's cleft palate case, Sparner's portable induction apparatus, bi-valve stethoscopes, Alexander's urinary case, jointed throat forceps, Sim's fenestrated speculum, Hoffmann's uterine syringe, Sigmundi's injection syringe, Kristolle's vaginal speculum, Zanfal's nasal dilating speculum, and a great number of others.

Mr. Marr, 27 Little Queen Street, London, exhibited several of Prof. Lister's steam spray producers, such as are used by Prof. Lister himself. All these spray producers exhibited by Mr. Marr, were made under his personal supervision.

Messrs. Maw, Son, and Thompson, of London, exhibited an improved form of Dieulafoy's aspirator, several écraseurs, lithotrites, the clinical case suggested by Dr. Dobell, resection saws, urethra dilators, uterus forceps, an ingenious form of sphygmograph, with circular movement, a number of clinical thermometers, with the recently improved magnifying lens and indestructible index. This firm also exhibited a very handsome set of ivory-mounted amputation knives and saws of their own special manufacture, and an improved form of enema.

Mr. Lester, of Cork, had also an extensive show of all the new chemicals, new drugs, and new preparations used in medicine, but which have not yet received a place in the Pharmacopœia, such as the salicylates of quinine, potash, and soda, thymol, salicylic acid, jaborandi leaves, and its alkaloid, pilocarpine, coco-leaves, and preparations of coco, caffeine, and theine. The citrate of caffeine, and a great many other chemicals, which were remarkable for their beautiful crystalline form; and many of the alkaloids were remarkable for their costlines. Nearly all the alkaloids of opium were exhibited by Mr. Lester, some of considerable rarity, such as cryptopia, apomorphia, narceine, papaverine, &c. The new medicinal syrups, such as the bromides, iodides, phosphates, arseniates, &c., all made in Mr. Lester's laboratory. Mr. Lester showed al the Al cod-liver oil, cod-liver oil emulsion, powdered extracts of the pharmacopœia, soluble meat, &c., of Messrs. Southall, Bros., and Barclay, of Birmingham, whom he represented.

Registered for Transmission Abroad.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

Post Free to Annual Subscribers £1 2
,, If Paid in Advance 1 1

*** Post-office Orders and Cheques to be drawn in favour of—

A. A. Tindall, 20 King William Street, Strand, London, W.C

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Subscriptions for France are received by Messrs. Baillière, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 3, 1879.

BACON'S INFLUENCE ON SCIENTIFIC DISCOVERY.

Readers of Professor Draper's work on "The Intellectual Development of Europe" must remember how that writer inveighs against the unmerited praises which posterity has lavished upon the author of the "Novum Organum." Professor Draper goes so far as to say that Bacon was, from a scientific point of view, little better than an impostor; that he was not acute enough to appreciate the magnitude and the utility of the scientific discoveries made in his own day, and that the great reputation which his scientific writings have earned for him might more justly be claimed for his predecessor and namesake Roger Bacon. Similar, though less severe, reflections have been recently made by our excellent contemporary the *Guy's Hospital Gazette*. Bacon's influence, remarks the writer, was really popular, and not scientific. "We shall find him great, not for teaching the art of discovery, but for strengthening and spreading abroad those habits of mind which were familiar enough to such men as Galileo and Harvey, but were as yet strange to most of their contemporaries. As a matter of universal experience, men do not discover by rule. Kepler, and Copernicus, and Galileo were not led by any systematic method. The discoveries of modern times owe nothing to the systematic expositions of scientific processes of Sir J. Herschell, Whewell, and Mill, and we cannot doubt that the discoverers of Bacon's day were equally independent of rules." The writer goes on to say that the "Novum Organum" was not

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so much admired by those scientific men who were actually engaged upon the study of nature, and who had then shown their independence of Aristotle, as by that large and increasing party in the Universities, who were just beginning to free themselves from the authority of the Greek philosopher. At the same time, he admits that Bacon's work was indirectly of the greatest value, and that, although comparatively ignorant of the sciences of his day, none proclaimed more clearly than Bacon, the nature of the problems of science and the spirit in which to meet them.

There can be no doubt that the disparaging remarks which have been made by Draper and others, with regard to the scientific aspect of Bacon's writings are for the most part just. We have too many instances of the fact that men may be more fortunate after than they were before death, and that often posthumous fame as much exceeds as it sometimes falls short of that which is deserved. Would, it may be asked, the memory of the great lexicographer, Dr. Johnson, be held in such high estimation at the present day had he not had a Boswell to write his life; and would Bacon's fame be so great, or his writings so frequently quoted, were it not that his great learning and eloquence have for ages attracted the admiration of a host of literary men and essayists who were incapable of questioning, or unwilling to question, his merits as an inductive philosopher. It is indeed strange that the apostle of the experimental philosophy should have altogether ignored the existence and work of Roger Bacon, whose "Opus Majus" may, says Whewell, for its wide views of the reform of philosophy, and the mass of solid knowledge which it contains, be considered as the *Novum Organum* of the fifteen century. It is strange, too, that he should have spoken so contemptuously of his contemporary Gilbert, who not only in his celebrated work "De Magnete" repeatedly asserts the advantages of the experimental over the *à priori* method of inquiry, but succeeded when his censor failed in giving a practical example of the utility of his precepts. Nevertheless, the faults which have exposed the reputation of Bacon to the attacks of modern critics are but trivial when compared with the merits of his teaching. Undoubtedly the great feature of the Baconian philosophy was the earnestness with which it exhorted all men to throw aside useless speculations, and to confine their attention to whatever tended to increase the happiness, or lessen the miseries, of mankind. That the elaborate scheme which he laid out with that object, and which is so eloquently developed in the "De Augmentis" and "Novum Organum," is not yet perfect, and not without a flaw, is no reason why we should withdraw our admiration for the general principles of his philosophy, and for the ever-valuable sayings and precepts that are to be found in every page of his writings. In fact, one of the great merits of Bacon's works is not so much that they actually teach men to be great discoverers as that they remind even great discoverers of the errors into which they are liable to fall in the course of their investigations. Hence there are few scientists of the present day who may not derive both pleasure and profit from a perusal of these works—who, indeed, would not be all the better for studying the "De Augmentis" and "Novum Organum" before entering upon a course of original research. Over and over again the scientific inquirer will come across precepts that will be of the greatest use to him in the prosecution of his studies. He will learn, for instance, how "method is the architecture of the sciences," and that (as we are told in another place) "when a man tries all kinds of experiments without method or order, this is mere groping in the dark; but when he proceeds with some direction and order in his experiments it is as if he were led by the hand." He will learn the value of "a diligent kind of doubting which is no contemptible part of knowledge." He will learn that, with regard to authority, "it is the greatest weakness to attribute infinite credit to particular authors . . . . for truth is rightly named the daughter of time, not of authority." He will be told that our wealth of literature is deceptive, and that, if any one "be inclined to admire the immense variety of books offered to his view," his astonishment will cease on examining their contents, being rather surprised "at the poverty and scarcity of matter which has hitherto possessed and filled men's minds." And, above all, he will be cautioned against falling into those errors which arise from prejudice and preconceived opinion, from one being too much absorbed in "some predominant pursuit," from "association of words and names," and the "re-action of words upon the understanding," from drawing conclusions from insufficient data, and other like causes of fallacious reasoning. In short, it would be wrong to deny the salutary influences which the study of Bacon's writings is capable of having upon the mind of those who propose devoting their time to original research, and especially those whose judgment is too much biased by the grand, but crude, speculations of modern science, We therefore trust that, however much Bacon's merits as a practical philosopher may be questioned, his aphorisms will not be allowed to fade from the memory of man, and that they who are engaged in the difficult task of medical discovery, will continue to regard him as a guide who, if he cannot lead them to the desired goal, can, at least, point out the pitfalls into which they may stumble on their way.

THE LUNACY LAWS.

It is doubtful whether the public will be satisfied with the observations which the Commissioners in Lunacy have made on the report of the select committee of the House of Commons which last year inquired into the operation of the lunacy laws. "We are not disposed," they say "to advocate any radical changes in the existing law regarding the care and treatment of the insane, and in particular, so far as our present experience extends, we are quite satisfied that the present system of certification, both of private and pauper lunatics, and of visitation of the asylums, hospitals, licensed and unlicensed houses where they are received, affords, in practice, ample safeguards as well as against the admission of persons of sound mind as for the discharge of insane patients without undue detention." Thus they are disposed to leave things much as they are. They certainly go on to note certain points where amendment would be useful, but virtually they would have the lunacy laws remain much the same as they are at present. But there is an impres-

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sion among the public, and even among writers in the daily press, that the general principle which governs the drawing up of medical certificates of lunacy is a bad one, and it is a question whether greater deference should not have been paid to public opinion in this matter, especially as cases now and then occur which not only show that there are some grounds for this popular suspicion, but that the authorities would be justified in making a complete change in the system at present adopted. Only a short time ago a commission of lunacy has been inquiring into the case of a Mr. Dicker, a gentleman of some means, who was accused of being a lunatic and incapable of managing his own affairs. Several medical men attested that he was insane, and several witnesses made various allegations, scarcely one of which proved anything more than that he was very eccentric. On the other hand, medical experts came forward and declared that Mr. Dicker was not insane, while a bank manager and other witnesses, proved that he was quite able to manage his own monetary affairs. Moreover, the examination of the gentleman himself was satisfactory, and after a sitting of three days, a verdict was returned in his favour. Two or three years ago we were ourselves called to see a patient who had become a sort of dipsomaniac, and whose husband was so determined to get her into an asylum, that at last he got two medical men to sign a certificate of lunacy against her. Fortunately, they soon saw their mistake, and the certificate was withdrawn almost as soon as it had been written. The husband still persisting, an eminent expert was called in, who at once decided in the lady's favour, and so the matter ended. Now these are just the cases which prejudice the public mind against the system now adopted previously to the admission of a patient into a lunatic asylum, and which induce writers in the daily press to talk of persons being, "through the aid of accommodating doctors, packed off to an asylum by designing relatives, where, if they are not already insane, they soon become so." Indeed, the present law which allows a patient to be sent to an asylum merely on the certificates of two medical men is decidedly objectionable. We admit, that as a rule, the medical profession consists of upright and honourable men, but then there are exceptions, as there are in the case of every other profession, and the public should be protected as much as possible from those whose ignorance or bad principles would, if unchecked, further the designs of wicked relatives. Besides, the signing of a lunacy certificate is a responsibility which should not be thrown upon the shoulder of any medical practitioner, and generally speaking, medical men are very glad to shirk a practice which while it is of very little profit to them, may give them a good deal of trouble and annoyance. There are several ways in which the present plan might be altered for the better. But leaving this subject for another occasion, we would only now express our regret that the Commissioners in Lunacy have not thought proper to do something more than make a few trivial suggestions with regard to the amendment of our lunacy laws.

The will of Dr. Charles Radclyffe Hall, of Torquay, has been proved under £90,000.

THE HEALTH OF DUBLIN.

The return for the week ending August 23rd shows an exceptionally healthy condition of Dublin. Therefore we shall not be considered as selecting an exceptionally bad week with the desire to make a case against Dublin sanitation. The mortality of the week was only 22·8 per 1,000 of the population, and—with one exception—the number of deaths has not been so low for over twelve months. We owe this apparent healthiness to an accidental decrease in the registration of diarrhœa deaths, which reduced the zymotic deaths nearly 30 per cent. But in spite of this fortunate circumstance Dublin was yet much more unhealthy than other large towns. Against its 22·8 stands a mortality of 19·1 in London—17·2 in Glasgow, and only 15·2 in Edinburgh.

Let us see, moreover, how many lives the neglect of sanitation in Dublin has cost its citizens within so brief a period as six months. Here is the statement for each week from March 1 to August 23 :—

Week.	Deaths each week this year.	Average of same week ten years.	Increase above average.	Decrease below average.
March 1	185	182	3	—
March 8	191	187	4	—
March 15	183	189	—	6
March 22	180	198	—	18
March 29	208	209	—	1
April 5	230	155	75	—
April 12	165	168	—	3
April 19	184	178	6	—
April 26	190	177	13	—
May 3	204	179	25	—
May 10	152	178	—	26
May 17	188	170	18	—
May 24	217	185	32	—
May 31	164	170	—	6
June 7	207	178	29	—
June 14	203	183	20	—
June 21	224	173	51	—
June 28	239	190	49	—
July 5	206	157	49	—
July 12	194	162	32	—
July 19	195	167	28	—
July 26	178	158	20	—
August 2	153	151	2	—
August 9	201	175	26	—
August 16	202	171	31	—
August 23	192	161	31	—
Total increase			544	60
Deduct decrease			60	
Balance of excess of mortality			484	

Here—beyond dispute—are nearly 500 souls lost within six short months over and above those which would probably have succumbed in former years *in Dublin*, and—be it remembered—what that phrase means. It means that ordinarily and every year the mortality in Dublin is greatly higher than that of other cities, and that—in this year—its mortality is more than 1,000 above that excessive amount. Are we unreasonable in asking how it can be that neither Corporation sanitarians, newspapers, Government officials, nor citizens think it worth while to rouse themselves to the consideration and active remedy of such a state of things? Can there be any excuse whatever for the culpable delay in entering upon the Government inquiry asked for nearly two years ago, and granted six months since? Are the citizens of Dublin to be allowed to die at the rate of 1,000 in each year awaiting the convenience of Colonel Rawlinson, or some unhoped-for activity on the part of the Corporation Public Health Committee?

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STATISTICS OF MEDICAL QUALIFICATION AND REGISTRATION.

The Half-Yearly Medical Register, which has just been issued, under the supervision and editorship of Mr. Miller, the Registrar of the General Medical Council, bears evidences of the determination of its editor, not only to minimise the errors of the Register, but to make that roll of practitioners useful as a basis from which important statistical information may be deduced. We cannot hesitate to congratulate the profession and the Medical Council upon the obvious disposition of its chief recording officer to step outside the narrow circle of his official functions, and devote himself to the codification of information, the collection of which will greatly aid a due understanding of the questions now at issue in connection with medical reform. The tables which precede the Half-Yearly Register refer firstly to the registration within the half-year which ended on the 1st of July; and, secondly, to the complete roll of registrations contained in the 1879 Register.

From the six months' list of names and qualifications much interesting information may be deduced. Within that period 267 persons entered their names within the United Kingdom as qualified practitioners. Of these nearly one-half (41·7 per cent.) possessed only a single qualification; but of the other half (58·3 per cent.) the greater majority will no doubt obtain one or more additional diplomas at some future period, but we find that, of the whole number of practitioners now on the Register (22,564), about one-fifth (19·33 per cent.) content themselves with a single diploma, and are engaged in practice on the strength of that one qualification. This is a fact deserving of the consideration of the Select Committee, because we all know that there is not granted in the United Kingdom any one diploma or degree which can be accepted as a guarantee of competency in all branches of medical study, and it is notorious that, as a rule, a single diploma only infers education and examination in one section of medical education, and that certain licensing bodies purposely confine them to the subjects which they conceive to be their own specialty, proceeding on the perfectly unjustified assumption that the student will be called upon to answer elsewhere in the subjects which it neglects. For instance, one licence which may be, and is, registered as a full and perfect title to practice entirely ignores surgery, both in its curriculum and its examination, while another, intentionally excludes midwifery and gynæcology from its examination. The insufficiency of any single diploma as a guarantee of medical competency is, indeed, so fully understood that most public bodies refuse to accept one qualification as sufficient, and the Irish Local Government Board insists upon an additional midwifery diploma being held by its officers. It is, therefore, a serious matter, and a fact which, *per se*, would justify conjoint examination, that, as shown by Mr. Miller's statistics, one half of those who enter practice do so though they have been tested in only one division of medical knowledge—licentiates may and do pursue medical practice, and act in a public capacity, for a period which is absolutely at their own discretion, before they are examined in the remaining divisions of their professional education—and that one-fifth of the whole profession continues in the pursuit of such semi-qualified practice, and are actually engaged in the daily treatment of disease which they may never have troubled themselves to learn, and respecting which their knowledge has never been tested.

Further testimony may be derived from this part of the Registrar's tabulation as to the excellent effect which may be expected to ensue from conjoint examination in this direction. We have said that 41 per cent. of the medical men recorded in the six months' Register possess only one diploma; of these the greater number hailed from England, where the single and double diploma holders for this period were practically equal in numbers—a circumstance which arises, doubtless, from the absence of any intimate relation between the licensing bodies which grant the separate diplomas. In Ireland, we hope, such a relation exists, for the University grants separate surgical and medical degrees within its own walls, and affords great facility for the taking of both degrees at the same time, while there is, between the Colleges of Surgeons and Physicians a co-operation as close as that between the London College and Hall. Therefore, in Ireland, the single diploma practitioners are only as 35 to 64, while in England they stand as 48 to 51.

In the Scottish statistics the effect of the double diploma or conjoint examination system is obvious. In that country only seven persons registered a single diploma out of 53 within the half-year; the single diploma holders being only in the proportion of 13 to 86. These figures teach us that even when single diplomas are freely open to students they will always prefer to take the double qualification, and that the effect of placing even a voluntary conjoint examination at the disposal of students is to secure for the public advantage the benefits of a complete guarantee of competency in all branches of professional knowledge.

As to the relative share of each of the licensing bodies in the work of medical qualification, some information may be derived from another of Mr. Miller's table. Out of each hundred candidates admitted to the profession the

London R. C. S. examined ...	(say) 41·0
London Apothecaries' Co.	28·0
Edinburgh R. C. S.	17·0
Dublin R. C. S.	12·0
Irish College of Physicians	21·0
Glasgow Faculty	72·4
Dublin Apothecaries' Co.	1·3
Oxford and Durham	0·0

All other qualifying bodies varying from 3 to 0·3

These figures must not be taken as an absolutely reliable representation of the proportionate work of each licensing body in medical qualification, because the apparent proportion of examinations held by each will vary according to the time of year in which the examination is held, but it is sufficient to show that many of the licensing bodies which have as loud a voice in medical affairs as any other are altogether insignificant as contributors of medical men to the public service. This fact bears forcibly upon the proposition of the Medical Alliance Association incorporated in Dr. Lush's Bill, to the effect that many of the existing licensing bodies should send a representative to the Medical Council only in common with some other

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body, and that, by this means, the number of the Council should be reduced.

We again commend Mr. Miller's tables to the careful study of medical reformers.

Notes on Current Topics.

The London Water Supply.

Colonel Bolton, the water examiner, and Professor Frankland, report of the London water that "taking the average amount of organic impurity contained in a given volume of the Kent company's during the nine years ending December 1876 as unity, the proportional amount contained in an equal amount of water supplied by each of the Metropolitan water companies and by the Tottenham Local Board of Health was :—Colne Valley 1·3, Kent 1·4, Tottenham 1·8, New River 4·5, Chelsea 4·8, Lambeth 5·6, East London 6·2, Grand Junction 6·5, Southwark 6·6, and West Middlesex 6·7.

The Thames water delivered by the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth companies, was much polluted by organic matters and was not fit for dietetic use. The West Middlesex company's water was also slightly turbid and contained moving organisms.

The Lea water distributed by the New River and East London companies was but slightly better, and the New River water was slightly turbid owing to suspended crystals of carbonate of lime.

The deep well water delivered by the Kent and Colne Valley companies and by the Tottenham Local Board of Health has not been affected by the heavy rains. It was as usual, clear and bright, and of excellent quality for dietetic purposes.

Seen through a stratum two feet deep, the waters presented the following appearances :—Kent, Colne Valley, and Tottenham clear and colourless ; Southwark, Grand Junction, Chelsea, Lambeth, and East London, clear and pale yellow ; West Middlesex and New River, slightly turbid and pale yellow.

Overcrowding in Past Times.

Judging from some information which the *Builder* has derived from a series of books, entitled the "Remembrancia," and preserved in the Record Room of the Town Clerk of London, our ancestors were not quite so oblivious to the sanitary condition of their surroundings as we are apt to imagine. The endeavours to prevent overcrowding, indeed, to prevent any addition to the number of inhabitants, appear to have been continuous. Dated October, 1632, there is a petition to the Lords of the Council, complaining of the multitude of newly-erected tenements in Westminster, the Strand, Covent Garden, Holborn, St. Giles's, Wapping, Ratcliff, Limehouse, Southwark, and other places, which had brought great numbers of people from other parts, especially of the poorer sort, and was a great cause of beggars and other loose persons swarming about the City, who were harboured in these out-places. That by these multitudes of new erections the prices of victuals were greatly enhanced, and the greater part of their soil was conveyed by the sewers in and about the City, and so fell into the Thames, to the great annoyance of the inhabitants and of the river. That if any pestilence or mortality should happen, the City was so compassed in and straitened with these new buildings that it might prove very dangerous to the inhabitants. They, therefore, prayed the Council to consider the great inconveniences of these new erections, and to petition to the king that some restraint might be had.

Treatment of Opium Poisoning by Atropine.

It is satisfactory to observe that cases now and then occur which seem to show the antidotal effects of atropine in poisoning by opium. In a recent issue of one of our contemporaries, a case is recorded in which the patient had taken 6 drachms of the tincture an hour before his admission to the hospital. Sulphate of zinc failing to produce vomiting, the stomach-pump was used, and by it 12 ounces of brownish fluid were withdrawn. Notwithstanding strong coffee and other remedies were tried, his condition became worse, when one-tenth of a grain of sulphate of atropine was injected. Immediately improvement took place, and continued for about 10 hours, after which there was a relapse. The farther injection of one-fourth of a grain caused a slight improvement, but there was no return of consciousness. After an interval of half-an-hour, the respiration suddenly sank to 12, but rose again to 20 after artificial respiration had been kept up for about 10 minutes. From this time the patient slept for about 15 hours ; attempts made to rouse him, being only partially successful. On awakening he was able to answer questions put to him, and soon recovering left the hospital. In this case the good effects of the atropia were not so apparent as they have been in other cases, and no doubt in some instances it is difficult to say how far the recovery has been due to the action of that drug.

The Weather and the Death-rates.

According to the Registrar-General's returns for this week ending August 23rd, the annual death-rate in London from all causes, which had been equal to 17·6 and 19·4 per 1,000 in the two preceding weeks, was 19·1. During the past eight weeks of the current quarter the death-rate in London has averaged but 18·1 per 1,000 against 20·2 and 24·1 in the corresponding eight weeks of 1877 and 1878. The rates of mortality in the twenty large English towns were also remarkably low, ranging from 13 per 1,000 in Portsmouth to 21 in Salford.

It must not, however, be inferred from these low death-rates that the health of the adult population has been the better, for the extraordinary wet, cold, and sunless weather that has prevailed all this summer. In the first place there are many complaints and functional derangements of the system induced by the prevalence of wet weather, which are not necessarily fatal, and which consequently would have no immediate effect upon the death-rate of the population. In the second place, we have the very significant fact that "the low rate of mortality in recent weeks has been mainly due to the unusually slight fatality from infantile diarrhœa." The deaths from diarrhœa, which had risen from 25 to 127 within four preceding weeks, further rose to 174 last

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week, but were 73 below the corrected average for the corresponding week of the last ten years. Hence the effects of the very hot and dry weather which usually prevails towards the end of the summer are chiefly felt by infants and young children, and hence when we have a cold and very wet summer, the diminution in the general death-rate is owing to the exemption of that class from those maladies to which they are so liable during high ranges of temperature. On the other hand, so great is the total annual mortality among children under five years of age that any conditions which specially and injuriously affect their healths will very soon swell the infantile mortality, and consequently so increase the general death-rate as to lead to the belief that the health of the community at large is worse than it really is.

The Chloride of Ammonium with the Perchloride of Iron.

In the current number of the *Practitioner* Dr. T. Grainger Stewart draws attention to two points. First, that in certain cardiac cases, particularly those in which aortic valves are diseased, a peculiar condition sometimes arises which demands for its treatment large doses of iron. Second, that in some cases, both belonging to the above group and of other kinds, the reception of iron by the system is greatly facilitated if chloride of ammonium be administered along with it. The condition to which Dr. Stewart alludes is that so frequently seen in heart disease, namely, general poverty of blood, great debility, cerebral anæmia, giddiness and general distress, symptoms for which physicians have been long in the habit of prescribing ferruginous tonics. The combination, however, of the tincture of the perchloride of iron with chloride of ammonium is a good suggestion, which is worth making a note of. Dr. Stewart finds that when, during the administration of iron, functional derangement of the stomach and liver set in, with furred tongue, impaired appetite, headache, &c. — these symptoms rapidly disappeared after adding half a grain of ammonium to each minim of the tincture. In this way he has been repeatedly enabled to administer iron in large doses to patients who could scarcely have otherwise taken it. This combination is also particularly serviceable in cases where the liver or spleen is enlarged.

Advice to Bathers.

With the view of diminishing the number of deaths which annually occur at this season of the year from incautious bathing, the following notice has, by order of the Royal Humane Society, been issued by the Secretary, and distributed throughout the United Kingdom: "Important to bathers.—Avoid bathing within two hours after a meal. Avoid bathing when exhausted by fatigue or from any other cause. Avoid bathing when the body is cooling after perspiration. Avoid bathing altogether in the open air if, after having been a short time in the water, there is a sense of chilliness with numbness of the hands and feet; but bathe when the body is warm, provided no time is lost in getting into the water. Avoid chilling the body sitting or standing undressed on the banks or in boats after having been in the water. Avoid remaining too long in the water, but leave the water immediately there is the slightest feeling of chilliness. The vigorous and strong may bathe early in the morning on an empty stomach. The young and those who are weak had better bathe two or three hours after a meal; the best time for such is from two to three hours after breakfast. Those who are subject to attacks of giddiness or faintness, and those who suffer from palpitation and other sense of discomfort at the heart should not bathe without first consulting their medical adviser."

Remedies in Tetanus.

In the last number of Schmidt's *Jahrbücher*, Dr. Knecht closes a long review of the recent treatment of tetanus. He finds that the plans adopted give the following result:—

By means of *surgical measures* (nerve stretching, excision, &c.), of 58 cases treated 28 died; mortality 48 per cent. 51 cases were treated with *curare*, of which 26 died; mortality 49 per cent. 60 cases were treated with *calabar bean;* of these 27 died; mortality 45 per cent. 134 cases were treated with *chloral* alone, of which 55 died; mortality 41 per cent. To these add 23 cases treated by combining chloral either with bromide of potash, morphia, cannabis indica, or belladonna, with only 4 deaths, and the mortality is 37 per cent. 63 cases treated in various other methods (belladonna, baths, jaborandi, opium, expectant method, &c.) gave 31 deaths; mortality 49 per cent.

From this exhaustive study he reaches the conclusion that *chloral*, especially in combination, should have the decided preference in the treatment of this formidable complication of wounds.

Enemata of Chloral in Sick Headache.

Dr. J. Seure (*Bulletin Gen. de Therap.*) recommends this treatment very highly. He says that a patient of his (a lady), who is subject to severe attacks of migraine after shopping, &c., is accustomed, on her return home, to take an enema consisting of a glass of warm water, with a tablespoon of the following mixture: ℞ Chloral, gr xlv.; aq. destillat., f. ʒ x.: M. Within a few *seconds* she begins to taste the chloral in her mouth, and, at the same time, she experiences a sensation of numbness. Little by little the headache disappears, nausea is allayed, and half-an-hour later nothing remains but a slight discomfort in the head, with a little torpor.

In this case twenty grains of the chloral are enough, but in the case of men thirty to forty grains are required. Dr. Seure has noticed that the relief gained is more prompt if a tablespoonful of brandy or whisky is added to the enema. Dr. Seure regards this treatment as almost infallible for the arrest of an attack of sick headache, and as decidedly preferable to the administration of remedies by the mouth. It has the advantage of not disturbing the stomach.

A Satire on Mechanical Improvers.

A most amusing satire appears in the *Louisville News* on the method of obtaining notoriety adopted commonly by a certain class of surgeons, i.e., to make some useless or

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injurious modification of a well-known instrument, and give the modification a new and incomprehensible name, and publish the affair in a sixpenny pamphlet with great emblazonment of the "inventor's" titles, and a record of cases cured by the use of his instrument.

The satire is in the form of—"An Account of the Perineosinuexerecinator. By Jacques Robinson, A.M., M.D.; Surgeon to the Hospital for Ruptured Vesicles; Member of the Anteversion Society, and of the Round Ligament Club, &c., &c." The author, with the usual "pomp and circumstance," recounts the history of the common probe, first proposed "by the eminent gynæcologist Dr. Smith, of Jonesville," and narrates the subsequent modifications of it by various inventors, by making it a little longer, and turning it up at both ends. The originality of the "Perineosinuexerecinator" is that it differs from all former efforts of ingenuity by being turned up at one end and straight at the other.

Finally the author gives cases, after the manner of such inventors, of which the following is a specimen :—

"Mrs. A B., aged forty years, female, brunette, bilious temperament, native of Kentucky, residence in Louisville, 397 West 36th Street, north side (up stairs); married 4th of July, 1866 (no cards); three children, named respectively Thomas, Richard, and Henry; weight one hundred and twenty-three pounds (somewhat greater after eating).

"She states that her appetite is good when she is hungry, generally sleeps at night, and is about during the day. Had suffered the week previous to her visit to me with perineal furuncle, for which ordinary remedies had been used, and it had discharged. Suspecting a sinus had resulted, I made exploration with the smaller of my instruments, and verified my diagnosis. Sinus measured 2 centimetres in depth.

"R. Argent nit., to be used locally, and to take fluid ext. black haw. Cured."

Tobacco-Blindness.

The following are the conclusions at which Dr. Martin has arrived in his recent thesis for the doctor's degree regarding disorders of the eyes produced by tobacco: 1. It is easy to distinguish between amblyopia caused by alcoholic poisoning and by abuse of nicotine, as in both cases the affection presents characteristic symptoms. 2. The most important of these symptoms is the condition of the pupil, which is dilated in alcoholic amblyopia and contracted in the other case. In the first case the affection progresses irregularly and with occasional changes for the better, which are followed by relapses, while in the second case its progress is slow, but uninterrupted. In the one both eyes are always affected to the same extent; in the other, they are not both affected, or at least not simultaneously. The patients do not see as well at night as during the daytime, and do not suffer from hallucinations, illusions of sight, or diplopia. In alcoholic amblyopia, on the contrary, the patients cannot bear a strong light, see better during the night, and complain of hallucinations, polyopia, and diplopia. 3. Visual disturbances, when connected with poisoning by tobacco, are manifested under the following forms: *a.* binocular amblyopia; *b.* muscular amblyopia with central scotoma; *c.* amblyopia caused by both tobacco and alcohol.

Habitual Drunkards.

The Habitual Drunkards Act, which was passed last session to facilitate the control and cure of habitual drunkards, will come into operation on the 1st of January next. In the preliminary part of the Act it is laid down that an "habitual drunkard" means "a person who, not being amenable to any jurisdiction in lunacy, is notwithstanding, by reason of habitual intemperate drinking of intoxicating liquors, at times dangerous to himself, or herself, or to others, or incapable of managing himself, or herself, or his or her affairs." A "retreat" is stated in the Act to mean "a house licensed by the licensing authorities named by this Act for the reception, control, care, and curative treatment of habitual drunkards." No license shall be given to any person who is licensed to keep a house for the reception of lunatics. The Act gives to the justices of the peace in England and Ireland, and to the sheriff or his substitute in Scotland, power to hear and determine, under the Summary Jurisdiction Acts, an information or complaint under the Act. The justices are to have the power to send habitual drunkards to retreats; and persons may be admitted to retreats on their own application, and such applicants, after their admission and reception into retreats, unless discharged, shall not be entitled to leave the retreat till the expiration of the term mentioned in the application, provided that such term shall not exceed twelve months. Provisions are made for the inspection of retreats by an officer, to be styled the "Inspector of Retreats," and each retreat shall be inspected at least twice in each year. Power is given to the justices to permit an habitual drunkard confined in a retreat to live with any trustworthy and respectable person willing to take charge of him for a definite time for the benefit of his health. An habitual drunkard escaping from the person in whose charge he has been placed shall forfeit his license, and may be taken back to the retreat. Ample provision is made by the Act for the medical attendance and care of those detained in the retreats under orders made by the justices. The Act is a tentative measure, having to stand the test of ten years' experience as to its feasibility before it becomes a statutory Act.

Origin of Diphtheria.

Diphtheria is believed to have originated in Egypt more than two thousand years ago. It prevailed in Egypt and Asia Minor, to which it extended, during the first five hundred years, and hence was early called an Egyptian or Syriac disease. Having invaded Europe, the disease appeared in Rome A.D. 330, and, being highly contagious, in its fifteen hundred years' transit on the continent of Europe it affected mainly rural districts and garrisoned towns. It extended to Holland, in which it was epidemic in 1337; to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and 1835, and in England, the United States, and Canada from 1856 to 1860, and more or less ever since.

Choked by a Tooth.

Dr. Poulet, in his "Traité des Corps Etrangers," reviewed in *Lyon Med.*, mentions two cases in which death resulted from the fall of teeth into the larynx during

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extraction. In both these cases the operations were performed under the protoxide of nitrogen. A short time since a sudden death occurred to a child seven years old, at Lyons, the dentist having removed a molar by means of the American forceps, from the grip of which it escaped during the struggles of the patient. During a deep inspiration it entered the larynx, and the child died instantly. This case may be compared with one which occurred to Poof. Rigaud, who had a child die under his hands while he was attaching the pins for a hare-lip. At the autopsy a milk-tooth was found between the lips of the glottis, which it completely obstructed.

Homœopathy Outdone.

A WRITER in the *Boston Journal of Chemistry* says that "he was called to prescribe for a child, supposed by the physician in attendance to be dying, the disease being diagnosed as cholera infantum. My prescription was *one ripe strawberry every hour till better*. The child speedily recovered. Three months after, I was asked to prescribe for another child aged eleven months. The disease this time was really cholera infantum. *One-half strawberry every hour proved a successful treatment*. This child had also been given up to die." Of course! the *modus operandi* of the remedy is obvious—a pottle of strawberries gives the gripes—*ergo* half a strawberry must cure them.—Q.E.D.

A New Convalescent Home.

THE new Convalescent Home recently erected at Meanwood, near Leeds, was opened on the 30th ult. by the Bishop of Ripon and Miss Beckett, of Somerby Park. The building will accommodate about eighteen children, and is pleasantly situated on the high road between Meanwood and Moortown, having a frontage to the south-east and west aspects. Besides the usual kitchen offices and outbuildings which are placed in the rear to the north, a dining-room with south and east aspects, and a day-room, with south and west aspects, are provided, on the ground-floor there is a matrons' room, storerooms, and other conveniences. The kitchen is placed in the rear of the dining-room, having a buttery hatch or window for serving purposes, and the matron's room has an inspection-window overlooking the day-room. Suitable dormitories are provided on the chamber-floor, also matron and servants' bedrooms, with inspection-windows overlooking the dormitories. A lavatory and bath-room with cold and hot water services, linen-room, &c., are also provided on this floor. Much attention has been paid to light and air, drainage, and the proper ventilation of all drains, soil-pipes, &c., and to providing ample superficial and cubic space to the day-rooms and dormitories, and other matters of detail necessary to render the Home healthy and comfortable. The building has been erected by the late Mr. Moxon, of Headingly, from the designs of Mr. John Birch, of John Street, Adelphi, London.

THE annual meeting of the French Association for the Advancement of Science is now sitting at Montpellier; M. Bardoux is president.

Death of Prof. Julius Klob.

THE Vienna University has lost by death one of its best sons. Dr. Julius Klob has just died, æt. 49, at Ischl, where he had gone for his recovery, after a short illness from typhus, or, as some say, from pyæmia. He was Professor Extraordinary of Pathological Anatomy, and also one of the most popular practitioners in Vienna. Perhaps he was the most distinguished of Rokitansky's pupils, whose assistant he was from 1855 to 1861. Medical science owes several works of great merit to him, foremost amongst which is his "Pathological Anatomy of the Female Sexual Organs;" and special attention should be paid to his "Pathologico-Anatomical Studies on the Nature of the Cholera Process," which details investigations on this subject of the highest importance.

The Birmingham and Glasgow Waters.

DR. HILL, the medical officer of health for Birmingham, reports that the water supplied to that town "was clear, but both the solid and organic impurity was again larger than in recent months."

Dr. Mills, F.R.S., of Anderson's College, Glasgow, reports that the water supplied to that city from Loch Katrine "was brown in colour and contained much suspended matter, together with a decided amount of iron."

To Hasten the Action of Quinine.

DR. STARKE (*Berliner Klin. Wochenschrift*) advises that before swallowing powders or pills of quinia a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinia, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug.

The Influence of Intellectual Labour on the Development of the Cranium.

M.M. LACARSAGNE and Cliquet communicated to the *Societe de Medicine Publique, etc.*, the results of comparative measurements of the heads of various individuals, viz., 190 doctors in medicine, 133 soldiers who had received a rudimentary education, and 90 other soldiers completely illiterate:

The antero-posterior diameter averaged:

	Doctors.	Soldiers, educated partially.	Soldiers illiterate.
	85·29	81·97	79·13
Frontal	48·91	43·65	42·35
Parietal	52·58	49·66	50·27

Moreover, the two halves of the cranium are not symmetrically developed. In the educated the left half is most developed, and in the uneducated the right half. They conclude:

1st. The cranium is more developed in the educated than in the uneducated.

2nd. In the educated the frontal region is relatively more developed than the occipital region.

Cantharidin from the Potato Bug.

IT appears from some experiments detailed in the Ameri-

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can *Journal of Pharmacy* for June, that the fresh powder of the potato bug yields about one one-third per cent. of pure cantharidin. This is a large product, and no doubt these pests will be increasingly used as a cheap source of this valuable remedy.

THE *Rochester and Chatham Journal* gives currency to a statement that at Fort Pitt Hospital, Roshester, where the sick soldiers from Chatham garrison are taken, the men are dying at the rate of seven a week, the principal causes of the mortality being typhus fever and dysentery. The victims have been chiefly recruits. Dr. J. B. Jaedine, medical officer of health of Chatham, contradicts the above report, and states that there have not been any deaths from either of those maladies for years past, and only three fatal cases, during the last two months, of consumption, heart disease, and pneumonia.

THE fity-second meeting of the German Naturalists and Physicians, the parent of the now numerous tribe of scientific congresses, is to be held, under the presidency of Prof. Baumgärtner, at Baden-Baden, from September 18 te 24. Besides the work to be done in the very numerous sections, addresses will be delivered uy Profs. Baumgärtner, Kussmaul, Hermann, Birch, Hirschfeld, Ecker, Göltz, Jäger, &c.

WILLIAM EMERSON BAKER, a citizen of Boston, America, offers 200,000 dollars to the Public Health Association of that city, on condition that half as much more be contributed by others. The association is devoted to investigation as to house ventilation and drainage, the sale of adulterated and otherwise unfit food, and general questions concerning health.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending the 23rd August, were at the rate of 17 per 1,000 per annum, against 15 in the preceding week, and 20, 20, and 19 in the corresponding weeks of 1876, 1877, and 1878. The rate of 15 per 1,000 is about the lowest ever recorded.

REGISTRAR-GENERAL'S RETURNS.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, August 23rd, says: The death-rate in the eight principal towns during the week ending with Saturday, the 23rd August, was 17·1 per 1,000 of estimated population. This rate is 13 under that for the corresponding week of last year, but 1·8 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 10·1—and the highest in Paisley, 32·9. The rate in Leith was 32·7. The mortality from the seven most familiar zymotic diseases was at the rate of 2·6 per 1,000, being 0·8 above the rate for the previous week. The increase occurred chiefly in scarlet fever, whooping-cough, and diarrhœa. In Paisley, 5 deaths or 16 per cent. of the mortality of that town were caused by scarlet fever. Acute diseases of the chest caused 72 deaths, being 14 above the number recorded for the previous week.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending the 23rd ult., amounted to 61 deaths, or a death-rate of 15 per 1,000. There was only one death from fever. The rest of the zymotic diseases were due to whooping-cough.

PAISLEY BURGH POORHOUSE AND ASYLUM. — At the monthly meeting of the members of the Burgh Parochial Board held on the 25th ult., the Asylum Committee's meetings bore that they had agreed to ask the Board of Lunacy whether, in the event of their appointing a resident medical man, they would sanction the house being utilised to the full extent of its accommodation—viz., for 150 inmates. They had further resolved to ask the permission of the Board to remove some harmless female patients to the poorhouse, in consequence of the present overcrowded state of the asylum. The asylum license, it was stated had been transferred to the new superintendent, Mr. Scrimgeour. The report on the institution by Dr. A. Mitchell. commissioner in lunacy, of July 7th was read. The present population of the house consisted of 117 persons (the license being only for 99), and the report recommended a reduction of the number as quickly as possible by the removal of some of the boarders to other establishments. Since the doctor's previous visit there had been 24 admissions, 10 discharges, and 5 deaths (males). Of the 10 inmates discharged, 7 were reported to have recovered. No fewer than 7 accidents had happened in the same period, 1 of them attended with fatal results. The health of the inmates was anything but satisfactory, and the reporter accounted for this state of matters by the patients' dietary, the defective water supply, the overcrowded state of the house, the want of ventilation, and the absence of kindly and judicious superintendence. Dr. Mitchell animadverted in unusually strong terms on most of the above points, and with reference to the last, he remarked that it was unnecessary to say much about it, seeing a change in the superintendentship had now been made. He hinted, however, that further innovations might be beneficial, and concluded with the hope that the house, in spite of the past, had yet a good future before it.

ABERDEEN.—MEDICAL APPOINTMENT.—Mr. James Hutchinson Walker, M.A., M.B. & C.M. Univ. Aberd., has been appointed certifying surgeon under the Factory Act for the district of Friockheim, Forfarshire.

Correspondence.

MEDICAL REFORM.—DR. McKENDRICK'S ATTACK ON THE ONE-PORTAL SYSTEM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A casual reference to Dr. McKendrick's recent address on the above subject, by me, in your issue of the 6th ult., has exposed me to the charge, by this gentleman, of making statements of an "ungenerous and misleading nature." I can assure the learned professor that I should exceedingly regret to deserve this censure, for the cause must be a weak one which requires such weapons of offence or defence. It is far otherwise with the question of medical reform; and I maintain that if Dr. McKendrick's address did not, his letter certainly justifies my representation of the position assumed by him with reference to the important question under consideration. If Dr. McKendrick's letter is remarkable for one thing more than another, it is a brilliant example of gratuitous assumption, transparent and feeble special pleading, and illogical deduction. The gravamen of the charge against the existing state of matters —and it is from this standpoint that Dr. McKendrick attacks the claimant reform—may briefly be stated to be that with nineteen licensing bodies, of which a large pro-

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portion are teaching bodies likewise, the natural tendency is towards a downward competition in the personal interests of the bodies in question, which are enriched in proportion to the number of individuals they teach and qualify, and that in consequence of the operation of these very human interests, incompetent men gain admission into the profession. To remedy this condition, fair and open competition in the education of medical students is proposed, while it is reasonably contended as a corollary that it must be immaterial to the public where, or from whom, the education of medical practitioners has been obtained (and it was originally intended by the universities that it should be obtained from their graduates, *as graduates able to read their diplomas* may learn), *provided a sufficiently high order of excellence be ensured;* and it is further contended that under these circumstances at the present moment, the profession is supplied by members of preeminent culture to a limited extent.

In defence of the present system, Dr. McKendrick at once lays down the position that he "cannot admit that the public are in any way suffering from the present arrangements as to the admission of men into the medical profession." "I have seen no proof," he continues, "that unqualified men are admitted, &c." Now this is a point which the *ipse dixit* of an interested individual is not sufficient to decide; it is a question of evidence, and of the standard of competency taken; and I would assert with equal assurance that the overwhelming preponderance of professional and public opinion of any value supports a diametrically opposite conclusion, and that from my own personal knowledge of students, and the opportunity which I have had of estimating the value of their preliminary and professional education, that both are in a great measure lamentably defective; that the great bulk of medical men are but very sorry representatives of a liberal profession; and that the numerical factor at the universities and corporations is of so peculiarly personal a nature that the examinations implied to have been passed are a sham and a delusion. I could, from personal knowledge, substantiate this accusation, but will content myself with the mere statement.

"Thanks," says Dr. McKendrick, "to the interest taken in recent years in medical education, and to the visitation of members of the General Council, all the boards are keenly alive to the fact that their doings are scrutinised, and that they dare not pass men below a certain standard of excellence. To maintain this *healthy state* of things I would urge efficient supervision by the Medical Council, or failing that, giving the requisite guarantee of thoroughness in the examinations, I would support the proposal for a State examination on practical subjects passed subsequent to obtaining a diploma or diplomas from one or more of the medical authorities presently existing."

Now what is the clear rendering and purport of these sentences? An admission that there is a natural disposition to pass unqualified men; but that this is to be averted by supervision of the Medical Council, or State examination—that a new examination is to be superinduced to qualify men for practice; but that this "healthy state of things" can exist only, however, in conjunction with the bodies thus kept in check, for, marvellous to relate, the moment the State contemplates the exclusive licensing of medical practitioners, Dr. McKendrick objects, "because it tends towards a minimum standard of qualification, lower in all probability than the lowest at present existing in the United Kingdom." The State can effectually keep nineteen corporations in a "healthy state," but it will signally fail in keeping one or three corporations of its own in this desirable condition! On the one hand its supervision implies the maximum, or the other, the "minimum, standard." It would be interesting to be informed how Dr. McKendrick extricates himself from this peculiar dilemma.

Dr. McKendrick's second objection to the conjoint board or boards, is equally vague and illusory. It runs thus:—"Because it discourages the scientific culture and the training in various departments of natural science which have hitherto been one of the most striking features in the education of most medical men."

For such a statement as this, in its entirety, there exists not the shadow of foundation. It is an unsupported and visionary assertion, of which the writer has little reason to congratulate himself, and the best reply to it consists in simply indicating what the University of London has done, and is engaged in doing, towards elevating the social and scientific status of the profession. Has any member of the profession the foolhardiness to say, in perfect sobriety of intention, that the University of London has discouraged the "scientific culture, and the training in various departments of *natural science*," to which Dr. McKendrick professes so much attachment?

Dr. McKendrick's third allegation against the conjoint boards is that the system "will operate prejudicially on teachers, reducing them to the position of men simply training students for examinations, instead of leaving a man free to teach those views that seem to him to be the truth." The sense of this clause, if any exist, is not very apparent. What the position of a teacher is, and ought to be, other than to instruct students in departments on which they are expected to pass satisfactory examinations at the hands of men of undoubted competency, it is somewhat difficult to conceive. Whether is it more likely that truth shall be arrived at through the prelections of a man who teaches that by the knowledge of which, whether it be right or wrong, he qualifies students, and whose drivel, in many cases, is returned in parrot fashion, in order to obtain the coveted parchment, and flatter unbounded conceit, or through the instrumentality of a board of properly qualified men above the suspicion of personal motive or the gratification of personal fancy in the unfettered domain of science?

Fourthly, Dr. McKendrick pleads that "by favouring a minimum standard of qualification, and by discouraging men from connecting themselves with the literary and scientific culture of the universities, it will place medical men lower in the social scale than they are at present." What would be the result if the standard of qualification of the conjoint boards were as high as that of the Scotch universities; and is there any reason why it should not be so? As to the "literary and scientific culture" of the universities, I presume Dr. McKendrick to have in view the recent battle of the clinical chairs at the University of Glasgow—institutions more creditable to the commercial than to the scientific acumen of the city—the treatment which his predecessor in office received, and the "literary and scientific culture," begotten in pamphlet form as arising from these delectable professional tournaments.

Finally, the assertion is made by Dr. McKendrick that "in the selection of examiners to form the conjoint boards, there will in all probability be a new field for canvassing, testimonial giving, and intrigue, and in which party feeling of various shades will undoubtedly find place."

Dr. McKendrick, it will be noticed, deals largely with probability in argument, a habit, one would have supposed, strangely at variance with the "literary and scientific culture" of a university. Of the probability in question, what evidence exists? While past experience amply justifies the belief that on the occasion of the first professorial vacancy in any of our Scotch Universities, "canvassing, testimonial giving, and intrigue, and party feeling," will be fallen back upon as *heretofore;* and evidence is wanting that Dr. McKendrick's own appointment was unsullied by these shortcomings any more than those of his colleagues. If Dr. McKendrick be such a purist in the matter of professional preferment, should he not recognise that in "free teaching," to which he professes friendship, and a board of examiners who have no personal or selfish motives in qualifying candidates for the profession, the most effectual remedy for that which he deplores must of necessity exist?

With the remainder of Dr. McKendrick's letter I am not concerned. The corporations which he would annihilate must look after themselves. Such, then, are Professor McKendrick's amended views with reference to the conjoint board, for he ingenuously confesses that some years ago he was in favour of it; and in the light of them I confidently leave it to your readers whether the statement "that it seems he would approve, in short, of any scheme which would not disturb the monopoly of the universities, nor diminish the emoluments of the professors," is, after all, either "ungenerous or misleading."

I am, sir, yours, &c.,

"YOUR NORTHERN CORRESPONDENT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letter by Prof. McKendrick in your issue of the 20th ult., gives some information about the one-portal system

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and University teaching, of which, probably, many members of the profession had little previous idea. There can, surely, be nothing unfair in postulating that the promoters of this measure—the one portal—have not the least intention of levelling down; they may even be accredited with the notion that they *are* levelling up; their expectation being that the minimum standard of qualification will be one up, not down, to which the student must come; that this standard will be a guarantee for proficiency in general and professional knowledge, giving a dignified position to the successful candidate and perfect ground for public confidence. And surely they may be pardoned for the assertion that, instead of all this the result may be a level "lower, in all probability, than the lowest at present existing in the United Kingdom," involves a prediction for which something more than probability is required to ensure its respect, or even render it worthy of consideration.

That there is room for improvement in the existing state of things is, however, admitted; it may even be sharp and sweeping as in the case of the corporations, which "should have nothing to do with admitting men into the profession," but, in fact, we are to have King Canute acted over again, as the waves of reform may be allowed to travel till they touch the chairs of the Universities, and there must their course be stayed.

There is no need for interference here, the Universities are engaged in a "healthy state of things," which may be supervised by the Medical Council, or kept up to the mark by a State examination after a diploma had been "obtained" from one or more of the medical authorities "presently existing;" but all further meddling would be wrong, even although it should be difficult to understand how a State examination would tend to keep things right when exercised after a diploma had been obtained, yet would probably put them wrong if getting a diploma depended on its being passed. A State examination must, in the opinion of some people, be a queer affair; but of this, at all events, there can be no doubt—it would be entirely above suspicion as to passing students for the sake of fees, or making a school prosperous in numbers by dealing gently with ignorance, indolence, or incapacity. Literary and scientific culture may flourish perfectly under the influence of its demands, and will certainly command respect whether they have been prosecuted in a University or not. Teaching, instead of being hindered, should be stimulated; for teacher and student will be alike ignorant of what questions will form the subject of examination. While, so long as the medical profession takes any interest in the progress of science, teachers, who think they have some truth to tell in advance of what is known, will find a critical and appreciative audience, and certainly need have no fear of being cramped in their mental career by having for one hour a-day during six months of the year to tell a number of young men the truths they ought to know; these possibly being as much as they can learn in the time at their disposal, and haply of more importance than any special opinion, recount of experiment, or even individual discovery upon which their teacher might possibly be only too prone to dilate.

I am, &c.,

MEDICUS (Glasgow).

VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The able, logical, and vigorous address of Dr. Pye Smith, in vindication of the scientific pursuit of physiology, should not, I venture to think, be relegated to the archives of the British Association. It certainly deserves to be reprinted and distributed throughout the length and breadth of the land, for many reasons, but chiefly because of the utter ignorance that generally prevails on the question of so much importance, a sound knowledge of physiology, to the community generally and to the medical profession in particular in the successful treatment of disease. I would have a copy of Dr. Smith's address sent to our law makers, the members of both Houses of Parliament, since they evince great ignorance on the right method of teaching physiology, and therefore require educating on the subject; more especially so, because of the fact that, either from ignorance, supineness, or the love of killing in sport, not more than eighty members out of the eleven hundred and twenty-seven comprising the two Houses, could be found to vote against the barbarous cruelty of flaying men alive with the cat-o'-nine-tails; whilst a much smaller number neither uttered a word or voted against an Act which has placed science in fetters, and imposed a penal enactment upon an enlightened profession.

I would also have the address sent to all of those commonly termed the educated classes of society, because a large number of them have banded themselves together for the purpose of collecting money, which they lavish in a wicked and ignorant denunciation of certain members of our profession, and hindering the work of Christian charity.

As an example of the way in which Anti-Vivisection Societies impudently spend the money collected, several hand-bills have been found in my letter-box during the past fortnight, containing an urgent appeal to the subscribers and supporters of University College Hospital to withhold their support from this charity on the iniquitous ground that "Mr. Schäfer has just obtained a license to inflict torture upon animals." If we longer remain idle, or indifferent, we shall be a party to the grossest outrage and wrong that fools and hypocrites are bent upon inflicting upon the most useful and hardworking members of our profession.

We can, I think, no longer afford to treat the vivisection question with indifference. An association must be formed, and money collected, to print and distribute broadcast such addresses as those of Dr. Pye Smith and Dr. Andrew Clark; and means must forthwith be taken to counteract the craze of the *Anti-Vivisectionists*, and to obtain in the next Parliament the removal of any disadvantage of a public kind which impedes the progress of science. Any assistance I can render in the formation of an association for the purpose shall be freely and cheerfully given.

I remain, your obedient servant,

1 Bedford Square,
Aug. 27, 1879.

JABEZ HOGG.

Literature.

A TREATISE ON THE PATHOLOGY OF THE URINE. (*a*)

WE owe our author an apology for the delay which has arisen in noticing this work; but Dr. Thudichum's is a book which could not be skimmed over slightly. From a chemical point of view we believe that Thudichum's treatise leaves very little to be desired. While it presents itself as the result of a full and discriminating examination of the principal researches that have been made by chemists into the various constituents of normal and abnormal urine, it contains not a little to prove that Dr. Thudichum is no mere bookmaker, but that he has made the subject of which he treats a matter of patient thought and investigation in the laboratory. Many, indeed, of the practical manipulative details into which the author enters would be out of place in a work professing to be less than exhaustive. As it is, Dr. Thudichum places before his readers, in almost every case, not merely the general methods of separation, but even the minutiæ of analysis, which are so apt to escape all but specialists, and which are yet so necessary to success. In drawing attention, for instance, to the impossibility of effecting by means of alcohol a thoroughgoing separation of formiate and acetate of lead, he does good service, in as far as he impresses upon us the propriety of a healthy scepticism of much hand-book information that is too often accepted unchallenged. The book often, also, conveys its information with much liveliness and interest from the polemical tone which the author prefers to adopt. A good illustration of this feature is found in his defence of Seegen's position that sugar in normal urine is, for all we actually know to the contrary, a mere myth.

The book, with all its comprehensiveness of plan, and all its details of processes, calculation, and formulæ, is not, of course, altogether free from blunders. To expect so much would be to look for a miracle. The use of the word "manganese" for "manganese-dioxide" in the method for the artificial preparation of urea illustrates this charge, and though a bad enough error, it is nothing in comparison with the printer's error, which styles "Mosite" ($C_6 H_{12} O_6$) a "Hydrocarbon"

(*a*) "A Treatise on the Pathology of the Urine, including a complete Guide to its Analysis." By J. L. W. Thudichum, M.D. London: J. and A. Churchill. 1877.

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instead of a "Carbo-hydrate." Such mistakes as these, we doubt not, will have vanished in a revised edition of the work.

The great wonder is that there are so few errors in such a labyrinth of formulæ as necessarily surround the most complex substances known to modern chemistry. At a first glance one might take exception, did he wish to be hypercritical, to certain parts of the nomenclature employed by Dr. Thudichum. A reader is startled when he first meets with "hydrothion in alkaline solution," and it is a moment or two before recognises his old laboratory "sulphide of ammonium." Nor is the author, to our thinking, quite consistent, for while he adopts a new family name for this sulphur-acid, we still find the $H_2 S_2 O_3$ called "hyposulphurous," instead of its now generally-accepted title of "theo-sulphuric."

There is noticeable in some parts an excess of detail, while in some, again, there seems a decided lack of it. For example, in giving the process for the estimation of urea by the evolution of nitrogen from urea by contact with hypobromite of soda, Dr. Thudichum omits to give the equation $CH_4 N_2 O + 2 Na Br O + 2 Na HO = 3 Na Br + 2 Na CO_3 + 3 H_2 O + N_2$. Indeed, considering that this, though not a thoroughgoing reaction is yet regular in its degrees of approximation, rapid in its operation, and much used now as the only handy clinical method sufficient for most practical purposes, we think our author is somewhat slighting in his treatment of it.

The volume is, on the whole, well up to date, although we still find the writer in the belief, in his chapter on ammonia, that it is impossible to catch the neutral point of a litmus solution by artificial light. It is possible, however, that the employment of a monochromatic light, such as that of a sodium salt (a method eminently successful) had not been mooted until after the publication of the work. It is only to be regretted that Dr. Thudichum did not give at the end of the work a more lengthy scheme for the systematic qualitative examination of urine. One which will be at once full and condensed is much required, and that which is given is too fragmentary to be of great practical value. For example, of what value is it to give the flame re-action to prove the presence of sodium? And why is no caution given in mentioning the reduction of the cupric-oxide of the "Fehling test" for sugar, that the practical student may guard against the possible presence of other reducing agents on which Dr. Thudichum, in the main body of his work, so properly dwells. Leaving, however, out of consideration these little imperfections and omissions, we can only say that the work is worthy of all respect as that of a man thoroughly read in his subject, and thoroughly conversant with its chemistry, theoretical and practical. As a chemical handbook on urine it is clear, exhaustive, and accurate, and will save the medical practitioner a world of trouble which he would otherwise have in ransacking chemical handbooks and the monographs of those who have striven in the laboratory to unravel the complexity of a substance into which is poured all the *débris* of the human body in health and in disease.

THE WASTING DISEASES OF INFANTS AND CHILDREN. (a)

[SECOND NOTICE.]

THE chapter on Inherited Syphilis is carefully written, and well worthy of study in conjunction with the recent article on Syphilis, by Baümler, in Ziemssen's "Cyclopædia of Medicine," Vol. iii.

It would exhaust the space of a review to discuss this chapter in detail, but we may mention here that in addition to epitomising the knowledge derived from the chief syphilographers of the past twenty-five years, Dr. Eustace Smith has enriched our knowledge by reference to the tenets of modern times as expressed by Bouchut, by Parroti; to the latter the author attributes originality in the discussion of dactylitis syphilitica and syphilitic dystrophia. Are we not, however, largely indebted to Professor R. W. Taylor, of New York, for much original research in connection with bone syphilis? No mention of his work, nevertheless, appears in relation to it, although Professor Taylor treats at length upon dactylitis syphilitica and the inter-dependence between rachitis and syphilis. The interesting researches of Elsässer upon the rate of closure of the fontanelles, which he finds to be especially retarded in rachitis, may serve to explain those cases of inherited syphilis in which the fontanelle is very widely open, unless, indeed, it be proven that this tardy closure is a more especial feature in inherited syphilis, pure and simple.

Pleurisy, also, is quoted upon the dictum of Mr. Hutchinson, to be a not uncommon cause of death in syphilitic infants; and here again, we want a series of carefully collected statistics, to show whether infantile pleurisy from simple non-specific, idiopathic causes, is not very frequent also as a cause of death. There is a need for great care in applying the *post hoc ergo propter hoc* argument in reference to specific diseases and their complications.

Among other authorities we notice the mention of interesting researches on this subject in connection with the names of Kassowitz, of Vienna, Chassagnac, Pacchioti, Hutchinson, Samuel Gee, and Coupland. In reference to treatment, the usual methods are detailed, but we fail to notice the mention of the combined treatment of mercury and Iodide of Potassium upon which Professor Taylor places so much reliance; nor does the mercurial vapour-bath, prescribed with such beneficial results in the secondary and tertiary syphilis of adults, by Mr. Henry Lee, meet with any notice in infantile syphilis; neither also do the recent researches by Mr. Buxton Shillitoe, upon the value of Sarsaparilla, which the late Mr. Holmes Coote extolled, appear within the pale of methods of treatment worthy of notice. Mercurial innunction, though noticed by the author, is not emphasised by him so fully as the investigations of our continental *confrères* would seem to warrant.

We pass now to the chapters on chronic pulmonary phthisis and the caseation of lymphatic glands. As the preface indicates, the former chapter incorporates the consideration of chronic tuberculosis, which, in an earlier edition, was treated of in a separate chapter. Dealing first with the relative value of the terms pneumonic phthisis, chronic tuberculous phthisis, and fibroid phthisis, the author passes on to the pathological differentiation between each and all of these. Then follows a good *resumé*, based on clinical observation, of the symptoms which may be observed during life. Useful hints upon the methods of examination to be employed are given, with appropriate information upon certain peculiarities which occur to modify the physical signs in childhood and infancy. After these, are discussed respectively the diagnosis, prognosis, prevention and treatment. This chapter is likely to prove useful to the student, and will reward perusal by the busy practitioner, who seeks a guide in conducting careful clinical observations. The almost universal use of the thermometer will perhaps explain the brevity with which its employment, for the differential diagnosis of the various forms of phthisis, is mentioned by the author.

As we regard the chapter on mucous disease of value in drawing attention to it, as an entity in disease; so too, we apprehend the author has done good service in devoting a separate chapter to the study of the caseation of glands. It is but too common a practice for authors to assume on the part of their readers a large amount of knowledge on special points; hence any effort which is made to give force and definition to special points in disease is worthy of careful consideration and merits support. This chapter deals in a clear and lucid manner with the process of caseation as it affects the lymphatic glands, and notes the value in a physiological and pathological point of view which attaches to the changes induced by caseation. A more detailed consideration then follows of the caseation of the bronchial and mesenteric glands respectively; the physical signs which accompany the change; points of interest associated with the diagnosis, and the appropriate special treatment.

In the concluding chapter the Diet Tables have been revised, and we cordially support the author in his plea for plain, minute and exhaustive directions, as well as for variety in reference to the feeding of infants and children in health and in disease. He has rendered no small service, to say the least, to students and junior practitioners by publishing these well-arranged diet tables.

We desire for the present edition an extensive circulation, and trust that the labour bestowed upon its production will secure for its author the thanks of the profession to which he is so justly entitled. It is a work of interest and of such merit as should secure for it a place in the library of every practitioner who realises the value of modern professional thought, and careful clinical observation, in reference to wasting diseases in infancy and childhood.

(a) "The Wasting Diseases of Infants and Children." By Eustace Smith, M.D., Lond. Third Edition. London: J. and A. Churchill. 1878.

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Medical News.

University of London.—The following gentleman have passed the first M.B. Examination :—

EXAMINATION FOR HONOURS.—ANATOMY—First Class: Edgar M. Crookshank (Exhibition and Gold Medal), King's College; William Lane (Gold Medal), Guy's Hospital: John Desmond Ernest Mortimer, Westminster Hospital. *Third Class:* Alfred Meeson, Liverpool Royal Infirmary; Joseph James Udale, Guy's Hospital (equal). *HISTOLOGY AND PHYSIOLOGY—First Class:* Thomas Harris, Owens College; William Eckett Fielden, Guy's Hospital. *Second Class:* William Lane, Guy's Hospital.

Growth of Drug Manufacture in America.—The *Scientific American* says that the manufacture of cream of tartar has so developed there that the imports of it from France have fallen in six years from 6,000,000 pounds yearly to none, whilst the price has been reduced from 32 to 24 cents per pound. In like manner the imports of citric acid from England have fallen from 250,000 pounds yearly to 27,000 pounds last year, the price having fallen to about one-half. In the case of borax the relations are even more completely reversed; for in consequence of the development of the borax mines in Nevada, England now appears as a buyer of crude and refined borax in the United States market, where she used to be the principal seller.

The Causation of Sleep.—The learned German alienist, Dr. Siemens, concludes that sleep is due to the activity of certain circumscribed parts of the brain, which form an inhibitory centre, and which are situated in the medulla oblongata, near to the convulsive centre. In support of this view, the connection between sleep and epilepsy is alleged, The inhibitory sleep centre stands in direct antagonism to the cerebral cortex; if the one is in a state of activity the other remains passive; the former can only exercise its function when the cortical substance is either inactive or nearly so. Sleep is much more easily induced in childhood, as the convolutions of the brain are at that time only partially developed, Sleep is also much more frequent and continuous when the cortical substance has degenerated, as in paralytic dementia; when its nutrition is faulty, as in anæmic conditions; also when it is to some extent paralysed by the action of hypnotics or by excessive cold. On the other hand, no sleep can be obtained when the cortex is in a state of activity, due to strong psychic impressions, excesses, alcoholism, or any form of mental disease. When, owing to some morbid condition, sleep has been absent for a length of time, the products of fatigue must have been generated in the body in large quantities, but still the hyperactivity of the cortical substance prevails and prevents the occurrence of sleep.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

G. A. MACNAMARA.—WE are making inquiry. Answer next week.

MR. FELLOWES.—1. Murchison's Fevers. 2. Masse's Anatomical Plates, with Bellamy's Translations. 3. Parkes's Hygiene.

A PROVINCIAL.—The various changes will be noted in our Student's Number. Our last year's Number is out of print.

DR. WILSON.—The publication is contemptible, we are surprised that a member of an honourable profession should allow his name to be connected with it.

MR. ENSOR.—If you will send the MS. we shall be happy to give you our views.

A MEMBER.—Not until November; the dates will be duly announced.

VACANCIES.

Alnwick Infirmary.—House Surgeon. Salary, £120, with furnished apartments, attendance, &c. Applications to the Hon. Sec. by Sept. 27.

Dreadnought Seamen's Hospital, Greenwich.—House Physician and House Surgeon. Salary, of the former, £76, of the latter £50, with board, apartments, and attendance. Applications to the Secretary on or before Sept. 10.

East London Hospital for Children.—Resident Clinical Assistant. Board, but no salary. Applications to the Secretary on or before Sept. 8. (See Advt.)

Leeds Union.—Medical Superintendent. Salary, £300, with an unfurnished house. Applications to be sent to the Clerk of the Guardians, East Parade, Leeds.

London Fever Hospital.—Resident Medical Officer. Salary, £200. Applications to the Secretary, Liverpool Road, Islington, before Sept. 6.

Royal Hants County Hospital.—House Surgeon and Secretary. Salary, £109, with board and lodging. Applications to be addressed to the Committee, under cover to the Secretary, before Sept. 10.

Westminster Hospital.—Pathologist and Curator of Museum. Salary, £52. Applications to the Secretary on or before Sept. 13.

APPOINTMENTS.

ALLNUTT, W., M.R.C.S.E., L.S.A.L., Public Vaccinator for the District of Westbury, Tasmania.

BALLANCE, C. A., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

CANT, W. J., M.R.C.S.E., L.S.A.L., House Surgeon to the Lincoln County Hospital.

COLGATE, R., F.R.C.S.E., L.S.A.L., Certifying Factory Surgeon for the District of Eastbourne, Sussex.

DAVIES, D. S., M.R.C.S., L.S.A., House Surgeon to St. Thomas's Hospital.

DAY, R. N., M.R.C.S.E., L.S.A.L., Medical Officer for the Harlow District of the Epping Union.

ELLIOTT, H., M.R.C.S.E., L.R.C.P.Ed., Medical Officer for the No. 6 District of the Maidstone Union.

FERNIE, A., M.R.C.S.E., L.S.A.L., re-appointed a Medical Officer of Health for the Barnstaple Rural Sanitary District.

GRIMBLY, R. H., M.R.C.S.E., L.S.A.L., Certifying Factory Surgeon for the District of Newton Abbot.

GROOMS, W. W., M.B., M.R.C.S., House Physician to St. Thomas's Hospital.

HALPIN, G. H., L.R.C.P.Ed., L.R.C.S.I., L.A.H.D., Certifying Factory Surgeon for the District of Wicklow.

HARTLEY, C., M.R.C.S.E., L.S.A.L., re-appointed a Medical Officer of Health for the Barnstaple Rural Sanitary District.

JACKSON, H., M.R.C.S.E., L.S.A.L., re-appointed a Medical Officer of Health for the Barnstaple Rural Sanitary District.

KERIGAN, L., L.R.C.S.I., Medical Officer to the Castletown-Geoghegan Dispensary, Mullingar Union.

LAKING, F. H., M.D., Surgeon-Apothecary to the Household of H.R.H. the Prince of Wales.

MORSE, R. E. R., M.R.C.S.E., a Junior Resident Medical Officer to the Royal Free Hospital.

NEWSHOLME, A., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

O'FARRELL, G. P., M.D., M.R.C.S.E., Certifying Factary Surgeon for the District of Boyle, co. Roscommon.

POPERT, A. J., M.R.C.S.E., L.S.A.L., Resident House Surgeon to the Southport Infirmary.

ROBINSON, A. H., M.B., M.R.C.S., Senior House Surgeon to the Hull General Infirmary.

SHAW, J., M.R.C.S., L.S.A., Assistant House Physician to St. Thomas's Hospital.

SHORT, W., L.F.P.S.G., L.S.A.L., Certifying Factory Surgeon for the District of Harrogate.

SMITH, R. P., L.R.C.P., M.R.C.S., House Physician to St. Thomas's Hospital.

TAKAKI, K., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

WILLIAMSON, R. J., M.A., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.

Births.

MACKESY.—On Aug. 25, at 47 Lady Lane, Waterford, the wife of George I. Mackesy, M.D., Mayor of Waterford, of a daughter.

SAUNDERSON.—On Aug. 26, at Mount Lucas, Phillipstown, King's co., the wife of R. Saunderson, M.D., of a son.

Marriages.

SHACKLETON—LEECH.—On Aug. 27, in Dublin, Edmund Shackleton, L.R.C.S.I., to Anna Maria (Nannie), daughter of Charles Leech, Esq., Q.C

Deaths.

BULL.—On Aug. 19, at Jersey, Martin Meggison Bull, M.R.C.P.L., aged 58.

FOX.—On Aug. 26, at 14 Harley Street, London, Mary, widow of Dr. L. O. Fox, and mother of the late Dr. Tilbury Fox, both of whom she survived but a few weeks.

GOOCH.—On Aug. 22, at Grove Hill, Ventnor, William H. Gooch, M.D. aged 68.

HAY.—On Aug. 23, at Christchurch, New Zealand, Dr. Thomas Bell Hay.

JAGOE.—On Aug. 21, at Bandon, Benjamin Hays Jagoe, M.R.C.S.E., aged 59.

JONES.—On Aug. 29, at Bryny Hynon, Dolgelly, Wales, Harriette Sophia, wife of J. E. Jones, M.D., aged 43.

MASON.—On Aug. 27, accidentally drowned at Hampton Wick, J. Wood Mason, son of J. Wood Mason, M.D., M.R.C.S., of Calford Bridge.

THOMAS.—On Aug. 24, John Henry Thomas, M.D., M.R.C.P., &c., of Cyfarthfa, Merthyr Tydfil, aged 48.

WILLIAMS.—On Aug. 15, at Denbigh Evan Pierce Williams, M.D., aged 49

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IRISH POOR-LAW INTELLIGENCE.

ABSTRACT OF ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

MAY IT PLEASE YOUR GRACE,

WE submit to your Grace this our Seventh Annual Report under "The Local Government Board (Ireland) Act, 1872."

In 1876 and 1877 we noticed a decrease in the average daily number of workhouse inmates for two years in succession. In 1878 we were called on to report a change in the other direction; the average daily number of inmates being 1,441 more than in the preceding year, attributable to the indifferent harvest of 1877, and to the inclemency and wetness of the subsequent season. In the present report the average daily number of inmates shows an increase of 3,318 over that of the preceding year.

The out-door relief lists at the same periods show an average daily number of 36,274, in comparison with 33,547 in the previous year, showing an increase of 2,727.

The latest returns show in regard to the workhouse inmates a difference of only 2,267 betweeh the present and the past year, at the close of the corresponding week; but, on the other hand, a difference of no less than 4,404 between the numbers on out-door relief in 1878 and 1879, exceeding considerably the difference between the average daily number in the two years respectively.

The excess of the number of recipients of relief in the present year strikingly confirms our repeated observations, that under the existing Irish Poor-law fluctuations in the extent of the relief afforded, are mainly due to the character of the seasons, and this law of fluctuation presents itself systematically, not only as between the different portions of each succeeding year, but likewise between one year and another year, according to its character, as affecting the general health and condition of the population.

If the exceptional severity of the winter had been attended by no increase in the number of workhouse inmates, and by no increase in the number of persons receiving out-door relief, the Irish Poor-law would have failed to exhibit that elasticity and adaptation of itself to the circumstances of the country which has been for twenty-five years its most striking characteristic; while, on the other hand, there is abundant ground for satisfaction that a year almost unexampled for the length and severity of the winter season has produced so little strain upon the resources of the Poor-law Unions. It is further satisfactory to reflect that the increased cost of out-door relief, viz., £8,188, although forming a large percentage, in addition to the previous year's cost, has been expended on the three following classes exclusively, viz. :—

Persons permanently disabled from labour by reason of old age, infirmity, or bodily or mental defect.

Widows having two or more legitimate children dependent on them.

Persons disabled from labour by reason of severe sickness or serious accident.

Thus on the last Saturday of February the total number of persons receiving relief out of the workhouse under the 1st section has increased from 35,535 to 39,947, a difference of 4,412; including an increase of 1,428 in the class of "permanently disabled;" of 1,042 in the class of "widows with two or more legitimate children;" and of 19,42 in the class of "persons disabled by severe sickness or serious accident."

The total number of deaths in the workhouses in the year has been 12,789. In the corresponding table in the last Annual Report the total number of deaths was 11,190; so that there has been an increase of 1,599 deaths, as compared with the number last year.

Deaths by fever were 645, as against 617; by lung disease 2,274, as against 1,850; and deaths by small-pox 254, as against 12 in last year.

IN-DOOR RELIEF.

An increase of 4,921 has taken place in the total number admitted in sickness during the year; an increase of 43,389 in the number admitted who were not sick; an increase of 1,170 in the number suffering from fever and other dangerous contagious diseases, and an increase of 49,271 in the total number relieved.

FINANCIAL STATISTICS.

Poor-relief expenditure for the year ended 29th September, 1878, £845,608; for 1877, £780,326—Increase, £65,282: Number relieved, 1878, 224,100; 1877, 267.031 —Increase, 57,069.

There has been an increase of £43,879 in "in-maintenance and clothing," an increase of £8,188 in "out-door relief," an increase of £24 in cost of "deaf, dumb, and blind," an increase of £2,826 in "salaries and rations of officers," and an increase of £10,365 in "all other expenses," making a total increase of £65,282. The increase in the total number relieved has been 57,069.

TREASURY SUBSIDIES.

The following is a statement of the Parliamentary Grant for Medical and Educational purposes, and for Salaries under the "Public Health (Ireland) Act, 1874," for the year ended 25th March, 1378 :—

	Amount allowed for the Year. £	s.	d.
Medical purposes	70,351	8	0
Educational purposes	9,172	8	11
Total for Medical and Educational purposes ...	79,523	16	11
For Salaries under Public Health Act...	13,550	16	3
Total	93,074	13	2

The total amount allowed under the Parliamentary Grant

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for Medical and Educational purposes, for the year ended 25th March, 1878, namely, £79,523 16s. 11d., is £677 2s. 2d. more than the amount for the previous year.

The amount for Salaries under Public Health (Ireland) Act, namely, £13,550 16s. 3d., is £202 18s. 1d. more than for the previous year.

Expenditure for all Purposes for Twenty-One Years Past.—While the total expenditure of poor rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths, and marriages, sanitary measures, expenses under Superannuation Acts, payments under Cattle Diseases Acts, and under National School Teachers' Act, was, in 1877, £1,030,798, making a poundage of 1s. 6½d. on the valuation, in 1878 the expenditure for those purposes was £1,124,221, thus showing a net increase in the total expenditure of £93,423. The current sanitary expenditure for the year was £48,157, in comparison with £44,870 in the previous year.

Summary of Cases of Medical Relief.—In Ulster there has been an increase of 6,081 cases at the dispensaries, but a decrease of 630 of those attended at their own houses. In Munster there has been an increase of 5,197 cases at the dispensaries, and of 5,442 of those attended at their own houses. In Leinster there has been an increase of 8,042 cases at the dispensaries, and of 2,964 of those attended at their own houses. I nConnaught there has been a decrease of 1,447 cases at the dispensaries, but an increase of 617 of those attended in their own houses.

Vaccination.—In the following table are shown the number of cases of vaccination in each year from 1855 to 1878; the Compulsory Act having been passed in 1864:—

	Number of Cases of Vaccination.		Number of Cases of Vaccination.
1855	46,711	1867	125,741
1856	84,131	1868	131,426
1857	47,855	1869	125,672
1858	54,984	1870	140,220
1859	140,411	1871	179,889
1860	107,305	1872	282,484
1861	90,256	1873	138,873
1862	89,863	1874	139,587
1863	106,510	1875	137,340
1864	191,810	1876	114,487
1865	169,142	1877	117,679
1866	137,124	1878	133,045

The next table presents the record of the vaccinations performed at the dispensaries and vaccination stations since 1864, distinguishing the cases of children born since January, 1864, from those of persons born before that time, the former being liable to, the latter exempt from, compulsory vaccination.

Total for Ireland of Number of Cases of Vaccination Performed during the Years ended September 30th.

Years.	Cases of Children born since January 1st, 1864.	Other Cases.	Totals.
1865	67,160	71,982	169,142
1866	104,730	32,394	137,124
1867	107,473	18,268	125,741
1868	118,613	12,813	131,426
1869	117,912	7,760	125,672
1870	135,057	5,163	140,220
1871	139,053	40,836	179,889
1872	142,662	139,822	282,484
1873	119,319	19,554	138,873
1874	119,337	20,250	137,587
1875	119,675	17,665	137,340
1876	112,489	1,998	114,487
1877	115,190	2,489	117,679
1878	122,149	10,896	133,045

There is an increase in the total number of cases vaccinated and revaccinated in all Ireland of 15,366 cases.

Defaulters Under the Vaccination Act.—There were 140,469 births registered in the year 1876, 139,659 in the year 1877, and 134,370 in the year 1878. The number of children vaccinated yearly in those years, and coming under the provisions of the Compulsory Vaccination Act, are returned as 112,489, 115,190, and 122,015 respectively, showing a decrease in the number of births, but an increase in the number of children vaccinated, and, therefore, a more satisfactory compliance with the provisions of the Compulsory Vaccination Act. With respect to defaulters under the Compulsory Vaccination Act, a return has been prepared showing the numbers of defaulters returned in the whole of Ireland for the half-year, ended the 30th June, 1878. The total results arrived at are as follows:

No. of Defaulters returned	16,48
,, found vaccinated	11,230
,, not found at addresses, dead, or left district	2,341
,, found still unvaccinated	2,918
,, unfit	1,148

THE EFFECT OF THE PUBLIC HEALTH ACT UPON IRISH SANITATION.

Abstract of a few Registrars' Notes.

(Continued.)

CLOGHEEN—*Caher.*—A portion of the district (the country part) has been unhealthy during the quarter, scarlatina, of rather a malignant type having occurred in it; six deaths are recorded; otherwise the district is healthy.

CLOGHEEN—*Clogheen, W.*—There has been an epidemic of scarlatina in this district during the quarter. The source of contagion cannot be ascertained. The epidemic has been of a mild type, and the mortality light, considering the number attacked. Three deaths in dispensary and private practice during the quarter. In nearly all the houses attacked by the disease, there was overcrowding and bad ventilation. No improvement could be effected in that respect. The other sanitary arrangements were fair. The necessary sanitary precautions were given. There has been no fresh case of scarlatina to my knowledge in the district within these last six days.

DUNGARVON—*Ringville.*—The severity and inclemency of the spring, and the variable temperature of the summer months predisposing to affections of the respiratory organs, 16 of the 26 deaths registered occurred from diseases of this class. The sanitary state of the district otherwise is satisfactory. No prevalence of zymotic disease.

DUNGARVON—*Whitechurch.*—The Public Health Act has been almost a nullity here. Cesspools reported years ago remain in the same state, the sanitary authorities being powerless to compel the poor to be cleanly, who, from want of rere accommodation, must deposit night soil, filth, and all refuse matter in holes now filled with putrid water, and which recently contained manure, in front of their wretched cabins. The district abounds now with this class of nuisance, but I cannot see the remedy for its abatement until suitable dwellings with yard and aspit in rear be provided.

Fermoy.—The sanitary condition of the north side of the town (Barrack Hill) leading to the barracks (military) is in a bad state. The water supply of this portion of the town is very defective, and there is *practically* no drainage from blocks of houses of which the place is composed. Pigs are kept in all the back yards, which are scarcely ever cleansed or white-washed. Reports to urban sanitary authority entirely neglected.

TRALEE—*Tralee, No* 1 *W.*—Fever, which was on the decline, has been more prevalent during the past quarter. As usual the cause of the disease is traceable to bad houses, and the dirty habits of the inmates; it is very

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hard for local sanitary officers to thoroughly improve the class of labourers' houses by any amount of reports. If they were aided by a district sanitary officer, who should visit each district, their combined efforts would be productive of more real good. There is a small place not far from this now famous for fever; for the past few years it has been proverbial for producing fever, which spreads over the county, and will continue to do so till the class of houses is improved.

ABSTRACT OF REPORT ON THE DISTRICT, CRIMINAL, AND PRIVATE LUNATIC ASYLUMS IN IRELAND.

In the last Parliamentary Report, that for 1877, which we had the honour to address to your Grace, a return was given of the number of lunatics under our immediate supervision, and of the places in which they were detained. They amounted on the 31st December, that year, to a total, between both sexes, of 12,380; 6,047 being males, and 6,332 females, thus distributed:—

	M.	F.	T.
In Public Asylums	4,393	3,790	8,183
In Dundrum Central... ...	133	34	167
In Lucan Government Asylum	4	18	22
In Private Asylums	249	387	636
In Poorhouses...	1,268	2,104	3,372
Total	6,047	6,333	12,380

At a correspnding date in 1878, the insane were located as follows:—

	M.	F.	T.
In District Asylums	4,550	3,857	8,407
In Central Asylum	140	37	177
In Lucan Government Asylum	4	18	22
In Private Asylums	257	385	642
In Poorhouses...	1,320	2,017	3,337
Total	6,271	6,314	12,585

There thus appears to be an increase of inmates in the above institutions amounting to 205, of which increase district asylums, in consequenc of additional accommodation, have most largely participated, while there has been a small decrease of 35 in poorhouses. The increase of residents in asylums is not altogether owing to the admission of primary or acute cases; other causes have tended to it.

The deaths as well as cures in the year 1878 have been proportionately somewhat less than in the preceding year, while relapses have exceeded those in 1877 by thirty re-admissions.

The actual cases of first attack of insanity in the periods just referred to are all but identical, there being only ten more in the latter year, or 1,934, as against 1,924 in the former.

On the score of relapses, males appear to have been in excess by fully 16 per cent. over females; a circumstance fairly referable to the fact that physical causes are not only more prevalent than moral, but especially so in regard to males.

The total admissions during the past year, namely, 2,366, comprise 1,278 male and 1,088 females, of whom 178 were over 60 years; while between the ages of 20 and 40, 1,264 patients, in like proportion as to sex, were also admitted.

Comparing the general statistics of lunacy in all its different forms, as before us for the past five years, a marked uniformity in relative proportions is perceptible, so we may fairly assume that the principle of averages holds good in mental affections as existing in the United Kingdom in general; certainly, so in the population of this country, which average may be set down at the rate of 3 insane to about 1,200 sane.

With regard to the authority for admission, an important consideration ought not, perhaps, to be omitted here. The more correct practice, as in England—that by order of a Board, has, in great measure, been superseded in Irish asylums—ninety out of a hundred cases being taken in as urgent by resident physicians, or through magisterial committals. Two drawbacks are attendant upon this system—the first, an uncertainty as to the proper chargeability of patients—the second, a want of information as their previons history and symptoms—much being left to guess-work in the early stages of treatment. Still there is a benefit derivable therefrom, as lunatics are thus prevented from injuring themselves or others.

The actual recoveries, 1,047 — 532 males and 515 females—constitute a fair ratio, as to sex, on the aggregate number under treatment during the year. While in regard to the *improved*, who were taken home by their friends, reaching a total of 221—124 men, 97 women—a nearly similar proportion obtains Looking to the percentage of cures on the total resident, as well as to annual admissions, one year with another during the present decade, there would seem but little variation in Irish District Asylums. They may be fairly set down as ranging from 44 to 47 on recent cases, and from 11 to 13 on the aggregate in them.

Of the recovered, 197 had passed their fiftieth year; eleven of them being reported as over seventy.

It may be here remarked with regard to the mortality in Irish asylums, that generally speaking, it is lower than in like institutions elsewhere by nearly 1 per cent. In 1878, the deaths, 817, upon the total number under treatment were 7¾ per cent., being somewhat less than in the preceding twelve months. Of these 2 were from suicide, the first by a male in the Belfast, the second by a female in the Londonderry Asylums. In each case a coroner's inquest was duly held; as exculpatory verdicts were returned, it is needless to advert further to them.

Fortunately homicidal propensities are not prevalent among the actual insane out of doors, still less when under treatment in asylums; for exciting causes there are in great measure suppressed.

It is wonderful, however, how means are stealthily prepared occasionally, and opportunities sought by the suicidally-disposed for attaining their object, to guard against which must by a never-ceasing cause of deep anxiety to the superintendents and staffs of lunatic asylums. Very nearly 7 per cent., or 572 patients, in confinement at the close of the year, were deemed suicidal.

Two fatal accidents, against which, however, no foresight could have guarded, occurred. An epileptic lunatic at Richmond, and other at Sligo, were found dead from suffocation in their cells by the night watch. The remaining 812 deaths were attributable to the usual causes of mortality, the most predominant being pulmonary affections, 320, as against 223 of a cerebral character, and 172 from debility and old age. Seven male patients escaped during the year: four of them were convalescent, three still uncured.

Adding to the 8,183 inmates at the close of 1877, the admtssions 2,336, during the succeeding year, 10,548 would constitute the total under treatment in 1878. Deducting from which, recoveries, removal by friends, deaths, and escapes as above given, there remained in district asylums at the opening of the present year 8,047 persons —4,550 men, 3,857 women.

A classification of the preceding aggregate would, as regards their mental condition, distinguish them as follows:—1,840 lunatics, probably curable; 5,795 probably incurable; besides 576 epileptics, and 196 idiots. Many of the two latter are occasionally violent and refractory. Thus the curable would scarcely number 28 per cent of the total under treatment. Analysing the condition of the incurables, many, unpromising though they may seem, through scientific treatment and suitable occupations ultimately recover. The great majority, however,

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for the most part tranquil and reasonable on many subjects, are liable to sudden outbreaks of passion. As a rule the most useful, they are nevertheless uncertain, and if excited become dangerous. For months plausible and quiet, they are subject to insane paroxysms, which continue for indefinite periods, and then completely subside to recur, frequently, in an aggravated form. Perhaps of all the inmates of an asylum, none require a more constant and careful supervision, and all the appliances a well organised establishment can afford, both for their own and for the safety of others, as may be inferred from the fact that no less than 1,315 were admitted as dangerous in 1878, either by warrant of the Lord Lieutenant or by magisterial committals. Hence, a very serious responsibility is entailed on the medical officers of asylums in regard to their absolute discharge, however convalescent they may appear; or to their removal to other establishments when not recovered.

Some of those painful incidents which, from time to time, harrow public feelings, from the untoward destruction of human life, are the deeds of patients comprised in this class.

Doubtless no inconsiderable number of inmates, composed of aged and utterly demented lunatics, as well as of epileptics and idiots, might be located in secondary institutions easy of access, situated in the immediate vicinity of district asylums, and thereby to a considerable extent existing ones would be eased; but as to any economy, bearing in view the Treasury rate in aid, little would be gained by the ratepayers at large on the score of current maintenance.

It should be remembered that incurables from physical and incurables from mental affections are not altogether in the same category, though the identity of term tends to place both before the public in the same light—the lunatic, being irresponsible for his actions both morally and legally, must be judged of by his peculiarity of temperament, equally as it affects himself and society. Hence, when it is said, and truly said, that an asylum is crowded with patients not likely to recover, the question should be asked—are the individuals safer and better circumstanced both personally and socially than if they were located in a less guarded establishment?

The expenditure with which we have to deal is that for the year 1877, inasmuch as audit certificates, but not transmitted to us in due time for an earlier publication, are required in support of its exactitude in detail. It amounted to a total of £200,031 8s. 9d. on an average number of 8,116 patients, being £23 17s. 3d. per head; in 1876 it was £192,265 16s. 5d., or £24 13s. 8d. per head, there being in that year 7,952 as an average of inmates; consequently a diminution in the capitation charge has arisen in 1877 of 16s. 5d.

If from the above total in 1877 the treasury rate in aid be deducted, viz., £80,379 16s., with payments from contributing patients, £3,518 10s. 8d. the actual outlay in Irish asylums, as met directly by local rates, amounted to £116,133 2s. 1d. This current maintenance is definite, including every charge incidental to their support and supervision.

At the Summer assizes of last year, the Act of 38-9 Vic. came into operation. Previously, and since the passing of the 1st and 2nd George IV., cap. 23, quarterly advances were applied for through our office by the different District Asylum Boards to the Lord Lieutenant in Council for current maintenance, and on their order all required moneys were issued in their favour by the Treasury. These advances, which bore no interest, we repaid half-yearly by grand jury presentments. The present statute directs that Boards of Governors shall transmit to the Inspectors twice annually estimates of the amounts necessary for these different institutions, which, when examined and passed by them, and subsequently countersigned by the chief or under secretary, are to be forwarded to the various secretaries to grand juries to be duly presented for and fiated by the judges on circuit at the next assizes. The amount being a first charge on the public is immediately payable into bank to the credit of the boards. Than this arrangement nothing can be more simple or satisfactory in its operation.

Assuming, as we apprehend that the calculation is very approximate—certainly not in excess—that provision for 9,600 inmates will be necessary to meet all the requirements of the insane poor of Ireland, and regarding the question simply in a fiscal point of view, their annual maintenance may, we think, be fairly set down for the future at £23 10s. per head, constituting a total of £225,600, subtracting from which the capitation rate in aid—£10 8s. a year, in the aggregate £99,840, as well as probably £5,760 from contributory patients, the net lunatic cost to the country would be £120,000, which, levied on its rateable property, £13,600,000, might be set down at 2d. and the tenth of a penny in the pound sterling.

Instead, however, of being accommodated in district asylums, if these lunatics were located in poorhouses, from the character of their malady they should be treated as hospital patients, and have besides a special staff of attendants for their own safety, and the protection not only of others, but of property. The average cost of an ordinary patient in a workhouse infirmary, if the varied items of expenditure as obtains in the debit of asylum outlay be minutely totted up, including all establishment charges, physicians, clergymen, matrons, masters, clerks, and other officials, cannot be under 5s. a week; so that, bearing in view the rate in aid, there is really a gain to the Irish public, *quoad* direct taxation of the difference £120,000 and £124,800, according to the existing system. Hence it would appear that not only is a more suitable treatment established for a section of society bearing to the general community a definite ratio, as the statistics of insanity demonstrate, but one more economical to the public in behalf of a class deprived of liberties and social privileges, from a visitation of Providence in the vast majority of instances, for doubtless few, but very few, comparatively speaking, are in part responsible for their own misfortune.

In 1874 the expenditure of this country on the current maintenance of its lunatic poor, averaging daily 7,497 asylum inmates, amounted to £190,511 15s. According to the preceding calculation 9,600 persons under a like treatment would be annually supported at about £120,000, or £70,000 less, for fully two thousand more patients. Hence theories that could be advanced five years ago, cannot owing to the late Treasury grant be now well sustained.

In previous reports we had the satisfaction of adverting in favourable terms to the mode in which the accounts of institutions under our immediate supervision had been testified to by the Government auditors. On the present occasion the same agreeable opportunity is afforded us; for on analysing all the returns submitted to this office under the Act 31 and 32 Vic., cap. 97, no irregularity tending to the loss of a shilling has occurred, with the exception of deficiencies in the storekeeper's department at Londonderry. At the same time, it is but right to state, the books of the clerk there were kept in a satisfactory manner, all cash received by him was duly accounted for, and the outlay fully authorised.

(To be continued.)

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 10, 1879.

CONTENTS.

Original Communications.

CASE OF OVARIOTOMY.

By LOMBE ATTHILL, M.D.,
Master of the Rotunda Hospital, Dublin.

Ovariotomy is so frequently performed now-a-days that few care to read the details of an isolated case. The following one, however, was to me of special interest; I therefore give it at some length :—

Mrs. ——, a widow, æt. 52, and a large heavy woman, came under my care in March last. She stated that she had never been pregnant, and that till two years ago had always enjoyed good health. At about that time menstruation began to be irregular; she suffered from dyspepsia and loss of appetite, and became weak and debilitated. Shortly after, she perceived that her abdomen was enlarged, but did not suspect the existence of any serious disease; and when at last she did seek medical aid, was treated for "dropsy," without benefit.

When I saw her she was an enormous size, and measured 52 inches round the abdomen. Fluctuation was very distinct, and the anterior surface of the abdomen was dull on percussion—the flanks being resonant, while the uterus was normal in size and shape, and the existence of a large ovarian cyst, probably unilocular, and nearly free from solid matter, was diagnosed.

The patient was at this time in a very debilitated condition. She suffered constant pain, and moved with the greatest difficulty. The tongue was dry and fissured, and the urine, which was very scanty, was loaded with lithates. Evidently no time was to be lost if life was to be saved, and I recommended the immediate performance of ovariotomy. The patient at once consented, and on the 14th March I performed the operation, assisted by Dr. Kidd and Prof. Bennett. Æther administered by Dr. William Smyly was the anæsthetic employed, and thymol spray was used as an antiseptic.

The operation did not present any special difficulties, but the abdominal parietes were loaded with fat, while the wall of the cyst was so very thin that, when only partially emptied, it gave way, the fluid escaping into the abdomen. This, however, was all thoroughly removed by sponging; the pedicle was secured with a hemp ligature, cauterised, and thrown back into the abdomen. There was no vomiting during the operation, nor subsequently, till long after all effects of the æther had passed off. The cyst proved to contain a small secondary one; there was not any solid matter.

At 4 p.m., five hours after the termination of the operation, the pulse was 96; temperature in the vagina, 101·2°. Ice given freely.

11 p.m.—Pulse and temperature unaltered; urine scanty and high coloured; no deposit in it. To have 1 ounce of beef-tea every two hours, and ice *ad libitum*.

15th., 9 a.m.—Temperature, 101·4° in vagina; pulse, 98. Complained of stinging pains in the abdomen. During the day vomited.

At 10 p.m. the temperature rose to 102·4° (in the vagina); pulse, 98, being very restless and suffering some pain half a grain of morphia was administered hypodermically.

16th.—Had a good night. Temperature, 101·5°; pulse, 100; much tympany; a red discharge, apparently menstrual, appeared, continuing for several days; had much pain in the abdomen when she coughed or moved; vomited several times during the day, this, on the last occasion was "coffee ground," the previous vomit not having been green; the urine was scanty and did not deposit any lithates; it was of a most peculiar red colour, leading to the supposition that it contained blood—a specimen of it drawn by a catheter was examined by my friend Dr. Harvey, but it did not contain any blood.

18th.—Great tympany, but still very little pain; vomits nearly everything swallowed, the ejecta frequently being "coffee ground;" the vomiting was always temporarily restrained by the hypodermic injection of morphia, half a grain being thus administered morning and

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evening from this date for a considerable period. Everything swallowed being rejected, whether brandy, beef-tea, lime-water, and milk, or essence of chicken, I now ceased to administer food by the mouth, but directed that 2 ounces of beef-tea and half an ounce of brandy should be administered, per rectum, every two hours, and this method of giving nourishment was continued for the following twelve days, ice alone being allowed by the mouth, and the temperature having risen during the day to 102° (pulse, 108), I commenced the use of the ice-cap; this gave the patient much comfort, and the temperature gradually fell to 100·6°.

20th.—Condition very unsatisfactory; abdomen enormously distended; constant "coffee ground" vomiting; great restlessness, only quieted for a time by the hypodermic injection of morphia; forbidden to take anything by mouth, even ice.

21st., 9 a.m.—As the result of the absolute prohibition to swallow anything, she has not vomited since 10 p.m. last night. Allowed a little tea. Pulse, 108; temperature, 100·8°.

10 p.m.—Vomited only once, but pulse and temperature have both gone up; two-thirds of a grain of morphia hypodermically.

22nd., 9 a.m.—Pulse, 108; temperature, 101·4°; coffee ground vomiting has returned; to have a sheet wrung out of cold water constantly over abdomen, this to be changed every few minutes.

10 p.m.—Temperature has fallen since application of cold sheet to 100°; has not vomited since 11 a.m., but has brought up 4 ounces of green fluid just now.

23rd.—Had a quiet night; wet sheet constantly changed; temperature, 99·8°; pulse, 96. The wet sheet is very comfortable to patient, and has, in twenty-four hours, reduced the temperature 1·4°. It was now discontinued a few hours, but was recommenced at 10 p.m.; during the day were vomited "coffee grounds;" deposit of lithates in urine.

24th.—Temperature, 99·6°; pulse, intermittent; tympany, if possible, greater. Allowed a little champagne, but vomiting returned immediately, and she flushed up greatly.

25th.—Temperature, 98·8°; abdomen, a little softer; vomited coffee grounds once. To have a little thin gruel, this being the first time anything has been given by the mouth since the 19th, except champagne once. The bowels not having been moved since the operation, an enema of castor-oil and turpentine was administered with the long tube; it was retained, but did not produce any effect. The application of the wet sheet, which had been suspended for a few hours in the morning, was resumed at night, the temperature having risen to 100°. Some flatus passed.

26th.—Temperature, 99·2°; pulse, 90; no "coffee ground" vomiting, but the gruel is brought up nearly unchanged.

27th.—Temperature, 100·2°; tympany increased; wet sheet still continued almost constantly, being always applied when the temperature rises to 100°.

28th.—A fortnight to-day since the operation; condition very critical; there is enormous tympany, and though the vomiting of "coffee grounds" has ceased, everything taken seems to be rejected; is fed altogether by the beef-tea and brandy enemata, to which the yolk of an egg has of late been added twice a day; bowels remain obstinately constipated; temperature rises if the wet sheet be withdrawn; back beginning to become sore; is very restless, except for a few hours after the hypodermic injection of morphia, which is administered morning and evening. Saw Dr. James Little in consultation, he recommended the administration of salicylate of sodæ in effervescence.

30th.—Temperature, 99·8°; pulse, 104; has not vomited since 3 p.m. yesterday; has taken a little gruel, this being the first food retained since the 18th; abdomen softer; passed some flatus.

31st.—A bed-sore forming over sacrum, and also over left trochanter; was placed on a water-bed; gruel was administered nearly every hour, and generally retained.

April 4th.—Had a feculent evacuation from bowels, this being the first evacuation since the operation was performed, exactly three weeks ago.

6th.—Hypodermic injection of morphia discontinued; egg, beef-tea, and various thin forms of farinaceous food taken with relish.

From this date convalescence proceeded slowly but steadily; the bed-sore proved very troublesome, and healed very slowly; the wound in the abdomen also suppurated, and did not close for several weeks, but her recovery was ultimately perfect.

The treatment adopted throughout the whole of this patient's protracted illness was expectant. No attempt was made by the administration of purgatives to get the bowels to act; I believe that such an attempt would have failed, and would only have tended to increase the existing distress. Purgative enematas were on two or three occasions administered with the long tube; they did not produce any effect, save that of causing some discomfort to the patient, and the attempts to free the bowels by them was therefore discontinued. Opium, administered twice daily in the form of the solution of morphia hypodermically, was for a long time the sole medical agent employed; it always quieted the distressing peristaltic action of the bowels, produced sleep, and for a long time checked the vomiting. I believe the patient's recovery was mainly due to this persistent administration of morphia.

The application of cold to the surface of the abdomen was also of the greatest use; it was continued with but little intermission for nearly ten days. The patient lay on an india-rubber sheet, with the night dress drawn up as high as the axilla, another piece of water-proof sheeting was tucked under it and turned back outside it, so as to protect the night-dress from damp and keep the thorax warm. In like manner the bedclothes covering the legs were protected from damp by a piece of india-rubber sheeting; thus, the chest, arms, legs, and feet were kept warm, the abdomen alone being exposed, a large bath-towel wrung out of cold water was then laid over it; this was changed very frequently—at first, every five minutes, then, whenever it felt warm to the hand, after the administration of the morphia at night, a bag made of thin gutta-percha tissue filled with ice was substituted for the towel for an hour or two; this was done to prevent the patient being disturbed during the sleep which the morphia always produced. If the patient complained of being cold, the cold applications were discontinued, to be resumed the moment the temperature rose to 100° in the vagina; this generally occurred within an hour and a-half of the withdrawal of the cold. By this means the temperature was permanently prevented from rising, whilst the patient experienced but little discomfort from the treatment.

The coffee ground vomiting was of course a very alarming symptom; as a rule, I am in the habit of looking on it as a fatal one, and this is the first case of ovariotomy in my practice in which recovery followed after its occurrence.

The patient was fed for fourteen days, altogether by the rectum, one and a half-an-ounce of beef-tea and half-an-ounce of brandy being injected every second hour; it was nearly always retained. After a time the yolk of an egg was added twice in the day, and for a couple of days milk was substituted for the beef-tea, but it did not answer so well, a large quantity of it being expelled after the lapse of some hours in a very fœtid state, while this never occurred with the beef-tea.

The only encouraging feature in the case was the recurrence of the menstruation. This is always a good symptom.

To what the obstinate constipation and consequent tympany were due, is not absolutely clear; probably, to a localised enteritis, though there certainly was also some peritonitis present.

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ON INTERMITTENT BRONCHO-PNEUMONIA.

By H. CRIPPS-LAWRENCE, L.R.C.P., Lond., &c.

The cases about to be considered as illustrations of this affection are but few in number, and they will be recorded in reference to observations and inductions made respecting them.

A. Let me first proceed with the observations.

Case 1 was published in the *Medical Press and Circular*, of October 16, 1878, under the following title: "A Case of Metastatic Lobular Hyperæmia of the Lungs, and Dry (left) Pleurisy, as Sequelæ of Measles." I mention this title here because it epitomises, so to speak, the clinical features of this form of lung congestion.

Case 1.—Read from published report.

Case 2.—J. M., æt. 2 years 5 months. Health fairly good from birth. Five months previous to my first visit she was left at home with her nurse, her parents being away. The child continued well apparently for four months of this period, but one month before I saw her she was reported to have become languid and feverish, and one week later, that is three weeks before my attendance commenced, she had become evidently ill, the prominent symptoms being cough and feverishness.

On November 5th, 1878, I saw the child for the first time, and on examination of her chest I found the physical signs normal with the following exception:—Dulness was present on percussion over the apex of the left lung, posteriorly extending from the supra-spinous fossa as far downwards as the junction of the lower and middle third of the left scapula. This dulness was chiefly marked above, gradually diminishing from above downwards. Respiratory murmur was absent, and the vocal resonance increased superiorly; the symptoms being relatively altered in character from above downwards, until at the level above mentioned, normal lung was demonstrable by the absence of abnormal physical signs. An ordinary saline mixture was prescribed. It is noteworthy here that the child had vomited.

8th.—Temperature 98·4, respiration 24, pulse 88. The dulness and hyperæmia of the posterior apex of the left lung had nearly disappeared. The patient now complained of inability to stretch her legs and thighs out without pain, more especially the right one.

9th.—Temperature 102·8, respiration 44, pulse 140. Respiration markedly thoracic. A patch of dulness detected over the right scapular region, with coarse breathing, but neither bronchophony nor crepitation were audible. Cough frequent, spasmodic, and suggestive of pertussis. Vomiting had occurred twice, and the bowels had acted once. Tenderness felt over the cæcum, accounting for the thoracic respiration. Repeat mixture. Balneum vespere, 92 deg. Fahr; catap. lini capiat i coli.

10th.—Temperature 99·4, respiration 24, pulse 96. Hyperæmic patch over the right scapula gone. Much relieved by the warm bath. Patient had slept from bed time till 2 a.m. Cough looser, less frequent; no vomiting; bowels had acted. Motions reported natural. Slight tenderness over the cæcum. Repeat mixture.

11th.—Temperature 100·2, respiration 32, pulse 120. A limited patch of dulness about the size of a florin was now detected near the angle of the left scapula, and bronchial crepitation was audible over it. Tenderness diminished, but pain was felt over the cæcum, and the legs were still drawn up. Upon further inquiry it was elicited that for the last four days a marked periodicity was evident in the febrile condition and this was intermittent in type. The attack, it was observed, commenced with either a modified rigor or with sickness, and from 4.30 p.m. to 9 p.m. the child was hot and feverish; after 9 p.m. the hot stage gradually passed off, leaving the patient sweating until 4 p.m., when she became cool again, until the return of the attack in the afternoon. Quinine was now ordered in gr. ¾ doses thrice daily, with a double dose an hour before the expected return of the attack.

This afternoon (November 11) the attack was modified, no fever occurred at 4.30 p.m., but at 7 a.m., November 12th, there was a rigor, with an inclination to, but no actual occurrence of, sickness. Little or no appreciable fever followed, but from 10.30 a.m. till 4.20 p.m. more or less sudoresis was observed, after which the patient continued cool. Temp. 99.2, resp. 24, pulse 92. No abnormal chest sounds. No tenderness over the cæcum. Bowels had acted; debility was more marked. The dose of quinine was doubled throughout, and ʒj. sp. vini gallici given in milk every three or four hours.

18th.—The nurse reported that on November 16, four days after doubling the dose of quinine and ordering the brandy, the fever had commenced at 12.30 noon, a variation in time which is noteworthy. Moreover, the febrile attack was fugitive and slight in character; at 8 p.m. vomiting occurred without subsequent fever. No fever after November 16th. Ordered a dose of syrup, sennæ et rhei. Temp. 98, resp. 20, pulse 88.

21st.—No fever; no vomiting; slight cough, but no abnormal chest sounds. Bowels acted freely after the laxative. To continue double doses of quinine.

28th.—Convalescent. Gaining appetite, flesh, and strength. Repeat mistura, quinine ter die vel ut opus sit.

On February 15, 1879, I saw this patient, and learned that convalescence had progressed uninterruptedly from the preceding November, and she had remained well since.

Case 3.—I was unable to observe in a satisfactory manner owing to the slight degree of the illness. Yet, as the main features presented by the case were allied in character, though in a diminished degree as compared with the others, I have ventured to include it as illustrative of this form of lung hyperæmia.—T. B. æt. 6 years, enjoyed good health up to April, 1878, from which date we may follow up the history of the case.

In April, 1878, the patient went with his mother to Winchester in excellent health. In May he complained of sore throat, coughed a good deal, and lost his appetite. At this time he was seen by a medical man, who was at this time attending the boy's aunt, for a sore throat which was attributed to imperfect drainage. Upon hearing this his mother removed the patient from Winchester into Somersetshire. Here he improved in health, and a fortnight later he went to Tiverton in Devonshire. Here both the patient and his sister complained of, and were ill with, sore throats, for which reason they were removed to Westward-Ho, where they both soon regained health and strength.

In October, 1878, the patient went to stay with some friends at Newton-Abbott, where he relapsed into ill-health, commencing with a cold. He now returned to Tiverton, and soon after began to cough. Had fever at night, with some chilliness or shivering in the day-time. The house at Tiverton is reported to stand on high ground with a good deal of water stagnant in the lowland around it, while a canal runs below the long garden at the back of the house. In October the ground was dug up to make a new drain, and at this time the first well-marked rigor occurred.

At my first visit, on January 2, 1879, I found the boy weak, with flabby muscles, a sallow, almost earthy, complexion from pallor, while cough, with shivering once or twice in the twenty-four hours, followed by fever and sweating, were the prominent symptoms.

The periodicity of the rigors, the loss of flesh and appetite, the increasing debility, and increasing cough were all points which had been noticed by the patient and his mother also.

Upon physical examination of the chest, all appeared normal, except in the upper part of the right inter-scapular region, where a patch of dulness, about the size of a five-shilling piece, was noted; over this area vocal resonance was relatively increased, and respiration was audible. This patch was painted occasionally with the linimentum iodi. The physical signs varied, gradually lessening in degree, until they almost disappeared on January 9th.

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On January 13th, however, they re-appeared, being almost gone again on the 17th.

On January 17th, however, there was noted a slight increase of dulness towards the sternal end of the right infra-clavicular region.

I now lost sight of the patient for a few days, during which interval he moved from an unhealthy house to a more airy and healthier one.

At my next visit, on January 27th, the abnormal chest sounds had almost disappeared, and on the 30th, the chest was quite normal.

This patient was treated throughout with gr. j. doses of quinine every four hours. When I first saw him the rigors were noticed to occur periodically at 6 a.m. and 6 p.m., daily, were well marked in character, and followed by evident fever and subsequent sweating.

Irregularity in the periodicity of attack was the first sign of improvement, which was soon followed by less marked rigors, less fever, and less sweating, until at the end of the month the attacks were quotidian in type, and of very slight intensity. The periodicity, however, was evident after the lung hyperæmia disappeared the first time.

Before dismissing the observations, let me add a word respecting the treatment and prognosis of these cases.

The first and most typical of these cases puzzled me not a little, until the periodicity appeared as a prominent symptom in the attack, and gave me the key and clue to the necessary treatment—the administration of quinine.

Until this periodicity became marked, I prescribed salines with unsatisfactory result, but so soon as quinine was given, amelioration, followed by cure, occurred in this, as in all the cases recorded. The treatment adopted in Case 1 illustrates that necessary for this condition of lung universally, and will be found in the *Medical Press and Circular*, of October, 1878, p. 311.

In reference to prognosis, an irregular course of lung congestion should lead us to suspect the presence of some abnormal systemic influence, and if it be associated with an intermittent type of fever, the presence of a miasmatic origin becomes probable. As a consequence, the prognosis should be guarded, and this especially in respect to two points—

1. The period of the attack may be, most probably will, be lengthened, as compared with ordinary lobar or lobular pneumonia.

2. As to the events of the attack, the poison may gradually expend itself; but the more virulent it is in character, *i.e.*, the more marked the miasmatic influence, by so much does the probability increase that the poison will express itself by a localisation, either in an endo- or pericarditis, an empyæmia, a peritonitis, or in one or more local abscesses.

In Case 1 the elimination was markedly by the skin, and the cutaneous hyperæmia indicated the employment of daily friction of the skin with maintenance of warmth of surface.

B. The inductions suggested by these cases appear to me the following :—

(*a*) These cases illustrate an interesting clinical variety of lung congestion. This hyperæmia of lung differs from ordinary lobular or lobar pneumonia. In the first case, no distinct pathognomonic lung congestion occurred, running a definite course to subsidence in resolution, or disintegration of lung tissue. On the contrary, there were found physical signs of hyperæmia, occurring here, or there, or anywhere, not spreading by continuity, but attacking various parts of the lung and different organs, *per saltum*. For in the first case, there was co-incident dry pleurisy; while in the second, marked tenderness of the cæcum co-existed with the lung complication.

Be it remembered, however, that in the first case, on May 2, 1878, the base of the right lung threatened consolidation; and the physical signs of consolidation were stationary and indolent in the third case. These facts are noteworthy in reference to the nomenclature of the disease.

(*b*) The occurrence of a rapid metastasis in lung hyperæmia, complicated or not with co-existent congestion of other viscera, is suggestive of an altered blood state finding its expression in an abnormal systemic condition.

(*c*) The occurrence in each case of a more or less well-defined rigor, followed by fever and sweating, pointed to a malarial poison as the *fons et origo mali*. And here note that in Case 1, a swampy district in the neighbourhood of the school to which the first patient went, afforded a hunting ground for the boy naturalists, not unmixed with danger to those predisposed to the influence of marsh miasm by ill-health or debility.

In Case 2, the father of the child informed me that for upwards of a year previous to her illness, the ground skirting the small garden at the back of his house, had been excavated and exposed to the air, previous to being used for building purposes. This is a very interesting fact, as it brings home to us, very practically, knowledge of which we have abundant testimony from malarial districts proper. In Japan and China it has been a common experience that troops quartered near to *ground recently exposed to air*, had intermittent fever rife amongst them.

In England we are too apt to regard intermittent fever as a disease peculiar to certain countries or limited districts. This may be true of the typical and genuine form of the malady, but until a more exact state of science shall enable us to separate the *fons et origo mali* of intermittent fever, we shall be wise not to disregard the plain teaching of facts. The rapid growth of large towns and cities necessitates the exposure to atmospheric influence of earth which, though not essentially marshy, is nevertheless untilled, and the emanations thence resulting may be productive of more or less intermittent fever in human beings living in such neighbourhoods.

(*d*) In each case a period of incubation, predisposing to malarial influence, was well-marked :—In Case 1 the patient had first varicella, then measles in February; in the interval between February and April he was at school, and, presumably, though the actual proof is wanting, may have been occasionally bird-hunting in the adjacent swamp. On April 8th he became ill, and on April 12th had inflammation of the lungs and (right) pleurisy, which, later on, relapsed into typical intermittent broncho-pneumonia.

In Case 2, a child of almost infant years, is unwittingly living near unhealthy emanations, arising from ground excavated for building purposes (subsequent investigations demonstrated imperfect drainage and imperfect sanitary arrangements also). The primary effect of the malaria rendered such a system prone to be prejudicially affected by continued exposure to its influence. In due course, such exposure continuing in operation, the specific influence of a baneful miasm expressed itself in a mild and modified but specific attack.

In Case 3 the history pointed also to prominent predisposing ill-health. This had been induced by bad drainage: then came the debilitating catarrh at Newton-Abbot; followed soon after by living in an unhealthy house at Tiverton; for though, on high ground, it was surrounded by damp, marshy, low-land; and, lastly, but by no means least an exposure to recently excavated earth—for at this juncture, when the earth was excavated to make the new drain, we learn that the first well-marked rigor occurred.

(*e*) The metastatic character of this form of hyperæmia of the lung, with or without co-existent implication of the other viscera, should lead us to suspect an altered blood state; to search for a history of intermittent; and if this be found, at once to adopt its specific treatment by quinine.

(*f*) Quinine is a specific for intermittent broncho-pneumonia.

(*g*) The term intermittent broncho-pneumonia appears preferable to intermittent pneumonia. Ordinary broncho-pneumonia only intermits in a very limited sense. It intermits somewhat in its access and regress; but the term intermittent broncho-pneumonia implies a much more definite fact than this, viz., its association with, nay its

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dependence for existence, upon the presence and action of a miasm, capable of inducing a truly intermittent form of disease. It is allied to ordinary broncho-pneumonia, in that one or more lobules become hyperæmic at a time; in some cases the lung hyperæmia becomes a consolidation, and thus the disease associates itself, though very locally, with pneumonia, to which statement the transitory consolidation in Case 1, and the more permanent one in Case 3, bear witness. Thus compound in nature, intermittent broncho-pneumonia suggests many interesting thoughts respecting the etiology of broncho-pneumonia, and of pneumonia proper. The disease itself appears to be a nondescript hybrid, anomalous in nature, as well as in type.

These observations and inductions may possess an increased interest from the fact that they result from my independent clinical observation and induction, and it was not until I had arrived at these conclusions that I became aware that the disorder had been previously described. This statement, while on the other hand it exhibits a personal ignorance on my part, which for some reasons I would be glad not to have to plead, is, on the other hand, eminently satisfactory to me, as I can appeal to the recorded independent observations of others to substantiate the statements I have already advanced.

In the 1871 edition of Reynold's "System of Medicine," there is a brief notice at p. 615 by Dr. Wilson Fox on the effect of irritating vapours in the production of a disseminated form of pneumonia resembling closely the lobular pneumonia occurring in bronchitis; and at p. 616 of the same work the subject of intermittent pneumonia is briefly discussed.

The French term of intermittent broncho-pneumonia appears to me preferable, as expressing more accurately the physiological and pathological conditions associated with the affection we are considering.

Turning to French medical literature, I found in the *London Medical Record*, of Feb. 15, 1876, a note that on Jan. 11, 1876, M. Bourgada, of Clermont, read a memoir on Intermittent Broncho-Pneumonia before the Academy of Medicine in Paris. This affection, it is stated, M. Bourgada had frequently observed in the middle regions of France. It constitutes an incipient paludal affection, a remittent fever with bronchial and pulmonary localisations. It is more mobile than pneumonia; irregular in its progress, assuming the tertian or quartan type. It is amenable to quinine, which affects a cure without local treatment.

In the *L'Union Médicale*, of August 19, 1876, in a clinical lecture on "Intermittent Fever in Children," delivered by Dr. J. Dubrisay, before the Medical Society of Paris, in June, 1876, an exceedingly confirmatory illustration of intermittent broncho-pneumonia may be read, from which I translate the following paragraph as apposite and interesting:—

"The subject of intermittent fever, and especially as it occurs in childhood, has been singularly ignored by most authors. The pathological works extant among us, are for the most part silent on the theme. Treatises especially devoted to intermittent fever and the diseases of children such as those by Barrier, Billard, Rilliet and Barthez, Vogel, Trousseau, West are not explicit enough respecting it."

In the work by Bouchut, the first edition of 1845, there was a long chapter on the subject, and after this several practitioners published memoirs and observations thereon, in the journals.

Among others I may mention Sémanas in 1847, in the *Gazette Médicale*; Guiet in 1850, in the same journal; Ebrard, Valleix, in 1848; Schnitzer in 1849; Alaboisette in 1850; Aubinais in 1851; these five all contributed to *L Union Medicale*.

In the collection of the *Archives* and in that of the *Gazette Hebdomadaire* I have not been able to find any important document about it. Lastly, in the *Revue des Sciences Medicales d'Hayem*, of the year 1873, vol. ii., chapter i., I have met with a detailed analysis of a lengthy memoir published by Professor Böhn.

When a subject is thus passed over it behoves each one to record any new facts he may meet with; to compare them with previous observations; and then, instead of such a topic remaining buried in obscurity, it will soon be investigated and become a recognised item of professional knowledge.

THE MEDICAL HISTORY OF THE TEMPERANCE MOVEMENT.

By NORMAN KERR, M.D., F.L.S. (*a*)

At no stage in the onward progress of the temperance movement have representatives of the medical profession ever been wanting. In the early or moderation stage, when the advocacy of temperance reformers was confined to abstinence from ardent spirits, a numerous company of Æsculapians was invariably in the van.

Leaving out of the reckoning altogether the many unstinted commendations of temperance by the early fathers of the healing art, while united temperance effort was yet in the womb of time, from the ranks of the noble profession of medicine emanated graphic expositions of the physical, mental, and moral dangers accompanying even limited alcoholic indulgence.

In 1725 Dr. Cheyne had issued a second edition of his first work (1), in which he commends total abstinence as the most natural, healthy, and safe mode of living, and condemns moderate drinking as unhealthy and dangerous.

In 1747 Dr. James (2) wrote, "Every person who drinks a dram seems to me guilty of a greater indiscretion than if he had set fire to a house; and for the same reasons cordial waters are the most dangerous furniture for a closet." Again, "I cannot forbear admiring the great wisdom of Mahomet, who has strictly forbade his followers the use of fermented liquors for better reasons than are generally apprehended."

Dr. Darwin, author of "The Botanic Garden," in 1794 (3) calls wine "a pernicious luxury in common use, and injuring thousands."

In 1802 Beddoes (4) pointed out the many dangers attendant on the social and medical use of intoxicating drinks, dwelling on the "mischief from wine taken constantly in moderate quantity," and emphasising "the enfeebling power of small portions of wine, regularly drunk."

Dr. Trotter, two years later (5), denounces beer as a "poisonous morning beverage," says "wines strengthen neither body and mind;" and thus writes, "When wine was first introduced into Great Britain, in the thirteenth century, it was confined to the shop of the apothecary. It would have been well had it always been confined there."

Writing to Dr. Joshua Harvey in 1829, Dr. John Cheyne, Physician-General to the Forces in Ireland, in a letter published in Dublin (6), contends that the medical profession "ought to make every retribution in their power for having so long upheld one of the most fatal delusions which ever took possession of the human mind." Dr. Cheyne also trenchantly exposed the fallacy of supposing that fermented wines recruited the strength in bodily or mental exhaustion.

So much for British medical men in the prehistoric temperance era. If we turn to America, we find Dr. Rush, nine years earlier than Beddoes, vigorously engaged in enlightening his fellow-countrymen on the terrible evils wrought by the imbibition of ardent spirits (7). In 1813 Dr. Reuben Mussey, of Salem, was doing good service, and four years later Dr. Torrey was hard at work, as was Dr. B. J. Clarke in 1822; Dr. John Ware, of Boston, in 1823; Dr. Gamaliel Bradford, in 1826; Dr.

(*a*) Read at the Temperance Jubilee Fete, Crystal Palace, September 2nd, 1879.

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Charles A. Lee, of New York, in 1827; and Dr. Flint in 1828 (8).

The period of incubation having ended, we find numerous representatives of the medical profession officiating at the hatching of the promising Bird of Temperance, and carefully watching over its infant life of abstinence from distilled spirits alone. Among the office-bearers of the Glasgow and West of Scotland Temperance Society, in November, 1829, was Dr. Charles Ritchie (9), and in the same year Dr. Kirk (10) occupied a similar position in Greenock. Among the officers of the Hibernian Temperance Society, in 1831, were Drs. Harvey, Cheyne, Pope, Adams, and Bevan (11). In June, 1831, at the head of the British and Foreign Temperance Society were Sir John Webb, M.D., Sir Jas. McGrigor, M.D., Sir Matthew Tierney, M.D., Sir John Richardson, M.D., Dr. Conquest, and Dr. Pidduck (12).

When temperance had emerged from its infancy of total abstinence from ardent spirits and moderation in the use of wines and malt liquours into the full bloom of teetotal manhood, the representatives of medicine were still conspicuous by their presence.

A veteran Æsculapian to this day in professional harness, my honoured friend Dr. Daniel Richmond, of Paisley, had the privilege of being one of the founders of the Youths' Temperance Society there on 14th January, 1832 (13), and on the succeeding day of assisting at the formation of another total abstinence society in the city of Glasgow (14).

In England Dr. Grindrod; Mr. Higginbottom, of Norwich; Dr. Beaumont, of Bradford; and Dr. Oxley, of London, were among the pioneers. To no member of the profession is the temperance movement more indebted than to the venerable though vigorous author of "Bacchus." He was one of the first, if not the first, medical man to sign the pledge (15) a practical abstainer for years before, and an avowed one in 1830 (16). He founded the first exclusively teetotal society in England, at Manchester, on 25th February, 1854 (17). In 1835 he established a children's society, a veritable Band of Hope, in the same city (18). In that year, and for many years thereafter, he was journeying through the length and breadth of the land delivering illustrated lectures (many of these presided over by medical men) on the physiology of alcohol, teaching that alcoholic beverages were "pernicious, poisonous, deadly" (19). More than 100,000 persons took the pledge at Dr. Grindrod's lectures (20). Eight doctors signed after his lecture at South Shields (21). He advocated the institition of coffee taverns as conteractives to drunkenness in 1835 (22). He was the first in this country to utter sound views on what is known as "the unfermented wine question," taking in answer to objections urged against total abstinence from the supposed Scriptural sanction of the ordinary use of intoxicating liquors, the stand all enlightened students of God's Word must eventually occupy, that the wines mentioned in the Bible embrace both fermented and unfermented varieties (23). Dr. Grindrod was advocating these views as early as early as 1834 (24) He took the leading part in establishing the first abstinence organisation, the British Temperance League, in 1835 (25); and, having organised temperance societies in connection with St. Paul's Church, Manchester, in 1835, may be said to have been the real founder of the great Church of England Temperance Movement. From the first he advocated that every church should have a temperance society, and every Sunday school its Band of Hope (26). Dr. Grindrod was the first to propose the compulsory detention of habitual drunkards (27).

Dr. Beaumont was an abstainer in 1829, and published an exposure of the dangerous effects of strong waters in 1830 (28).

Mr. Higginbottom, F.R.S., was probably an abstainer many years before the birth of the movement, and had abandoned the prescription of alcohol as early as 1832 (29).

Dr. Oxley was a teetotaler in 1790 (30), and also among the first was Dr. Kirk, of Greenock. Dr. J. C. Ferrier became a declared abstainer in 1832, Dr. Menzies in 1835, and Dr. Burn in 1836, all in Edinburgh; Dr. Menzies being the second, and Dr. Burn the third president of the Edinburgh Total Abstinence Society. Mr. Bennett, of Winterten, joined the ranks in 1835, Mr. Mudge, Mayor of Bodmin, and Mr. Julius Jeffreys, F.R.S., in 1837. Among those who rapidly followed suit were Dr. Lovell, of London; Dr. Collenette, of Guernsey; Dr. Fothergill, of Darlington; Dr. Gordon, of Hull; Mr. Courtenay, of Ramsgate; Mr. Nicolls, of Longford; Dr. Robert Martin, of Manchester; Sir John Forbes; Dr. Thompson, J.P., of Bideford; Mr. Batchelor, of Dunstable; Dr. Mackenzie, J.P., of Inverness; Mr. Townson, of Liverpool; Dr. Holdsworth, of Wakefield; Dr. McCulloch, of Dumfries (whose lecture to the Scottish Universities in 1852 did yeoman's service); Dr. David Brodie, of Edinburgh; Dr. Linton, of Aberdeen; Dr. Adams and Dr. Thomson, of Glasgow; Dr. Jeffrey, of Ayton; Dr. J. C. Reid, of Newbiggin-on-Sea; Dr. Purdie, of Edinburgh; Dr. Watson and Mr. Anderson, of Travent; Mr. Aikman, of East Linton; Mr. Smith, of Denny; Mr. Rae, of Stonehouse; Dr. Scatliff, of London; Mr. Dixon, of Watlington; Dr. Gilchrist, of Dumfries; Deputy Surgeon-General Gunn, Surgeon-Major Lynn, and Dr. Forsayeth.

Dr. Forman, of Glasgow, who had been one of the earliest abstainers, was the proprietor and editor of the *Teetotal Mirror*, a fortnightly publication, with its habitat in Glasgow, devoted to the advocacy of the cause. The first number appeared on 16th January, 1838, and the last on 24th January, 1839.

Time fails me to enumerate the long list of medical worthies who have since kept up, with unbroken continuity and ever increasing volume, the line of temperance apostolical succession. Two names in this undaunted band command attention. Well do I remember, in the Free Church of Scotland Assembly at Edinburgh in (I think) 1856, the late Professor James Miller boldly declare that, in his opinion, the greatest stumbling block to the temperance reformation was total abstinence; but twelve months had barely elapsed ere this noble-minded Christian surgeon stood up, at the next meeting of that very Assembly, to confess his error and urge the claims of abstinence on the assembled fathers and brethren. His burning zeal and eloquent tongue, combined with his eminence in the profession, had a marked effect on the progress of our movement. Many renowned physicians and surgeons have since that time come over to our side, notably Professor Rolleston, of Oxford, and Sir Henry Thompson, of London; but

"the noblest Roman of them all,"

the high priest of hygiene, a man honoured no less by popular acclaim than by the world of science, is the illustrious Dr. Benjamin Ward Richardson. An original investigator—for to no one are we more indebted for what accurate knowledge we have of the action of the alcohols—his scientific attainments, with that classic diction of which he is so consummate a master, have won for our cause a position it had never been within sight of before.

In every phase of the temperance reform medical men have participated. Dr. Grindrod suggested and presided at the formation of the first English organisation in 1835; Dr. Richmond aided in the foundation of the societies at Paisley and Glasgow in 1832; and Dr. Menzies, of the Scottish Temperance League, at Falkirk in 1844. There were several medical men at the launching of the United Kingdom Alliance in 1855, and a doctor, who was the first honorary secretary of the Glasgow Abstainers' Union, in 1854 proposed and instituted the well-known and wondrously successful Saturday Evening Concerts in the City Hall there. On the directorate of the original Coffee Tavern Company have been from the first two members of the profession, who are also on the provisional council of

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the Coffee Music Hall Company; and throughout the kingdom disciples of Hippocrates are actively engaged in every department of temperance effort. To medical men the movement for legislation for habitual drunkards is indebted for its conception and persistence. Two of the most valuable contributions to the Wine Question have come from the profession. Barry, in 1775, published a work (31) which has been a mine of wealth to all inquirers after the truth regarding Bible and ancient wines; Henderson, half-a-century later, presented a complete cyclopædia of oino-historic lore and facts (32); Grindrod and other physicians have added largely to the literature of this important subject (33).

The three well-known Declarations concerning alcohol merit special mention. The first was drawn by Mr. Julius Jeffreys in 1839, and was signed by Sir B. Brodie, Sir Jas. Clarke, Sir J. Eyre, Dr. Marshall Hall, Dr. A. T. Thompson, Dr. A. Ure, the Queen's Physicians, Professor Partridge, Professor Quain, Mr. Travers, Mr. Bransby Cooper, and seventy-eight leaders in medicine and surgery. This document declared the opinion to be erroneous that wine, beer, or spirit was beneficial to health; that man in ordinary health required no such stimulant, and could not be benefited by the habitual employment of such in either large or small quantities; that, even in the most moderate doses, alcoholic drinks did no good, while large quantities (such as by many would be thought moderate) sooner or later proved injurious to the human constitution, without any exceptions.

The second Declaration was originated, and the many signatures published, by Mr. John Dunlop in 1847. More than 2,000 of the most eminent physicians and surgeons signed this, including Sir B. Brodie, Sir J. Clarke, Sir W. Burnett, Sir J. Forbes, Sir H. Holland, Sir A. Munro, Sir J. McGrigor, Sir R. Christison, Dr. W. B. Carpenter, Dr. Copland, Dr. Niel Arnott, Dr. A. Farre, Professors Guy, Allen Thomson, Miller, McLeod, Easton, Anderson, Mc Farlane, Rainey, Buchanan, Paris, Winslow, Alison, Syme, Henderson, Lawrie, McKenzie, R. D. Thomson, Couper, and Simpson. This certificate set forth that perfect health is compatible with total abstinence from all intoxicating beverages; that all such drinks can, with perfect safety, be discontinued either suddenly or gradually; and that total and universal abstinence from alcoholic liquors and intoxicating beverages of all sorts would greatly contribute to the health, the prosperity, the morality, and the happiness of the human race.

The third Declaration, which was prepared by Professor Parkes, on the suggestion of Mr. Ernest Hart and Mr. Robert Rae, in 1871, was signed by 269 leading members of the hospital staffs. Among those signing were Sir Geo. Burrows, Sir Thomas Watson, Sir H. Holland, Sir William Fergusson, Sir James Paget, Sir Ronald Martin, Sir Henry Thompson, Sir Duncan Gibb, and Sir James Bardsley. This Declaration, recording the widespread belief that the inconsiderate prescription of large quantities of alcoholic liquids by medical men had given rise to intemperance, urged the need for medical practitioners to prescribe these liquors only under a sense of grave responsibility; that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion was passed.

Few seem to be aware that, at its very beginning, the temperance movement was powerfully aided by a large number of local declarations signed by the leading practitioners in the various districts. Between 1830 and 1833 declarations setting forth the evils of the most limited habitual use of ardent spirits were signed by the medical men of, among other places, Dublin, Edinburgh, Bradford, Berwick, Kilmarnock, Leeds, Cheltenham, Brighton, and Bristol (34); while the Manchester practitioners testified that the habitual use of all intoxicating liquors was not only unnecessary but pernicious (35). As far back as 27th December, 1790, the College of Physicians of Philadelphia memorialised the Senate and House of Representatives of the United States on the pernicious effects of distilled spirits upon the health of the people, stating that their habitual use, in any case whatever, was wholly unnecessary, and that they neither fortified the body against the morbid effects of heat or cold, nor rendered labour easier or more productive (36).

The Physiology of Alcohol.

To the literature of the physiology of alcohol the medical profession has contributed largely. M. Courten, of Montpelier, showed, in 1679, by the hypodermic injection of sp. vin. rect., that the alcohol of white wine has practically the same poisonous effects as the alcohol of distilled spirits (37).

Early in the eighteenth century Dr. Cheyne gave a clear and graphic exposition of the bodily and mental mischief wrought by intoxicating drinks, and commended the superiority of abstinence over moderation mainly on the ground that, through their physiological action, all such beverages, even when taken in limited quantities, have ever a tendency to create a craving for more. In his expressive language "drops beget drams, and drams beget more drams." Elsewhere he says of fermented liquor used socially, "as a common beverage it is a slow and certain poison" (49).

Dr. James, in 1747, exposed the fallacy that alcoholic drinks promote digestion (40); and Dr. Darwin, towards the close of the century, classed alcohol as a poison, wrote of its use as a luxury as pernicious, and held it to be "the principal, if not the only agent, in the production of gout and gravel" (41).

In the second year of the present century Beddoes enunciated the great truth—"the injury from any fermented liquor is to be measured by the quantity of alcohol or ardent spirit which is to be obtained from it on distillation" (42). From the experiments of Pilger on the lower animals, and from his own observations on man, Beddoes came to the conclusion that fermented and distilled liquors were inimical to digestion, and a constant source of chronic indigestion (43).

Trotter, in 1804, showed that sudden abstinence was not only perfectly safe, but was the only method for the curing of the drunkard; and that to nursing mothers and to the young alcohol was especially hurtful (44).

McNish, some years later (45), denounced the drinking of malt liquors by nursing women, showing that the irritant and narcotic properties of alcohol are communicated to the child through the milk. He also showed how men, indulging habitually day by day, without producing any evident effect on either body or mind, and fancying themselves strictly temperate, were "undermining their constitutions by slow degrees—killing themselves by inches, and shortening their existence several years" (46).

Dr. Beaumont, of the United States, conducted a remarkable series of experiments—from 1825 till 1833—on a young Canadian who had an unhealed gunshot wound in the walls of his stomach, with the result that "the whole class of alcoholic liquors, whether simply fermented or distilled, may be considered as narcotics, producing very little difference in their ultimate effects on the system," and that these liquors retarded digestion and produced irritation and inflammation of the gastric mucous membrane, even when St. Martin felt no symptoms of discomfort (47). Dr. Dundas Thompson and Dr. Henry Munroe (48) verified these conclusions at a later date.

In 1814 Prout found (49) that all alcoholic liquors, even diluted, diminished the quantity of carbonic acid expired, and Fyfe shortly afterwards confirmed Prout's conclusions, as also have done Schultz, Vierordt (50), and Edward Smith (51).

In 1839 Percy found alcohol in the brain of a dog killed two minutes after the administration of the poison (52), while Dr. Lewis (53) and Dr. Kirk published cases occurring in their practice corroborating Percy's experiments on the lower animals. Dr. Ogston added yet further confir-

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mation to the proposition that alcohol penetrates at once to the brain through the medium of the blood (54).

Schultz in 1842, Virchow in 1853, and Boecker in 1854 (55) showed that alcohol, in even moderate doses, cuts short the life period of the blood corpuscles, and alters the character of the blood, loading it with fatty globules and with retained effete matter.

Davy was the first to demonstrate the influence of alcohol in lowering the temperature of the body (56); Lees enforced the accuracy and importance of this fact (57); Henry Brown admitted it in 1858 (58); Richardson in 1865, Binz (59), and Ringer (60) have by elaborate experiments confirmed it, Richardson giving the doubters the *coup de grace*.

Liebig, in 1843, while admitting that alcohol possessed no alimentary principles (61), contended that it was decomposed in the system, and was, though to a limited extent, a heat giver (62).

In 1860, Lallemand, Perrin, and Duroy published the conclusions to which they had come after a very long and painstaking investigation (63), holding that alcohol was eliminated from the body unchanged.

An animated and lengthened controversy ensued, in which Baudot (64), Trousseau (65), Schulinus, Edward Smith, Anstie, Thudichum, Dupré, Subbotin, Richardson, and others took part; and the present state of our knowledge is that a portion of the alcohol taken has been demonstrated to pass out of the body unchanged (66), while we are in total ignorance of what becomes of the remainder.

Alcohol was held to be a paralyser by Grindrod in 1837 (67), by Schultz in 1842 (68), by Lees in 1843 (69), by Brown in 1858 (70), and by Edmunds in 1867 (71).

The remarkable series of experiments on a healthy man of twenty-six years of age, by Parkes and Wollowicz (72), showed that the action of the heart is enormously increased under alcohol, so small a quantity as one ounce causing that organ to beat 4,300 times more in the twenty-four hours.

Though great light has been thrown on the phenomena of alcoholism by Wilson (73), and Sewell (74), Lee (75), Youmans (76), Hammond, Davis, and others in America, and (especially on the differential action of the various alcohols) by a host of Continental practitioners, we know as yet little or nothing of the chemical behaviour of alcohol in the living frame.

But we do know enough of its effects to warrant us in affirming, with Thudichum and Dupré, that "alcohol is a poison even in small doses" (77), and with Sir Wm. Gull, that it is the "most destructive agent known to us in this country" (78).

The very few physiologists who argue that alcohol has any food power admit that this is a very low power, while all are agreed in classing alcohol as an irritant narcotic poison.

In the enlightenment of the professional and public mind Dr. W. B. Carpenter's splendid prize essay, in 1849, played no mean part (79). His indictment, on physiological grounds, of all habitual drinking is unanswerable.

It is an act of simple justice to state that nearly all the opinions now held by the highest scientific authorities were anticipated and formulated by a gentleman who is not a member of the medical profession. The temperance movement would have been in a very different position to-day had it not been for the research, learning, and popular exposition of the action of alcohol, for which we are indebted to Dr. F. R. Lees, of Leeds. No language can express my sense of the obligations we all owe to Dr. Lees for his masterly criticisms of the productions of a long succession of medical antagonists, and for his unrivalled contributions to the literature of alcohol. From 1839 till the present time he has lectured on the science of temperance all through the land, insisting from the first on the narcotic, benumbing, paralysing action of alcohol; and he anticipated by twenty years the chief and most certain principles now all but universally accepted by genuine physiologists. His definition of food in its three aspects has been adopted in the recent great work of Baer, of Berlin, on "Alcohol" (80). Not the least valuable of Dr. Lees' services to temperance physiology was his translation and popularisation of Lallemand, Perrin, and Duroy, an undertaking which moved the scientific world of Britain to its very centre.

Alcohol as a Medicine.

George Cheyne (81), James (82), and Trotter (83), all denounced, in no measured terms, the routine medical prescription of intoxicating liquors, the latter insisting on alcohol being given in drops like tincture of opium. In later times Higginbottom, Bennett, Beaumont, Mudge, and Nicholls carried on extensive practices while dispensing entirely with beer, wine, and spirits; Collenette and many others are still alive pursuing a like course; and there are now several workhouse infirmaries (84) and parochial districts, as well as a Temperance Hospital, where the medical officers prescribe no alcoholic beverages. At the recent national medical meeting at Cork there was a strong feeling expressed by nearly all the speakers in a discussion (described by the president of the section, Dr. Andrew Clark, as the most satisfactory discussion he had ever listened to) on alcohol in fever, that alcohol must be prescribed with as much care as any poisonous drug. The agitation on the administration of alcohol in workhouses and other public institutions, which is penetrating from one end of the country to the other, has been the work of members of the medical profession.

Present Attitude of the Profession.

The National Temperance League, by conferences during the past nine years with medical men, did much to prepare the way for the young and promising British Medical Temperance Association. Dr. Richardson's accession to the presidency of the Association, and the distribution of his inaugural address, with a blank form of application for membership enclosed, to the whole profession (18,000 in number) have increased our numbers from thirty-five a few months ago to over 200. I had the honour, in the name of this vigorous society, of recently entertaining at Cork the president, officers, and leading members of the British Medical Association. The venerable president of this "annual medical parliament," Professor O'Connor; the president of the council, Dr. Alfred Carpenter; the secretaries, Professor McNaughton Jones and Dr. Ringrose Atkins; and the editor of the *British Medical Journal*, all commended our efforts, and bade the Medical Temperance Association a hearty Godspeed.

The quarterly *Medical Temperance Journal* contains the proceedings of this new professional abstinence society, and ought to be read by every intelligent friend of the great and good cause we all have at heart (85).

Besides the 200 who have openly avowed their abstinence by joining the Medical Temperance Association, letters received from many doctors who desired to record their thanks for Dr. Richardson's address indicate that there are probably as many more who are personal abstainers, but who are not yet prepared to become members of any temperance society. This is an immense advance, and is but an earnest of the coming rapid spread of the practice of abstinence throughout the medical profession; for the history of this great and self-denying class has ever shown that, rising above all personal and sordid considerations, once their conscience is aroused and the path of duty made clear, nothing will be allowed to stand between them and unflinching loyalty to

"The message of a truth Divine,
The call of God from heaven."

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Clinical Records.

RICHMOND SURGICAL HOSPITAL.

Cases under the care of Mr. WILLIAM STOKES, Surgeon to the Hospital.

Fibroid Enchondroma of the Palate—Excision—Recovery.—A boy, æt. 8, was admitted into the Richmond Hospital under my care last February, having been recommended to me by Dr. F. O'Farrell. The parents of the youth informed me that he had never complained of anything in connection with his throat until about six weeks previous to his admission into the hospital, when they observed a sudden change in the quality of his voice. On opening his mouth they perceived a large prominence occupying the greater portion of his palate. The boy was well-nourished and healthy-looking, and had never suffered from anything except the usual affections of infancy. There was no history in his family of scrofula or cancer. On examination, the tumour was found occupying mainly

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the left side of the palate, and did not pass, but merely overlapped, the mesial line. It was very vascular, and numerous vessels were observed ramifying over its surface. The boy suffered nothing from difficulty of deglutition, nor from any impediment to respiration through the left nostril. No obstruction was found in the pharynx. There was no evidence of fluctuation, but the tumour was decidedly elastic, and some portions of it were considerably denser and harder than others. At these parts I felt distinct, apparently cartilaginous, nodules. It was more or less irregular, and the surface of it varying in consistence. The mucous membrane over it moved freely on the tumour. In front of it was a depression which was the result of a small excoriation or ulceration. There was no hæmorrhage from it at any time. A point of practical importance in the case was to determine the origin of the tumour, whether it grew from the base of the skull, from the root of the nasal fossa, from the hard palate, or in the soft palate. The nature of any operative procedure would have had to be determined on to a great extent with reference to the situation of the origin of the tumour, and, therefore, it was all important to determine this important point. After consultation, I resolved to make an incision over the tumour, and, if possible, to remove it without making any external wound. Accordingly, I made a free incision over the anterior aspect of the tumour, and proceeded to dissect the mucous membrane off the tumours. I found that it was not at all adherent to the tumour, and having detached the mucous membrane to a great extent from it, I was enabled to pass my finger round, and eventually succeeded in enucleating and removing it. I found it had no attachments to any of the neighbouring osseous structures. I was not at any time of opinion that it took its origin from the base of the skull, in consequence of the absence of difficulty in passing a catheter or probe down through the nasal fossa; but I had been of opinion that it was probably attached to the horizontal plate of the palate bone or palate process of the superior maxillary bone, in which case I should have had to split the hard palate, before removing the tumour. I found, however, that it was essentially in the soft structures of the palate, and, in fact, lodged in its substance. On making a section of the tumour after its removal, I found it very firm, consistent, elastic, and rather more dense towards the centre than the circumference. Dr. Harvey, Pathologist to the Hospital, examined the growth, and found it to be composed of fibrous tissue over a cartilaginous matrix. The greater portion of it might be described as a fibroid enchondroma. "It has also," he states, "masses of round cells, evidently of a recent growth, and of a more or less sarcomatous nature."

I may mention that there was very smart hæmorrhage for a short time after the operation, but no vessel had to be ligatured; the hæmorrhage was easily checked by pressure, and the application of cold, the wound rapidly closed and united, and the patient shortly afterwards returned home perfectly well.

Translations.

HYSTERIA MAJOR.

By Professor CHARCOT,
Physician to the Salpetrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

Abstracted by T. M. DOLAN, F.R.C.S.Ed., Halifax, Yorks. (a)

(Concluded from page 205.)

We are naturally led by what precedes to the study of imperfect forms or varieties of hystero-epilepsy.

M. Charcot admits that an attack of hystero-epilepsy may be modified in two principal modes:

1. *By extension or predominance of one period at the expense of the others.* Thus are produced:
   a. *Epileptoid attacks.*
   b. *Demoniacal attacks.*
   c. *Attacks of ecstasy.*
   d. *Attacks of delirium.*
2. *By mixture of foreign elements with the fundamental constitution of the attack*, such as, for instance, somnambulism and catalepsy.

a. *Varieties by predominance of one of the periods.*

1st Variety—Epileptoid form.—

The attack of hystero-epilepsy is found, in this variety, reduced in some manner to the first period, to the exclusion, more or less complete, of other periods. The epileptoid phase may be repeated so as to simulate true epilepsy with all its appearance of gravity, but the employment of the various methods used to modify an attack of hysteria, causes the disappearance of these terrible convulsions, and confirms the hysterical nature of the malady still more; on closer examination some convulsive phenomena belonging more particularly to hysteria will be observed. Such are: movements of circumduction at the commencement of the tonic phase, swelling of the neck, persistence of contraction during the phase of evolution. In the interval of the epileptoid fit we often see a trace of the other periods, as the beginning of the *arc de circle* or of the attitudes of passion. We see nothing similar in true epilepsy. Finally I must recall to mind the absence of thermic elevation which is always noticed in true epilepsy.

2nd Variety—Demoniacal form.—This variety is principally constituted by the predominance of the second period, clonism, major movements, and diminution of the other periods. The contortions assume an exaggerated development, justifying the term which Charcot has given to this variety. The patients reproduce, as regards the leading features, the descriptions which have been left by the authors of the "possessed" of ancient days. The limbs turn and twist in the most fantastic attitudes, the distortion of the features, and protrusion of the tongue, render the physiognomy frightful; many extend the three first fingers of the hand so as to simulate the gestures of the *jettatura;* frightful cries and attacks of rage complete the horror of the scene. The first epileptic period is often represented in this form by some peculiar convulsive phenomena, but the other periods are habitually absent.

3rd Variety—Attacks of Ecstasy.—The attacks have been described by classic authors, but they have not been attached in general to a fundamental type. Yet Briquet thus expresses himself: "The attacks of ecstasy may be produced in two ways. Sometimes they are preceded by ordinary preludes of spasm or hysterical convulsions, so that ecstasy is only one of the incidents in the attack; at another time the patients fall suddenly into ecstasy without any prodromata." This variety may be produced experimentally by inhalation of ether. It is constituted by the predominance of the third period, or of attitudes of passion, preceded sometimes by some epileptic phenomena, which are then the seat of the malady, but the attitudes of passion may show themselves in a state of complete isolation. It may be reduced to one attitude, more or less prolonged; the state of ecstasy is then produced.

4th Variety—Attacks of Delirium.—This is the delirium of the fourth period, some epileptoid phenomena being often added at the onset. The patient delivers addresses, prophecies, &c. The prophetic dissertations of the convulsionnaires of Saint Médard may be considered as an example of this variety.

b. *Varieties of Hystero-epilepsy by mixture of Cataleptic or Somnambulic phenomena.*—Catalepsy and somnambulism, the characters of which have been studied in a previous lecture, often occur spontaneously in hysteria without showing any apparent relation with a previous attack. Briquet considers catalepsy as a neurosis completely distinct, although bordering on, hysteria. But the two states may be met with in the same patient, and the phenomena of catalepsy and somnambulism added to the convulsive attack. Observations of this kind are not rare. Amongst other memoirs the observations of M. M. Ernest (*Archives General of Medicine*, 1860) and of M. Moinenet (first fasciculus of the "Transactions of the Medical Society") will be read with interest. It will there be seen that attacks of catalepsy and somnambulism habitually commenced in the patients, noticed with violent hysterical convulsions. Catalepsy and somnambulism often occur after convulsions when the patient has completely re-

(a) *Progrès Medical.*

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covered the use of her senses. This has been noticed by Charcot in his town practice.

It seems that when the phenomena of catalepsy and somnambulism complicate an attack, they succeed to the first or second period, replacing the third. It is interesting to recall to mind how the *début* of catalepsy or somnambulism is generally marked by some epileptoid phenomena (hissing inspiration, movements of deglutition, foaming at the mouth, &c.), which are reproduced almost in the same manner at the same moment when the patient emerges from the state into which she has plunged.

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 10, 1879.

"AN INCREDIBLE STORY."

WELL might Mr. T. J. Nelson, Chairman of the Lower Thames Valley Main Sewerage Board, give this title to the facts narrated in the letter which he has recently addressed to the Earl of Beaconsfield. If the public wish to have some idea of the bungling, time-serving, and short-sighted policy, as well as the gross mismanagement, which have for years characterised the proceedings of both central and local authorities in respect of the great and imperial questions—the disposal of sewage and the purification of the Thames—they have only to read the able and trenchant pamphlet we have just received, the general purport of which we purpose to lay before the reader.

There was a time when all the places situated between Lechlade and Putney were compelled to spend large sums of money in carrying their sewage into the Thames. Soon afterwards, however, an Act of Parliament was passed to compel these same places, under heavy penalties, to discontinue the practice. It was, as Mr. Nelson says, a very arbitrary step, but they were helpless. London insisted upon having the Thames as a source of water supply; and as the Thames Conservancy sold the right to take this water to the water companies for a large sum, London and the Thames Conservancy treated the river above London as their own property "irrespective of any injustice to the towns, or the heavy burdens they put upon the ratepayers." But, while in 1867 all passage of sewage into the river was forbidden to these towns under a penalty of £100 a day, the Legislature had granted them no powers to dispose of their sewage. Nevertheless, town after town did all in its power to comply with the law. Kingston led the way; and, as that town had already been attacked in Chancery by the Conservators, with all possible speed the authorities looked about, and eventually found a spot admirably adapted to deal with the sewage. When, however, they asked the Government to sanction their scheme a host of objectors appeared; and after spending some £900, for which a special rate had to be made, the Government put a stop to the scheme. Far worse was the case of Richmond. This town, before it took its sewage into the Thames in obedience to the law, had desired to use it on some land belonging to the Crown, but had been refused permission; it had now to take it out of the river, after spending £20,000. Its attempt to comply with the new law shared the same fate as that which befell Kingston. Then the latter town, nothing daunted by its past failures, and determined not to be defeated by landowners' opposition, purchased a hundred acres of land, and arranged with its neighbours, Surbiton and Hampton Wick, to take the sewage there. "Again the official inquiry was held; again objectors appeared; again the Government refused applications;" while the ratepayers had not only to pay for the costs of the inquiry, but for the land purchased, which remains on their hands to this day. In the meantime Richmond was sued by the Conservators of the Thames for the penalties they had incurred in breaking the law. The unfortunate ratepayers had to pay the penalties and costs; "but," observes Mr. Nelson, "the Richmond sewage flows into the river to this day, for there are some things which even an Act of Parliament cannot do." Nor were Kingston and Richmond the only places desirous of complying with the law. Kew, Barnes, Mortlake, Esher, Heston, and Isleworth, have all made earnest but fruitless applications to the Local Government Board. Waste of expenditure was the only result, the last inquiry alone, that at Esher, costing £1,000. The rest of the story, which for want of space we cannot adequately describe, is more "incredible" than that already told. The Surbiton Improvement Commissioners suggest a comprehensive scheme which meets with great favour in influential quarters, but eventually they are obliged to retire from the field. The Thames Conservators commence taking proceedings to recover penalties against various places. Hampton Wick is summoned for penalties amounting to £98,000! A joint board is the outcome of this extraordinary demand. Three years from Michaelmas, 1877, is given to the board to accomplish its work, which, owing to various insurmountable obstacles thrown in its way, it fails to do. It flies to Parliament for assistance. After much agitation some 294 persons out of a population of 110,000 petition against a Bill drawn up

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in favour of the Board, which is of course lost on a division by 168 noes to 146 ayes. The joint board had undertaken a most laborious task in endeavouring to carry out the order of the Legislature. They had engaged the assistance of most able experts. They had, after much consideration, fixed upon a scheme to which various eminent engineers, agriculturists, and sanitarians gave their cordial support. But with all this the board failed in accomplishing the purpose for which they exist, and at Michaelmas, 1880, the suspended penalties will become due, and something like one million of money be enforceable against the unfortunate ratepayers.

Such is the sort of battledoring and shuttlecocking that has been long going on between one corporation and another, between local authorities and ratepayers on the one hand, and Parliament on the other. And a very expensive and discreditable game it has been. Joint boards in their anxiety to comply with the law, dragged into a court of justice and fined in costs to the extent of thousands of pounds, ratepayers compelled to pay heavy rates which, for all the good they did, might as well have been thrown into the sea. Local authorities compelled by Parliament to take the sewage of their respective districts out of the Thames, then prevented by the same Parliament to deposit it anywhere else, and finally sued by the Thames Conservancy for not doing what was utterly out of their power to accomplish! It is evident, however, that this state of things cannot last long. The pollution of the river by the sewage from large populations cannot be much longer permitted if London still insists upon drawing its chief supply of water from that source. It seems to us that from first to last a wrong course has been pursued. It was scarcely right for the Legislature to have thrown the responsibility of keeping the river free from sewage contamination upon various small towns, unless the way was clear for them to otherwise dispose of it.

Perhaps the difficult problem of effectually disposing of the sewage of large towns, and preventing the pollution of rivers, will not be solved until Parliament takes the matter into its own hands, and, guided by a Commission of Inquiry and the advice of able experts in engineering, chemistry, and sanitary science, fixes upon some great and imperial scheme that will settle the question once and for ever. In the meantime we have to thank Mr. Nelson for the able manner in which he has told his story, and we would advise the reader to peruse the pamphlet itself for a more particular account of the facts detailed therein than we have been able to give.

OPIUM IN THE NURSERY.

A LONG time ago we drew attention to the mischief arising from the improper feeding and drugging of infants and young children, especially those who are unfortunate enough to be brought up by hand. The evil extends to a great and deplorable extent amongst the poor, but on the occasion above referred to our remarks were entirely confined to the perils to which those infants of well-to-do parents were exposed who are left to the tender mercies of unprincipled nurse-maids. Several cases had come under our notice, in which we were confident that disorder of the nervous system had been induced by the abuse of some soporific, and serious derangement of the stomach and bowels by improper feeding, and we are surprised that the subject has not attracted more attention than it has. A few days ago, however, there appeared in the columns of the *Daily Telegraph* a letter from "A Mother who has suffered from Opium in the Nursery," in which she asks —"Can no legislation restrict the extensive sale of opium in the guise of 'soothing syrups, &c.,' and thus check the most pernicious practice, too common amongst nurses, young and old, of secretly adminstering opium to infants entrusted to their care?" We again say that the evils of which "A Mother" very justly complains exist to an almost incredible extent, and, no doubt, "if the confession of an infant opium eater, could find intelligible utterance,' the revelations would be of a startling nature. There is not, however, the least chance of any legislative measures putting a stop to this mischievous practice, as the quantity of laudanum required at a time is so small that it would be easy for an unscrupulous nurse-maid to evade any law on the subject, however stringent that might be. The remedy must rest partly with the mother herself, and partly with the family medical attendant. As far as the middle and upper classes of society are concerned the practice of drugging infants with opiates is chiefly confined to those families in which the infant is deprived of that maternal care and solicitude which it should naturally enjoy, and the want of which it is sure to feel in some form or other. When the maternal visits to the nursery are few and far between; when the time that should be devoted to her offspring is spent in a round of pleasure or idle dissipation; and when mothers (as is too often the case) never think of supervising the artificial feeding of their children, they must not wonder if, during the night, drowsy nurses try, by fair means or foul, to get rid of the pain and sleeplessness which have been caused by errors of diet during the day.

Nor is "A Mother who has suffered," &c., far wrong in saying that the "low, irritative, febrile state thus produced is so similar to that resulting from errors in diet that, even when fatal convulsions follow, the real cause of illness may remain unsuspected by a skilful physician." We admit that the secret drugging of infants by their nurses is a more common practice than people imagine, and that, moreover, the family physician often overlooks this possible cause of some of the infantile complaints for the treatment of which his services are required. Nevertheless, is it not evident that, in many cases, the unnatural symptoms and bad health of which "A Mother" speaks are to be in a great measure attributed to a more remote cause than that of "soothing syrups" and other like narcotics—that, in fact, the evil complained of often arises from conditions over which mothers have more or less control? If a child is in good health it will stand in need of very little medicine to make it sleep. A nurse, unless very evily disposed, does not, out of pure wantonness, drug her infant to sleep, and the probability is that she has passed many sleepless nights, and that her infant charge has been long ailing, before relief has been sought for in the lethal drops. A disordered state of the stomach and bowels, induced by improper or over feeding, the irritation of dentition, want of exercise in the open air, and the neglect of common clean-

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liness—these are among the more common causes of those infantile troubles which drive the nurse to the laudanum bottle, and which might be for the most part prevented, or greatly lessened, if mothers belonging to the middle and upper classes of society were only to give a little more personal attention to the feeding and general hygiene of their infant children than they are in the habit of doing.

Notes on Current Topics.

A Counterblast for the Anti-Vivisectors.

THE address of Dr. Pye-Smith on the subject of vivisection is already so familiar to the profession that it is hardly necessary for us to express our entire concurrence and approval of what he said on the subject. But we think it worth while to put a few of his remarks on record in our columns in order that the fanatics who are still possessed with vivisectophobia may have the opportunity to read and mark. Dr. Pye-Smith said:

"Certain persons who professed to be shocked by the methods of physiological research, had succeeded in placing biology under great disabilities. The method that had given rise to so much excitement was the performance of experiments upon living animals. Now, if this were injurious to the greatest good of the greatest number of the community; or if freedom to perform these experiments interfered with the freedom of other persons to abstain from them; or if such experiments were forbidden by any religious or moral authority—by the Ten Commandments, or by Mr. Matthew Arnold—of course they must be given up; but equally, of course, the science of physiology must come to a stop; and the farmer, the cattle-breeder, and the physician must be content with such knowledge or such ignorance as he at present possesses. What was asserted was that, within restrictions which all humane persons impose upon themselves, it is lawful to inflict pain or death upon animals for profit, or for sport, for money or for pastime; that property and sport are in England sacred things; but that the practices which they justify are unjustifiable when pursued with the object of increasing human knowledge or of relieving human suffering." He then proceeded:

"Of those persons who answer that they consider vivisection for the sake of sport to be almost as detestable as vivisection for the sake of duty, I would only ask, first, that they should deal impartially with both offences; and secondly, that since in the one case their opinions are opposed to the practice of genteel society, and in the other to the convictions of all who are qualified to judge, they should at least contemplate the possibility of being mistaken. Putting the question of field sports altogether aside, you know perfectly well that in every village in England an extremely painful mutilation is constantly performed upon domestic animals in no registered laboratory, under no anæsthetics, and with no object but the convenience and profit of the owner. You remember how, when an epidemic threatened the destruction of valuable property, every booby peer now eager to stop, so far as in him lay, the advance of knowledge, was no less eager to have carried out at the public expense any slaughter and any experiments, painful or otherwise, which would save his pocket. But you will say, 'All this seems reasonable enough;' but if so, how do you account for the prejudice against you; what has induced so many amiable and otherwise sane persons to join in the outcry against physiology? First, I answer, it is due to the most frequent cause of folly—ignorance. Many persons supposed to be educated are so destitute of the most ordinary conception of natural science, that they do not understand the necessity for experiments. Next, there is the vulgar dislike of whatever is not obviously and immediately useful. When knowledge for its own sake is in question, those of the baser sort are always ready to cry, with equal ignorance of literature and of science, *Cui bono?* In another class of persons, less ignorant, and less stupid than these two, opposition to physiological experiments appears to spring from what may fairly be stigmatised as sentiment—that is to say, excitable, rather than deep feeling, uncontrolled by reason. This sentiment is, I admit, the degradation of just feeling. To many unaffectedly compassionate hearts there is a peculiar pang in thinking of suffering which is deliberately inflicted, with only the justification of duty, instead of the excuse of ignorance or passion. They see in the helplessness of the dumb animals an appeal for pity, almost like that of childhood, and are justly indignant with the selfish cruelty so often exercised upon them. All honour to the efforts which have banished so many cruel sports from England; all honour to the Society which seeks to prevent cruelty to animals! If it can point to any additional means by which the sufferings of the animals in the cause of science can be diminished, we shall be anxious to adopt them. If it can point to any abuse in one of our laboratories, we will hasten to correct it. This Society has honourably declared that they knew of none. That physiologists have been heedless, or even callous, in their experiments upon animals in past times, when men were strangely insensible even to human suffering, or in countries where a healthy result of Christian civilisation had not yet been seen in habitual gentleness to animals, I need not deny. I have hitherto rested the whole argument upon the lawfulness of inflicting pain and death upon the lower animals for the sake of science and humanity; but, as a matter of fact, I may again assure those who, while assenting to the justice of the plea, yet shrink from what it may involve, that the great majority of experiments upon animals are rendered painless, and that the remainder are mostly those experiments which are most immediately and directly subservient to medical art, and which, happily, are generally productive rather of discomfort than of pain"

The Use and Abuse of Examinations.

WE have already more than once endeavoured to control the tendency manifested by medico-educational reformers to outstrip discretion by the aggrandisement of examination and the depreciation of curriculum, as relative methods of ascertaining the competency of medical men, and we avail ourselves of an article published by the *Pharmaceutical Journal* of the 30th ult., to confirm our views on the subject. We see before us, in truth, a disposition doubly dangerous, because we are on the eve of a reconstruction of the system of medical education—to depose the hospital surgeon and the dissecting-room

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teacher, and to enthrone in his place the examiner, who will "make up" his pupil to pass a given examination in the briefest time, by the shortest cut, and with the least practical teaching or thoughtful study which can be made to suit the requirement. There are many reformers who insist that before or beyond the examination no one has a right to go, and that it should not be asked how, where, or for what period the student "got up" his pass knowledge, if only he *can* pass, a doctine against which it is our purpose now to protest.

The *Times* has within the last few days directed attention to some of the evils of the examination system, and it has done good service by insisting upon the mischief likely to arise from the modern tendency to make examinations the sole test and crown of all processes of education. The *Pharmaceutical Journal* agrees with the opinion that this tendency entirely distorts every rational view of what education is and should be. But this is a result attributable more to the circumstance that too much faith has been placed in the virtue of examinations than to the absolute worthlessness of examinations as a test of merit, capacity, and attainment; it is a result of the misuse of examinations that has led students to look upon the passing of them as being of more importance than the acquisition of sound knowledge, that has led teachers to devote their energies to the production of manuals by which superficial proficiency can be readily acquired, and candidates enabled to pass the ordeal of examination without its being really that test of educational training that it was designed to be.

The exaggerated application of the examination system has not operated as a stimulus to sound and thorough education, but has rather called into existence and created a demand for facilities for passing examinations without undergoing the preparatory educational labour necessary for acquiring a proficiency in the subjects. In this way the pupil has been made a mere racer and one who contends for heavy pecuniary stakes, while the teacher is made a trainer whose whole prosperity depends, not on his power of imparting sound knowledge and drawing out the natural capacities of the mind, but on his skill in preparing his pupils for a particular examination.

We would add to this view that, as matters of medical education stand, an examination which could be depended upon as a test of knowledge is impossible. It is quite conceivable that a man might be an excellent lawyer who learned his business by the aid of books and a crammer, and who never knew anything of the daily work of courts or solicitors' offices; or he might be a most capable and earnest divine, who had never left his study or engaged in semi-clerical work; but ours is an art in which eye and finger are as much concerned as mind, and we cannot be content with any guarantee of knowledge which does not testify that the practical work of the profession has been personally studied. We do not believe that any examination contained within practical limits can give us such a guarantee, and we therefore repudiate at once the plea of licensing bodies, which urge that their examination is sufficient atonement for the faults of their curriculum, and the proposals of those who would encourage the student to forget the hospital-ward and the dissecting-room, and to put his trust solely in the grinder and his books and plates.

Foreign Bodies in the Vagina.

THE *Journ. de Méd. et de Chir. Pract.* relates a curious case of a woman, æt. 36, who consulted a medical man for an attack of menorrhagia which had lasted ten days, and which had been accompanied with great prostration and severe colicky pains. On making an examination a substance was discovered in the vagina; and on further inquiries the patient confessed that when she was 14 years old she had introduced a reel of thread. She had already suffered from attacks of peritonitis and menorrhagia; and after this foreign body was extracted, an urethro-vaginal fistula was found to be present. The reel itself was black, and the central canal through which the menstrual fluid had always passed was clear. But the most remarkable fact in the case was that this patient had been twice married, and had been under the care of medical men, and that she had succeeded in concealing the existence of this foreign body (which was two centimetres in length), both from her husbands and from her physicians.

Magnesia and Intestinal Concretions.

ONE of the purgatives (says the *Courrier Méd.*), most frequently employed as a domestic remedy is undoubtedly the carbonate of magnesia. As its action is mild it is generally considered a very safe purgative, but nevertheless its long continued use is attended with certain inconveniences which should not be lost sight of. A patient of M. Blondeau's, who had been taking daily four teaspoonfuls of calcined magnesia in his coffee, has been suffering from the formation of numerous and very hard intestinal concretions chiefly composed of that drug. In another patient under the care of M. H. Gueneau de Mussy, the abuse of this medicine led to the formation of an intestinal concretion which gave rise to actual obstruction of the bowels, and had to be removed from the rectum by mechanical means. This physician has known a case to terminate fatally from the same cause. Pereira also mentions in his work on "Materia Medica" (vol. i., p. 645), a case in which, on a post-mortem examination, a calculus of magnesia was found in the colon weighing as much as four or five pounds, The use of magnesia has also been said (Mercier, Ed. Labbé) to be capable of developing renal or vesical calculi.

Diseased Animals and Bad Meat.

THE recent convictions before the metropolitan magistrates for the hawking of uneatable meat about the streets remind us of a little pamphlet just published by Mr. Francis Vacher, Medical Officer of Health for Birkenhead, "On the Diseases of Animals which do not necessarily render them Unfit for Food." In this interesting and instructive *brochure* Mr. Vacher classes the diseases of animals under three heads: (1) Those which undoubtedly render the meat unfit for the food of man; (2) Those which depreciate the quality of the meat, or make it preternaturally liable to decompose, but which do not necessarily, except in their later stages, render the meat unfit for food; (3) Those which do not depreciate the quality of the meat or increase its liability to decompose, and rarely render the meat unfit to be eaten. The diseases classed under the first head are cattle-plague, swine-

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typhoid, epizootic pleuro-pneumonia, sheep-pox, normal cow-pox, influenza, acute rheumatism, the scarlatina and quinzy of swine, splenic fever and anthrax, and the diseases known by the presence of cysticerci and trichinæ. The diseases under the second heading, and which in their later stages may render the meat unfit for food are, foot-and-mouth disease, hoof-rot, tuberculosis, acute inflammatory disease of the lungs, intestinal canal or serous sacs, jaundice, cardiac dropsy, nephria, enthetic disease, and the three parasitic diseases of sheep due to the presence of the *cœnurus* in the brain, the *echinococcus* in the lungs and liver, and the *distomum* in the liver. With regard to the first-mentioned in this list, Mr. Vacher says, "If the carcase you are called upon to inspect has been the subject of epizootic aphtha only, even though the eruption be abundant on the mouth, feet, and udder, it is generally considered it may be safely passed. The flesh looks good, and is. 'It is frequently sold on a large scale, and as there is no instance of such food producing any ill effects, there appears to be," as Mr. Fleming observes, "no reason to interdict its use as an article of diet, so far as the production of disease is concerned." Mr. Vacher, however, mentions certain conditions under which a carcase should be at once condemned. With regard to tuberculosis, the writer would pass the carcase when the disease is uncomplicated and in an early stage, and when there are deposits in the thorax only. In the case of such purely inflammatory diseases as pneumonia and pleuro-pneumonia, unless the disease is epizootic or far advanced, it affords no grounds for condemning the subject of it. But peritonitis, unless circumscribed, is usually regarded as sufficient ground for condemning a carcase. Cardiac dropsy confined to the serous cavities, and considerable inflammation of one or both kidneys, are also consistent with a tolerably wholesome carcase. With regard to that common disease in sheep called "the rot," and which owes its origin to the *distomum hepaticum*, or liver fluke, Mr. Vacher says, that in judging of carcases from which flukes are removed, the simplest course is to take no notice of the flukes, but to look to the condition of the carcase. If the flesh is soft and pale, and the fat wanting in firmness, if the muscles are much wasted, and the cellular tissue œdematous or emphysematous, and if the liver is knotty and friable, the sheep is not fit for human food. The consideration of the third class may be dismissed in a very few words, as the diseases mentioned are merely such trifling complaints as obviously would not render the meat unwholesome.

Hospital Saturday in London.

The annual collection amongst *employés* of firms and in the streets of London in aid of the various metropolitan hospitals, infirmaries, and dispensaries took place last Saturday. As early as five o'clock in the morning the first detachment of collectors started upon their errand in Billingsgate, Covent Garden, and the Metropolitan Meat Market. The general commencement, however, was between eight and nine, at the latter of which hours every prominent position in the metropolitan thoroughfares was occupied with a table holding a box labelled "Hospital Saturday Fund," and bearing the appropriate hint, "It is a duty to give." In the afternoon there were special performances in Regent's and Victoria Parks by the bands of the 9th (West) Middlesex Rifles, and of the park, at which collections were made. Besides the 280 collection boxes, the committee had issued no fewer than 30,000 forms to various large firms, railway companies, docks, police, workmen's clubs, friendly societies, vestries, board-schools, the Post Office, Inland Revenue Department, and the Royal Mint, at which arrangements were made for subscriptions. In the evening collectors were posted with boxes at all the metropolitan theatres, music-halls, and other places of amusement, the consent of the proprietors, and their co-operation having in every case been cheerfully given. Last year the total receipts for the fund were £6,502, of which £1,090 was the result of the sheet collection, this being a total increase of nearly £800 over the receipts of the previous year. The amount distributed amongst the 61 hospitals, 31 dispensaries, 3 convalescent homes, and 1 Surgical Appliance Society that participated, was £5,000, the expenditure having been £1,272, or 19·56 per cent. of the total amount received. The street collection has gradually increased year by year, and the much larger demand this time than on any previous occasion for subscription-sheets leads the committee to hope that the net result of 1879 will show a great stride, notwithstanding the depression that has so long existed in trade generally throughout the metropolis.

The Metropolitan Water Companies.

From a report recently issued on the metropolitan water supply we learn that all the companies are moving in the matter, and giving constant supply under the provisions of the Metropolis Water Act, 1871, in a portion of their districts, except the Southwark and Vauxhall and Grand Junction Companies. For example, the West Middlesex Waterworks are giving constant supply to a number of houses on the application of the owners and are fully prepared to extend the system as required; they are also compelling the adoption of this system by all new estates and buildings under the above Act; and already the whole of the Queen's Park Estate in the Harrow Road, South Kensington, and Earl's Court Estates, are under the same system; where new services are laid down constant supply is made compulsory by the Company. Moreover, the East London Company are proceeding with the construction of an entirely new set of works at Lea Bridge, which comprise four filter beds of one acre each in extent, and a pair of compound engines of 100 nominal horse-power each. These works were commenced last year and are making rapid progress, and by the end of this year will be completed. The company will then be able to give a better supply to the higher parts of their district throughout.

With regard to the quality of the water supplied, it is said that owing to the bad condition of the water at the intakes and the prevalence of floods caused by the almost incessant rains of July, filtration has been again attended with much difficulty. The Thames water delivered by some of the companies was much polluted by organic matters, and was not fit for dietetic use. The deep well waters delivered by the Kent and Colne Valley Companies, and by the Tottenham Local Board of Health, had not been affected by the heavy rains. It was as

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usual clear and bright, and of excellent quality for dietetic purposes. Seen through a stratum two feet deep, the water was clear and colourless. The water supplied by the Kent Company is taken from chalk wells, of which there are 3 at Deptford, 1 at Plumstead, 2 at Crayford, and 2 at Shortlands. It is not filtered, but is clear, colourless, sparkling, and remarkably free from organic impurities. Its analysis, as made by Dr. Albert J. Bernays, gives (in grains per gallon) total solid matter, 32·720; chlorine, 1·700; ammonia free, none; ammonia albuminoid, none; nitrogenous nitrates and nitrites, 0·399; total hardness, 20·900; permanent hardness, 7·650. The population supplied by this Company is about 280,566, and the quantity of water delivered daily is not restricted. The estimated population supplied by all the water companies is 4,206,238.

Late Suggestions on Ozæna.

Dr. Frankel, in Virchow's *Archiv*, gives a number of cases which he thinks will confirm the views of those who believe that ozæna always owes its origin to a dyscrasia—two of his patients were phthisical, two syphilitic—but does not believe, though admitting the frequent coincidence of ozæna with pharyngitis sicca, that both the diseases are in causal connection with each other.

In an Italian contemporary, Dr. Massei, starting from the theory of a parasitic origin of ozæna, recommends the following treatment: *a.* Gradual dilatation of the obilterated nasal passages by means of elastic bougies; *b.* Clearing and disinfection of diseased regions by a very weak solution of salicylic acid (1 part 500 parts of water), applied by means of a syringe; *c.* Modifying local medication, by blowing calomel powder through a nasal speculum on the ulcerated surfaces. The author says that there is always an arrest in the process of healing at a certain period, but advises strongly not to give up this treatment, but to continue it patiently until total cure is obtained.

In the *Memorabilien*, Dr. Dawosky describes his successful treatment of that form of ozæna called *punaisie* (in German, *stinknase*). He carefully removes all crusts, washes the mucous membrane with a two per cent. solution of silver nitrate, and every evening tampons the nostril with a plug of charpie as thick as the finger, moistened with glycerine and that thickly dusted with powdered alum. In the morning this is removed and nostril washed with injections of permanganate of potash or zinc, in weak solution. The odour soon disappears, and by persistence a cure is effected.

Mr. Holloway, "of the Pills."

Mr. Holloway, according to *Nature*, "has purchased and vested in trustees ninety-five acres of land at Egham, upon which he intends to erect a building for a college, the object and scope of which is to be to afford the best education suitable for women of the upper and upper middle classes. The contract for the building of the college within four years has been signed, the price being upwards of £250,000, exclusive of fittings. It is the founder's desire that power for the college to confer degrees should be sought at some future time, but that meanwhile students should qualify themselves to pass the women's examination of the London University. 'Denominational theology' is not to be taught, and instead of being regulated by the 'traditions and methods of former ages,' the system of education is to be mainly based upon studies and sciences which the experience of modern times has shown to be most valuable and best adapted for the intellectual and social requirements of the students. Mr. Holloway has also agreed to provide an endowment fund of £100,000, in addition to such proceeds as may be derived from the sale of any portion of the land not required for the purposes of the college."

The Inhalation of Oxygen in Anæmia.

Everybody knows how difficult it is sometimes to get some much enfeebled chlorotic patients to take reparatory aliments, so great is their disgust for all azotised aliment, vomiting often ensuing when they attempt to eat meat. Some women live upon a little bread and salad, and the quantity of urea they eliminate is then very small, sometimes as little as from four to six grams in the twenty-four hours. In such women treatment becomes very difficult, it being nearly impossible to reproduce appetite in them. In these cases Dr. Hayem, of the St. Antoine Hospital, Paris, employs a means which has furnished most excellent results, and which consists in the daily inhalation of oxygen. The appetite soon returns, the vomiting disappearing at the same time; and so well do the patients then support azotised aliments, that the four regular "portions" of the hospital diet scale become insufficient.

Tests and Preservation of Surgical Instruments.

The following directions are from a work in preparation by Dr. Smith, of Philadelphia:—

The *tests* of the quality of instruments are as follows: Draw a cutting instrument from heel to point slowly across the *border* of the nail, and it will catch or stop at every "nick;" draw it across the *flat* of the nail, and if at any point the edge is seen to be wiry or smooth, it is soft, and must be reapplied to the hone; but if it becomes serrated, like a fine saw, the edge is brittle, and cannot be remedied by the hone. For pointed instruments, stretch upon a test drum (a contrivance for the purpose for sale by instrument makers) a very thin piece of kid, or gold beater's skin, and push the point through. If it enter smoothly and easily the point is good; but if a slight crackling noise is heard it is defective. If a lancet is tested, see-saw the edge in the opening, and if it glides over without cutting, or cuts roughly, the edge is imperfect.

The *preservation* of instruments in good condition requires careful attention to the following details: Select a place always free from moisture and dirt, for their safe keeping. Polished instruments should be suspended or placed in velvet-lined cases. After being used, every instrument should be thoroughly cleaned with warm water, and perfectly dried with chamois, or the fire, before it is returned to the case. Silver instruments tarnish when they are exposed to the air, or are brought in contact with hard or soft rubber, caustics or acids. To

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preserve the edge or polish of instruments, the surgeon requires two or three small hones, some fine emery paper, two or three screw drivers, small files, rouge crocus, or other polishing powder, chamois, and gold beater's or kid skin. Cutting instruments should have their blades kept in perfect order by the judicious use of the hone. Occasionally the blade must be ground by a competent workman. Blunt instruments, which are designed to enter natural or other passages, should be frequently polished with fine emery paper, and then with rouge and chamois skin, in order to remove every particle of rust, and to maintain smooth unblemished surfaces. Saws are sharpened with three-cornered files, applied in the direction of the original cut of the teeth.

THE death-rate last week throughout the United Kingdom was again very low, averaging as low as 11 per 1,000 of the population in Portsmouth, the highest being Manchester and Leeds with 23 per 1,000. The other large towns were proportionately healthy, Glasgow reaching but 17, Edinburgh 18, London 20, and Dublin 21 per 1,000. Small-pox seems, for the present, to be almost stamped out. But one death in Dublin and seven in London were reported last week, and not one in any other part of the Kingdom.

CONTRASTED with the mortality of the principal foreign cities, our own rates at the present time are very favourable. In Calcutta the death-rate per 1,000 of the population is 24, Bombay 30, Madras 27; Paris 23; Brussels 25; Amsterdam 20, Rotterdam 22; The Hague 23; Copenhagen 22; Stockholm 25; Christiania 20; St Petersburgh 29; Berlin 33, Hamburg 24, Dresden 23, Breslau 29, Munich 35, Vienna 23, Buda-Pesth 34; Rome 29; Naples 30, Turin 30; Alexandria 36; New York 39; Brooklyn 26, Philadelphia 23, and Baltimore 23.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW AT THE CORK MEETING.—Though not numerically largely represented at the recent meeting of the British Medical Association in Cork, Glasgow may at least be fairly congratulated on the contribution of its full share to the *medical logic* ventilated there, and reproduced, we hope for the edification of members of the Association, in the *British Medical Journal*, of August 30th. Conspicuous among the Glasgow representatives were Dr. McEwen, still knocking away with his knock-knees, and fresh from his instructive case of laryngotomy at "the Royal." There were, of course, our two restless specialists, Dr. Wolfe and Dr. Paterson Cassells, the former ever ready with a new theory, and one likely to catch the newspaper eye; the "pupil of the late James Hinton, of London, and of Weber-Liel of Berlin, and of Professor Politzer, of Vienna, airing his thread-bare papers and his French exercises. Increasing knowledge seems to sit uneasily on this distinguished specialist. Dr. Wolfe was quite up to his usual average of intelligence and originality in his paper on the "Injurious effects of Tea-Drinking Habits upon the Nutrition of the Eye-Ball." The attention of the learned author was "specially directed to the affection by its frequent occurrence among Australians who came to consult him." We are scarcely sufficiently alive to the presence of men of such distinction creeping out and in amongst us in this grossly commercial city. Unfortunately for Dr. Wolfe's discovery two practitioners from Australia "had *not* observed any eye-symptoms produced by tea-drinking in Australia," and as there was no Turk present, the "rarity of the softening of the vitreous humour" in "the unspeakable" had to be taken for granted. One would have thought that Dr. Wolfe would have found some confirmation of his charming theory in "the Heathen Chinee," but he seems to draw the scientific line at "pig-tails," and the "flowery land." Is it not possible that the Mohammedan religion may have something to do with this Turkish immunity from so unfortunate an infirmity, the eye being so often directed towards Mecca? A Glasgow surgeon (we have the authority of Dr. Wolfe for it) had made some observations "as to the effects of tea-drinking on the healing of wounds and ulcers," and he noticed "that in persons addicted to this habit, they took on a sort of scorbutic character." Seriously, if this is a specimen of the "science" on which the British Medical Association justifies its being the "leader" of professional thought, it is fast bringing medicine into well-merited contempt. Dr. Cassells is well-known as a most enthusiastic worker in his own branch, and at the Cork meeting he was fully employed. In the discussion opened by himself in the Otological Section, he informed his auditors that "for many years in his earliest practice as a specialist he carried out the teaching" of the great men, the hem of whose garments he is never tired of touching, until it philosophically dawned upon him to reflect "after a few years" of such practices, "with what object he was using them, and what were they expected to do!" Thi seems a very honest guage of the value of not a little specialism. Dr. Cassells' other papers are already familiar to the members of the Medico-Chirurgical Society of Glasgow; and if they have never afforded much original research they have, at least, demonstrated the acute rise and full fruition of aural specialism. Gynæcological science and antisepticism were represented by Dr. Hugh Miller, and he was expected to have exhibited the "apron," but report has it that, like the Bambino, it is at present out on hire; and hence the Glasgow Maternity Hospital is shut owing to puerperal fever. Verily we congratulate the Glasgow profession.

ABERDEEN.—CELEBRATING A DOCTOR'S JUBILEE.—Dr. Lyon, early last month, completed fifty years' practice of his profession in the Culter district, and on the 30th ult. he was entertained at dinner in the Imperial Hotel to celebrate his jubilee. Dr. Fiddes, Aberdeen, presided, and Dr. Davidson, Wartle, and Dr. Greig, Fyvie, officiated as croupiers. The party numbered about forty, and included medical men belonging to the city and county of Aberdeen, as well as several representatives from Kincardineshire, while a number of apologies for absence were sent from England, Forfarshire, Elginshire, &c. In proposing the toast of the evening the chairman spoke in suitable terms of the professional skill of their guest, and of the esteem in which he was held by all who knew him. Dr. Lyon made a graceful and feeling reply. A very pleasant and happy evening was spent.

DEATH-RATE IN GLASGOW.—The deaths in Glasgow for the week ending August 30th, were at the rate of 17 per 1,000 per annum, against 17 in the preceding week, and 21, 22, and 21 in the corresponding periods of 1876, 1877, and 1878.

MEDICAL OFFICER'S REPORT, GLASGOW.—Dr. Russell re-

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ported as follows to the meeting of Town Council held on the 1st inst. :—During the fortnight ending 23rd August there were 350 deaths registered, as compared with 339 in the fortnight preceding, being an increase of 11, representing a death-rate of 16 per 1,000 living—same as the rate in the same preceding period. The number of deaths of persons aged below 1 year was 79 in place of 74, and of persons aged 60 years and above, 47 in place of 54, as compared with the preceding fortnight. The number of deaths from pulmonary diseases was 111 in place of 103, representing a death-rate of 5 per 1,000, and constituting 32 per cent. in place of 30 per cent. of the total deaths. The number of deaths from fever was 7 in place of 6, viz., 2 from typhus, and 5 from enteric fever. The number of deaths from infectious diseases of children was 20 in place of 11.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, August 30th, says: The death-rate in the eight principal towns during the week ending with Saturday, the 30th August, 1879, was 17·1 per 1,000 of the estimated population. This rate is 2·7 under that for the corresponding week of last year, and exactly the same as that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 12·8; and the highest in Paisley, viz., 29·8. In Perth the rate was 23·4. The mortality from the seven most familiar zymotic diseases was at the rate of 3·1 per 1,000, being 0·5 above the rate for the previous week. Diarrhœa was the only disease in which an apparent increase occurred. Sixty deaths resulted from acute diseases of the chest, being 12 less than the number recorded during the previous week.

Health of Edinburgh.—For the week ending August 30th the deaths in Edinburgh numbered 73, and the death-rate was 17 per 1,000. 30 of the deaths were due to affections of the chest. Only 1 death from fever was recorded, and that was a child in the new town. Of the 126 births, 13 were illegitimate.

Edinburgh Town Council.—Public Health Committee.—A meeting of the Public Health Committee of the Edinburgh Town Council was held on the 2nd inst., when the medical officer of health submitted reports showing that the death-rate of the city for July was 17·66 per 1,000 of the population, and for August, 15·26 per 1,000. In his report, the medical officer directed special attention to the unusual absence of diarrhœa, which, he explained, accounted for the remarkably low death-rate at this season. The absence of diarrhœa, it was further pointed out, was attributed by medical men to the low temperature which had been experienced, it being now a recognised fact that as the temperature rose the number of such cases increased.

Literature.

MUTER'S PHARMACEUTICAL AND MEDICAL CHEMISTRY. (a)

We are not surprised that Dr. Muter's book has so soon reached a second edition; for a more satisfactory work of the kind could not be placed in the hands of the pharmaceutical student. Having recognised the somewhat inconveniently large size of the first edition, the author has now divided his work into two portions. The one part containing all the practical matter, is collected together for use in the laboratory, under the title of "An Introduction to Analytical Chemistry," while the other portion is that including all the theoretical and descriptive part of the subject. Moreover, both parts of the work are considerably improved and extended, while the so-called "organic" portion has been made partially distinct by relegating it to the concluding chapters.

In the first volume, the first five and twenty pages are devoted to some introductory remarks on general chemistry, on the theories of chemical action, and the modes of expressing the same by formulæ and equations. This plan is to be commended, as it enables the student, should he be unacquainted with the general principles of chemistry, to thoroughly understand the nature of the decompositions which take place during the preparation of the various substances afterwards described. These descriptions, which extend through 250 pages of the first volume, are as good as they could possibly be for the class of readers for whom they are intended. They are remarkably clear, intelligible, complete, and withal concise. The only objection which the medical student might be inclined to make to this part of the work, is the order in which the author has treated and classified the numerous compounds used in medicine or pharmacy. Thus all the inorganic compounds are not, as is usually done, classified and described according to their basylous radicals, but according to their acidulous radicals. Thus, under the heading "Nitrogen," and the "Metallic Nitrates," we have a description of the preparation and properties of nitric acid, potassium nitrate, argentic nitrate, mercuric nitrate, and ferric nitrate. This arrangement necessarily leads to the separation of various important compounds of the same metal, which are not only generally, as they are in the Pharmacopœia, taken together, but resemble each other in their medical uses, and in many of their physical and chemical properties. Thus the numerous and valuable official preparations of Iron will be found scattered in various parts of the work—ferric chloride, in the beginning, in the chapter on "Fluorine and Chlorine," ferrous carbonate, about the middle, in the chapter on "Carbon," and ferric acetate, towards the end, in the chapter on the "Organic Acids." The inconvenience, however, which some students might feel from this method of handling the subject, is minimised by the presence of a copious index, and cannot for a moment be weighed against the general utility and many excellent points of the work. Besides, we may presume that this "Introduction" to Pharmaceutical and Medical Chemistry is chiefly designed for the use of the pharmaceutical students, as it is "arranged on the principle of the course of lectures on Chemistry as delivered at the South London School of Pharmacy."

A distinguishing and admirable feature of the volume under consideration, are the chapters devoted to the organic portion of the subject, and the good description that is given of organic compounds, alkaloids, active principles, &c. Thus, in the Chapter (xix) on the "Ammonia Derivatives," the student will find a clear and concise account of the volatile alkaloids, fixed or cinchona alkaloids, the alkaloids of opium, and those of nux vomica; while under the "Glucosides," (Chap. xx), are comprised such substances as salicin, elaterin, digitalin, santonin, jalapin, colocynthin, gelatin, aloin, &c.

To the student in practical pharmacy and analytical chemistry, there is no book that will prove more serviceable than Dr. Muter's "Introduction to Analytical Chemistry." This portion of the work, however, is so well-known and so generally appreciated, that it is scarcely necessary to "review" it in the ordinary sense of that term. The reader will remember that the arrangement adopted in treating of this part of the subject is such as to make the student's work in the laboratory comparatively easy, as well as instructive, so that with ordinary diligence, and with this book as a guide, he cannot fail to obtain a thorough and practical knowledge of pharmacy and analytical chemistry. "The Processes employed by Practical Chemists," the "Detection and Separation of the Metals," and the "Detection and Separation of Acidulous Radicals," are respectively considered in the first three chapters. The following three chapters are devoted to the qualitative analysis of official salts, the qualitative analysis of unknown salts, and the detection of the alkaloids; whilst the rest of the work is taken up with toxicological analysis, volumetric quantitative and gravimetric quantita-

(a) "An Introduction to Pharmaceutical and Medical Chemistry (Theoretical and Descriptive), arranged on the Principle of the Course of Lectures on Chemistry at the South London School of Pharmacy." By Dr. John Muter, M.A., F.C.S., &c., &c. Second Edition. London: Baillière, Tindall, and Cox, and Messrs. Simpkin and Marshall. Also:—An Introduction to Analytical Chemistry, being the practical portion of the above work, now issued separately for convenience in laboratory use. Second Edition, &c.

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tive analyses, ultimate organic analysis, &c. In conclusion, we must not forget to congratulate the publisher on the capital style in which these volumes are got up. The character of the type, and the tint and quality of the paper, are alone some recommendation to the work, to say nothing of its contents.

IRISH SANITATION UNDER THE PUBLIC HEALTH ACT OF 1878.

We observe with much regret that the proceedings of the Irish Local Government Board and of the sanitary authorities throughout Ireland in relation to the Public Health Act of 1878 are eminently unsatisfactory and discouraging, and that we are justified in the apprehension that the latest effort to consolidate and simplify the sanitary organisation of Ireland is likely to prove an exemplification of "confusion worse confounded."

We are profoundly disgusted to find that the exit of Sir Alfred Power and the entrance of Mr. Henry Robinson to the presidency of the Local Government Board has resulted in no change of policy, and that the official influence of the department is still exercised—if not actually to obstruct sanitary reform—at least, to throw cold water upon the enforcement of cleanliness-law in Ireland. To comprehend the matter, a historical *resumè* is necessary. It will be recollected that, by the Public Health (Ireland) Act of 1874, the dispensary medical officers were created medical officers of health, and were charged with active sanitary functions analogous to those performed by their *confrères* in England. The first act of the Irish Local Government Board in pursuance of their determination to obstruct sanitation was to make sure that the medical officers of health should neither possess influence nor be stimulated to activity. The Board secured the first of these objects by issuing a proclamation to the sanitary authorities that they were, on no account, to pay more for the sanitary services of their officers than a small percentage of their dispensary salary; and their second purpose they achieved by stripping the medical officers—altogether illegally and without authority—of their title of "medical officer of health," and instead thereof, dubbing them sanitary officers, a title which was selected because it was redolent of subordination and of foul inspections.

Availing themselves with cordial alacrity of the hint thus given them by the Local Government Board the boards of guardians fixed for their medical officers of health, salaries of £3, £5, or £10 a year for the performance of duties for which analogous officers in England were paid £60, and they excused themselves for so doing by the plea that the Act was a novelty, and the duties of officers were not yet understood, and that they could easily increase the salary when the system was developed and the work to be done fully appreciated. It is needless to observe that in the great majority of instances the increase never came, and that most of the medical officers of health continue to receive the same £3, £5, or £10 which was voted them in 1874. The Local Government Board, with equal alacrity, confirmed these sham salaries, well-knowing that such payment meant no work, and that their purpose of obstructing sanitation would be fully served if they permitted the boards of guardians to vote the sum at which such village administrators were likely to value sanitary services.

The policy of the Local Government Board and of the Guardians was, however, for the first year of the operation of the Act, well nigh defeated by the energy of the medical officers of health who, though neither paid nor encouraged, set to work with zeal to reform the sanitary state of their districts. They inspected their districts, urged the inhabitants to cleanliness, planned sewage and water improvements, and made numerous reports of nuisances to their boards, and naturally looked for their reward in the approval of their masters and the improvement of their districts. But they speedily ascertained that they had earned no thanks by their trouble, and would probably earn enmity and unpopularity on the part of the members of their local boards, and that they could not by any amount of assiduity win approval from the L. G. B. They learned by experience that both the L. G. B. and the guardians considered sanitation a nuisance and an unpleasant responsibility, and being compelled by the Act of Parliament to have a medical officer of health, and to pay him something, were very earnestly desirous to pay as little as they could, and to be let alone.

As an inevitable consequence, the medical officers finding their reports and advice altogether disregarded by the guardians and deliberately tabooed by their superiors of the L. G. B., hastily retraced their mistaken step and ceased, in many instances, to perform any duties whatever, or even to pretend to any sanitary functions.

If the L. G. B., or any one else, doubts the truth of our statement, as a matter of cause and effect, we appeal to the Parliamentary return issued upon the motion of Dr. O'Leary, which set forth the number of nuisance reports made by sanitary officers in successive years following 1874. That return proves beyond the possibility of doubt that there was, and is, an enormous amount of sanitary work to be done in Ireland; that the medical officers of health were, and are, both competent and willing to do it; and that the obstructive policy of the L. G. B. and of the boards of guardians is the sole cause why the work has not been done, and why the Public Health Act has proved so miserable a failure.

But it was evident that sanitarians could not rest content with this state of affairs, and accordingly—as soon as it became obvious that the administration of the Public Health Act was a sham—an agitation was commenced to obtain a further reform. The Irish Medical Association engaged earnestly in this agitation, and—when a select committee of inquiry was granted—urged upon Parliament with great vehemence the changes which it thought necessary. The only change indeed was that the medical officers should be made to work—properly supervised and properly paid, and at length amendments of the Act were carried, which annulled the limitation of the medical officer's salary, and left it open to the Local Government Board and the Board of Guardians to encourage efficient sanitary work if they pleased. Throughout the inquiry the policy of the Irish Local Government Board was persistently hostile to every reform. Every difficulty was thrown in the way of a change for the better, and at length the Board succeeded in juggling itself out of the responsibility for supervision of sanitation.

It is our purpose to-day, without entering further upon the actual course adopted by the Local Government Board in connection with the Act of 18787 to protest most emphatically against the Board's proceedings. Charged by Parliament with the duty of notifying the change of law to the sanitary authorities, and of putting the new organisation in working order, it not only neglected to do

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so, but positively refused to move until the prospect of Parliamentary punishment became imminent. Being then compelled—at the instance of the Irish Medical Association—to issue a general order as to the change of designation and increased duties of medical officers of health, it has done so in such form as to give the board of guardians to understand very distinctly that they are not expected to quicken their pace in regard to sanitation; that it is not incumbent on them to give any additional salary to their officers for the additional duty imposed; and that—in short—the less the sanitary authorities do in the way of public health reform, the better the Local Government Board will be pleased.

It is simply intolerable that a public department paid by Parliament to do its behests, and to carry into effect the law which it pleases the country to adopt, should take upon itself to counteract the intention of that law, and defeat its operation; and the course pursued by the Local Government Board in relation to the sanitary state of Ireland seems to us to afford no hope of a better policy, and to impose on all sanitarians the plain duty of making the Board responsible to Parliament. We shall look with anxiety for the first opportunity to appeal against the proceedings of the Board, and meanwhile we will take good care that the public shall not lose sight of the facts.

Endermic Use of Morphia by "Thimble Blistering."

This method is thus described by Dr. J. C. Watson, in the Virginia *Medical Monthly*—An ordinary sewing thimble, a little loosely picked up raw cotton, enough aqua ammoniæ (strong) to saturate the cotton without running out, are the preliminary agents required. Gently press the thimble over the selected spot until a sensation of heat has been felt for two or three minutes; wipe away any ammonia which may remain on the surface; now, with the finger, rub away the superficial skin; apply dry morphia by at first gently rubbing on, and then carefully adding a drop of water. A small quantity of morphia may be repeated at short intervals, until your patient feels its effects or is satisfied with the relief obtained.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Dr. W. H. Pearse, Plymouth.—Communication, "Some Observations on Consumption," received, and will appear shortly.

Mr. Furneaux Jordan, Birmingham.—The subject is a delicate one, requiring careful yet vigorous handling, and we are much gratified to receive several notes of a similarly appreciative character to yours, for which please receive our thanks.

"Vivisection!"—Melancholy Barber (with a soul above his business): "I don't get much of a livin' by it, Sir!" Customer (through the lather): "Then—you ought—for you scrape—hard enough—for it!!"—*Punch.*

Dr. Cassidy, South Bend, and Dr. English, New Brunswick, will please receive our best thanks.

Dr. C. R. B.—Sorry we cannot add to our Exchange List; it is already too full.

Dr. Airy.—"Report of Outbreak of Enteric Fever in Chichester" received.

Dr. Thorne Thorne.—"Report on the Prevalence of Diphtheria in the Rural Sanitary District of Billericay" received.

Dr. Blaxall.—"Report on the Epidemic of Enteric Fever in Selborne" received.

Dr. Corry.—"Report on the Prevalence of Diphtheria in Cranfield and the Ampthill District" received.

Errata.—In our review of Dr. Thudichum's book the following very obvious misprint occurs: "Mosite" for "Inosite;" and for "theo-sulphuric" read "thio-sulphuric."

VACANCIES.

Abbeyleix Union, Ballyroan Dispensary.—Medical Officer. Salary, £100, with fees and Sanitary salary.

Alnwick Infirmary.—House Surgeon. Salary, £120, with furnished apartments, attendance, &c. Applications to the Hon. Sec. by Sept. 27.

Ardee Union, Collon Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Sept. 18.

Portumna Union, Portumna No. 1 Dispensary.—Medical Officer. Salary, £100, with fees, and £12 as Sanitary Officer. Election, Sept. 20.

Richmond Hospital, Dublin.—Resident Surgeon. Salary, £50, with apartments, &c. Election, Sept. 11.

Shillelagh Union, Hacketstown Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Officer of Health. Election, Sept. 23.

Shillelagh Union, Coolattin and Clonegal Dispensaries.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Sept. 19.

Sligo Union Workhouse.—Apothecary. Salary, £80.

St. John's Hospital for Skin Diseases.—Honorary Assistant Physician and Surgeon. Applications to the Secrerary at the Hospital. (See Advt.)

Tullamore Union, Clara Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Sept. 24.

Westminster Hospital.—Pathologist and Curator of Museum. Salary, £52. Applications to the Secretary on or before Sept. 13.

APPOINTMENTS.

Baylis, C. O., M.D., Medical Officer of Health for the Bromley, Cranbrook, Maidstone, Malling, Sevenoaks, Tenterden, and Tonbridge Rural, and Beckenham, Bromley, Sevenoaks, Tenterden, and Tonbridge Urban, Sanitary Districts.

Bowring, G., F.R.C.S.E., Consulting Surgeon to the Manchester Royal Infirmary, on resigning as Surgeon.

Carter, R. W. F., L.R.C.P.Ed., L.F.P.S.G., Medical Officer for the Dunster District of the Williton Union, and Medical Officer of Health for the Dunster Sub-district of the Williton Rural Sanitary District.

Daniel, J., L.R.C.P.Ed., L.R.C.S.Ed., Resident Assistant Medical Officer to the Crumpsall Workhouse, Manchester.

Downes, A. H., M.D., Medical Officer of Health for the Chelmsford and Malden Rural Sanitary Districts.

Goyder, C. McIvhor, L.R.C.P.L., M.R.C.S.E., House Surgeon to the Sheffield General Infirmary.

Grimshaw, T. W., M.D., &c, Registrar-General for Ireland.

Kirsopp, T., M.R.C.S.E., Assistant House Surgeon to the Sheffield General Infirmary.

Neville, W. C., M.B., &c., Resident Assistant Master to the Coombe Lying-in Hospital.

O'Connor, T., F.R.C.S.E., Medical Officer of Health for the March Urban Sanitary District.

Pearson, T. R., M.D., Medical Officer to the Thornaby Iron Works, South Stockton-on-Tees, Yorkshire.

Thurnam, F. W., M.B., C.M., Assistant Medical Officer to the City and County Lunatic Asylum, Stapleton.

Unthoff, J. C., M.B., M.R.C.S.E., House Surgeon to the Sussex County Hospital.

Births.

Churchill.—On Sept. 4, at 4 Cranley Gardens, Kensington, the wife of F. Churchill, M.D., of a son.

Crawford.—On Sept. 2, at 29 Raglan Road, Dublin, the wife of Surgeon-General T. Crawford, M.D., Principal Medical Officer in Ireland, of a son.

Dodd.—On Aug. 25, at Killorglin, co. Kerry, the wife of W. H. Dodd, L.R.C.S.I., of a daughter.

Nash.—On Sept. 5, at 123 Lansdowne Road, London, W., the wife of Edmund Nash, M.D., of a daughter.

Marriages.

Cotterill—Wynne-Jones.—On Sept. 4, at Bodedern, Anglesey, J. M. Cotterill, M.B., F.R.C.S.E., to Mary J. Wynne-Jones, eldest daughter of the Venerable Archdeacon Wynne-Jones, of Treiorwerth, Anglesey.

Franks—Greene.—On Sept. 3, at Monkstown Church, co. Dublin, Kendal Franks, M.D., of Dublin, to Lina, eldest daughter of R. J. Greene, Esq., of Rochestown Avenue, co. Dublin.

Newman—Hutchinson.—On Sept. 2, at the Friends' Meeting House, Westminster, T. P. Newman, to Jane Elizabeth, eldest daughter of J. Hutchinson, F.R.C.S., of 15 Cavendish Square, London.

Deaths.

Broad.—On Aug. 30, at Anerley, James Broad, M.D., aged 42.

Carnley.—On Aug. 24, at 1 Charlotte Street, Hull, Henry Carnley, M.D.Lond., aged 50.

Nixon.—At Sligo, Henry King Nixon, L.R.C.S.I.

Norman.—On Aug. 29, at Colchester, John Norman, M.R.C.S.E., aged 69.

Russell.—On Aug. 27, at Herbert House, Denmark Hill, Wm. Smyth Russell, M.R.C.S.E.

Tatum.—On Sept. 5, at Eastbourne, Thos. Tatum, F.R.C.S., Consulting Surgeon to St. George's Hospital, London, aged 77.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 17, 1879.

CONTENTS.

Original Communications

PSYCHOLOGY AND THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the National Hospital for the Epileptic and Paralysed, and to the London Hospital.

(*Continued from page* 201.)

THE following quotations represent what Professor Tyndall said more than twenty years ago. It is difficult to see how he could repudiate the hypothesis of materialism more strongly, and yet he is the physicist previously alluded to who is supposed by many to hold that hypothesis :—

Tyndall.—" . . the passage from the physics of the brain to the corresponding facts of consciousness is unthinkable. Granted that a definite thought and a definite molecular action in the brain occur simultaneously, we do not possess the intellectual organ, nor apparently any rudiment of the organ, which would enable us to pass by a process of reasoning from the one phenomenon to the other. They appear together, we know not why."

The last quotation is given by Lewes, in his "Problems of Life and Mind," vol. ii., p. 458. Lewes adds—"To the same effect, Mill.: Logic, ii., 436. Du Bois Reymond; 'Uber die Grenzen des Naturerkennens,' 1872, p. 17. Griesinger: 'Maladies Mentales," 1865, p. 7. Donders in the *Archiv. für Anat. u. Physiol.*, 1868, p. 658. Lotze, *Microkosmus*, 1856, i, 161."

Laycock writes: "Under the guidance of text-books you will too often meet with useless metaphysics. You will read of 'palsy of the will;' that 'pain excites' this and the other; that 'the mind plays' upon the nerves like a performer on the keys of a piano; and therewith you will be led into fallacies in observation and practice. Now, the changes which, in nerve tissue, coincide with the evolution of energy or force, always result from the communication of force or energy to the tissue, and never from mere states of consciousness."—*Med. Times and Gazette*, Jan. 14th, 1871, p. 31.

We must remember well the last sentence; it implies, to take an example, that a movement of the arm, muscular contraction, is never started by an idea, but by a nervous discharge; liberation of energy by nerve tissue. Now let me quote a recent writer on physiology.

Herman.—"The human body, like that of any other animal, is an organism in which by the chemical changes of its constituent parts, potential energy is converted into kinetic energy."

This is a statement on physiology, not on psychology; but it applies just as much to those parts of the body *concerned with mind*, as it does to any other parts. It does not apply to mind at all; but to the parts of the nervous system which are the physical basis of mind. For observe what Herman says later on in his introduction.

"Finally, we must mention that in a part of the central organs, certain material processes . . . are accompanied in an *inexplicable manner*, with wholly undefinable phenomena, which characterise the *states of consciousness*."

How very different is this from the easy-going language which speaks without any thought of the distinction betwixt mind and its physical basis. Those who speak of an "idea producing a movement," seemingly find nothing "inexplicable;" all is simple. Observe Herman's word "accompany." We say that psychical states "attend" or "occur during," or "accompany" liberations of energy by nerve elements (or certain of them); but they are not those liberations, or, in other words, are not those nervous discharges. Is there any difficulty in understanding (I will not say in believing), that there is a physical series of liberations of energy, and a parallel series of psychical states? So when a person has an idea, there is at the same time a nervous discharge. Then, if a movement follows, that movement is not caused by the idea, but by the liberation of energy which occurs when we have that idea.

We do not say that the doctrine above variably stated is held by all thinkers. Mr. G. Lewes believes that feeling is a mode of motion. He writes as follows:

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G. H. Lewes.—"The love of drawing sharp distinctions, the love of mystery, and the love of stultifying dogmatic confidence by an equally dogmatic scepticism, all unite in proclaiming the gulf between Motion and Feeling to be unbridged and unbridgeable. Here, at any rate Science, it is said, must acknowledge its impotence, however clearly it may trace the course of molecular movements from the excitation of a sensory nerve to its final discharge on a muscle; the transformation of a neural process into a sensation remains an impenetrable mystery. Motion we know, and Feeling we know; but we know them as utterly different; and how the one becomes changed into the other, what causal nexus connects the two, is a question which can never be answered."

"Such is the argument urged in a hundred different quarters. The force of it, when the facts are so presented, is irresistible. But are the facts correctly stated? "That the *passage* of a motion into a sensation is unthinkable, and that by no intelligible process can we follow the transformation, I admit; but I do not admit that there is any such transformation. When I am told that a nervous excitation is *transformed* into a sensation on reaching the brain, I ask, who knows this? On what evidence is this fact asserted? On examination it will appear that there is no evidence at all of such a transformation; all the evidence points to the very different fact *that the neural process and the feeling are one and the same process viewed under different aspects.* [Not italics in original.] Viewed from the physical or objective side, it is a neural process; viewed from the psychological or subjective side, it is a sentient process."—("Problems of Life and Mind," vol. ii., p. 459.)

Very possibly it may be asked by those who have noted my acceptance of the opinion that there is no interference betwixt psychical state, and physical state,—"Do you not believe that the mind influences the body?" I certainly do not, when the two terms are used rigidly, believe anything of the kind. I believe that the highest nervous centres, the substrata of mind, influence the lower centres, and thence the body; and also that the organs of the body—notably the viscera—and lower centres influence the highest centres. When a man is severely frightened suddenly he may be seriously shattered for life—become permanently hypochondriacal. But I do not believe that the emotion of fear affected his body, but that those excessive and sudden nervous discharges which occurred when he was frightened damaged those parts of the body which the nervous arrangements discharged represented. Among the physical changes going on during extreme and sudden fear are disturbances of most important vital organs; a condition akin to that occurring during shock from severe and sudden injury to a limb. Surely the physical disturbances suffice without invoking an immaterial thing, an emotion in explanation. Of course, one does not object to the expressions—"The mind influences the body;" "Pain raises arterial tension;" or "Fright produces this or that bodily condition," when they are used popularly, their real meaning being tacitly understood, any more than one does to the expression that "The kettle boils," or that "The sun rises in the East." But I should object to any explanation of day and night on the assumption that the sun really does rise in the East and passes over to the West, the earth not rotating; and I should object, in a scientific account of pain, to the statement that an excessive sensation raised arterial pressure in place of the statement excitation of a sensory (afferent) nerve raised arterial pressure.

Let me mention particular errors of theirs. (1) We may very easily suppose ourselves to take a materialistic view of mind, and yet follow the psychological method to all intents and purposes so far as medical inquirers are concerned. To speak of mental states as being nervous states, to consider cerebral centres as being ideational, perceptive, and so forth, if no further step be taken, is neither materialism nor psychology, but simply a mixture of both. To "solidify the mind," to talk of the brain as if it were a kind of mind made up of cells and fibres, is not enough in a medical inquiry. For the moment, granting it to be true, for argument's sake, so far as it goes, it does not go far enough for medical purposes. The statements are mixtures of morphology and psychology. Anatomy of the nervous centres is ignored in these morphologico-psychological statements. Morphology has to do with cells and fibres; anatomy deals with sensori-motor arrangements. The morphologico-materialistic statement is that mind is composed of cells and fibres; the anatomico-materialistic statement is that mind is made up of sensori-motor arrangements. Both these being here repudiated, the statement we make is that the physical *basis* of mind is sensori-motor, or in other words, that psychical states occur during, not from, sensori-motor nervous states.

Ignoring the distinction betwixt physical and psychical states leads to ignoring anatomy and physiology of the higher parts of the nervous system.

(2) It is very widely assumed that sensory nerves and centres are alone engaged during ideation or sensation, but it is very plain that a movement element also is represented in the substrata of tactual and visual images.

(3) Active states of sensory (afferent) nerves and centres are often spoken of as if they were sensations. It is a most unfortunate thing that the term Sensation (really the name of a psychical state) is of the same derivation as Sensory. It fosters the confusion that an active state of a sensory nerve or centre (a state of body) is a sensation (a state of mind). On this matter we may quote J. S. Mill.—"It is usual, indeed, to speak of sensations as states of body, not of mind. But this is the common confusion of giving one and the same name to a phenomenon and to the proximate cause or conditions of the phenomenon. The immediate antecedent of a sensation is a state of body, but the sensation itself is a state of mind."—Mill's "Logic," 8th ed., vol. ii, p. 436.

We are only justified in saying that sensations attend or occur during active states of sensory nerves and centres. Besides, there are sensations attending states of movement centres. Thus, whenever we see an object or think of one, we see it, or think of it both coloured and of some figure. There is a sensation of extension as well as of colour; this implies activity of both sensory and movement elements. As implied under (2), sensations are on the physical side, not sensory only, but sensori-motor. In artificial analysis we may speak of "motor sensations" and "sensory sensations."—*Vide infra.*

(4) Whilst nearly everybody admits ideas (images) and sensations are psychical states, having correlative nervous states, it is taken for granted that movements, of the face and limbs, for example, have no psychical side. But I think it is plain in one case that there is a psychical side to movements; thus, the most highly special and complex movements of the tongue, lips, palate, &c. (articulatory movements), have a psychical side in words or syllables. I shall extend this distinction to all movements, and at any rate, try to show that it holds good with regard to that I shall speak of as cerebral manipulatory and locomotor movements. I should call the psychical and physical sides respectively psychical—movement and physical—movement. Thus a word is a psychical movement; the highly special and complex articulatory movement (nascent or actual) is a physical movement. These terms will be defined later on. I suppose the idea contained in this paragraph is essentially that contained in the following excerpt from Sir William Hamilton:—

". . . The faculty of voluntary motion, which is a function of the animal soul in the Peripatetic doctrine, ought not, as is generally done, to be excluded from the phenomena of consciousness and mind."—Hamilton, "Metaphysics," vol. i., p. 157.

Here I may advert to the use of certain abbreviated expressions. When such an expression as *motor* sensation is used it is to be taken to mean sensation *attending* or *occurring during*, not from, energising of centres representing, by efferent nerves, movements of either epi- and ento-peripheral muscles; by the term "*sensory* sensation" is meant sensation *attending* or *occurring during*, not

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from, energising of centres representing epi- or ento-peripheral surfaces by sensory, that is afferent, nerves. The expressions are used for brevity. Similarly I use the expression "*organised* sensation." The expression "psychical side of" and "physical side of" are used. If the reader asks "Side of what?" I have no answer to give. I use expressions I find in use as a means of distinguishing betwixt psychical and physical states. The meaning, physical or psychical, of such words as "light," "heat," &c., must be gathered from the context; in these cases we have but one name for the two correlative things; for what we call a mode of motion in a substance, and for the ensation attending a "mode of motion" of our organism which the mode of motion in that substance induces in us.

(To be continued.)

THE ADVANTAGES OF CALOMEL IN THE DISEASES OF CHILDHOOD, WITH ESPECIAL REFERENCE TO TYPHOID FEVER.

By E. MARLETT BODDY, F.R.C.S., F.S.S., ETC.

THERAPEUTICAL fluctuations (if I may so designate the various degrees of popularity or opprobium through which certain drugs have had to pass in the medical world) are as frequent now, if not more so, than half a century ago. Some have withstood the test, and have managed to maintain themselves in the good opinion of the profession for a longer period of time than others. Some have flourished for a brief space after being loaded with unbounded laudation as specifics, superior in every respect to any which may have preceded them; but after an evanescent renown, and an ephemeral existence, have disappeared, and are now comparatively forgotten. Others, which are but few in number, have contrived to keep their ground in spite of many which have sprung from the laboratory of the chemist, or from the forests of tropical regions, such as opium, rhubarb, jalap, calomel, &c. These have passed the "ordeal of fire," and have emerged, I may say, well refined; but peculiarly, they are considered by a great many as old-fashioned and obsolete, and accordingly are seldom, if ever, used. Perhaps for the reason that humanity has somehow or other undergone a change, and the drugs which were considered sufficient for the curability of diseases, which infected people of a bye-gone age, are now regarded as insufficient for those which are prevalent at the present time; or it may be such practice is of far too simple a nature in its working, and consequently does not tally with the scientific treatment of disease, the presence of which is, in very many instances, only discernible to the practised eye of a histologist.

Such method of treatment would undoubtedly be correct were the human organism changed from what it was years ago; but as I think such is not the case, those drugs which were found to be of such utility by our forefathers, and which has never been satisfactorily disproved, ought to be equally so to us, though science and investigation, and the multiplicity of minutiæ, have caused us to swerve considerably from the *utile*.

To a certain extent the constitutions of some adults do undergo a change, owing to the system becoming inoculated with a virulent animal poison, the effects of which modifies considerably both the physical and mental capacities of the individual; and therefore, perhaps other drugs of a more modern date are only applicable in the treatment of their diseases; but in infancy there is no like metamorphosis, for an infant of the present day is, to all intents and purposes (except those which are tainted with an hereditary disease), exactly similar to an infant born centuries ago, and consequently if a drug of a certain nature was then administered to them with advantage, such drug would have the same effect at the present day, notwithstanding the *dicta* of certain authorities.

Many drugs have been very severely condemned, as not only being of comparative worthlessness, but as being most pernicious to the well-being of the patient; of this class, the much abused calomel is a good specimen; perhaps it has escaped, to a certain degree, the first accusation; but it is still considered by a great many as a drug of a highly dangerous nature, and to be by all possible means avoided, not only in diseases which afflict the adult, but even in those which occur in infancy and childhood.

Some go so far as to say that calomel should not on any consideration be administered to an infant, lest the system should become mercurialised. I cannot make remarks of too severe a nature concerning this ridiculous fallacy, for being purgative in its action, how can such a result occur, unless it be given with a careless hand and injudicious judgment?

I have never known an infant to be mercurialised as the result of the administration of calomel in my own practice; others may have come across a case of infantile mercurialisation, which I must confess is not to be wondered at, when I call to mind the preparation of mercury which is almost invariably resorted to—viz., the hydrargyrum cum creta; such a result is easily accounted for when we take into consideration the antagonistic properties of the two ingredients. Mercury, we know, is a purgative, besides being a chologogue; chalk, we are aware, is an astringent, as well as being antacid; thus one manifestly counteracts the action of the other, and mercurialisation very probably occurs, simply because the mercury is prevented by the chalk from passing out of the system owing to the astringent effect which the latter drug has upon the alimentary canal; consequently, purgation is thwarted, and in many cases stopped altogether, which is not at all desirable in the treatment of infantile disease; and as a certain amount of this powder is given to the hapless infant every two or three hours, as the case may be, the bowels, instead of acting as they should, are repeatedly retarded, and as it is a rule to administer this anomalous compound when the infant is going through the protracted and painful process of teething, in order (as is supposed) to prevent convulsions, I have no hesitation in asserting that instead of obviating them, we, on the contrary, promote the attacks, and we make matters ten thousand times worse by preventing the action of the bowels. From what I have seen, I regard the administration of mercury and chalk as pernicious, unpractical, and unscientific. In support of this assertion, which may appear at first sight as of too sweeping a nature, we will just take a typical case in which it is thought desirable by the great majority of medical men to administer the hydrargyrum cum creta.

A child is brought suffering from convulsions originating from painful dentition; it cries, is restless, vomits up the milk, very likely refuses the breast, and perhaps is frequently convulsed, the face is puffy, and the tongue is white and comparatively dry, and the child very likely wheezes, which is supposed by many to indicate the presence of bronchitis. On inquiry, we shall find to a certainty that the bowels are not opened as they should be consistently with health.

A mixture is given, *pro forma*, and of course one of those invaluable powders consisting of the hydrargyrum cum creta is ordered to be given every two or three hours. If the child recovers we owe the happy result to "dame Nature," and not to the presumed efficacy of the powders, owing to the fact that the properties of one ingredient are antagonistic to the properties of the other. I am sure, and I could prove it by a great number of cases, that many more infants would recover were this injurious, though universal custom, of giving them the hydrargyrum cum creta departed from. Indeed, this practice of giving infants mercury and chalk is a proceeding diametrically opposed to common sense, and should be condemned as being pre-eminently unscientific, unpractical, injurious, and useless. It is unscientific because of the antagonistic

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properties of mercury and chalk; it is unpractical because it is given to regulate the bowels, which it entirely fails to do; it is injurious, owing to the chance of mercurialisation resulting from its administration; and it is useless, because it falls considerably short of the object which it is intended to promote.

I have had many opportunities of seeing children while taking these powders, and I have known many succumb rather to their deleterious action than to teething or to convulsions, because the bowels are prevented from acting, owing to the fact that one ingredient neutralises the other, for the mercury is partially deprived of its purgative properties by the action of the chalk; and another mischief may be inadvertently set up, viz., the biliary secretion is increased by the mercury, and this, through the action of the chalk, is hermetrically sealed in the intestinal canal; thus we have two evils to contend with besides that for which the presumed remedy is given, viz., mercurialisation, and an over secretion of bile, which remains in the system, instead of being eliminated.

Therefore, of what practical utility is the administration of the hydrargyrum cum creta? Of what earthly use is the combination of mercury and chalk? Whoever would think, unless he was bereft of his senses, of valuing lead in preference to gold—of preferring a flint and refusing a diamond? Yet so it is. We administer an adulterated drug, which originates more evils than one, and ignore that which is sure to do good. Indeed, we prefer adulteration to purity, and alloy to the pure metal.

I trust I have sufficiently proved that the recognised practice of giving the hydrargyrum cum creta to children is not only injudicious, but decidedly injurious, as not only falling considerably short of the object we have in view, but the probability, on account of the astringent properties of the chalk, of our mercurialising the recipient.

As it is with adults in the majority of the diseases, so is it with infants; the bowels are more or less out of order, *i.e.*, the excreta are different to what they would be were the child in health. In fact, barring hereditary syphilis, infants as a rule suffer either from constipation or diarrhœa. On the average about ten per cent. suffer from other complaints, half of which are derived from some defect in the parents' constitutions, or from some congenital malformation; the other half from bronchitis, or other affections peculiar to the respiratory organs. So we thus see that the larger proportion suffer from some disorder of the bowels, which is far from being remedied by the administration of the hydrargyrum cum creta.

During dentition, especially when protracted, the bowels are to a certainty in a morbid condition, and as one evil naturally irritates the other, the tendency to convulsions originating from the teeth is of course aggravated by any intestinal disorder. One evil, if we may thus designate dentition, is generally remedied by the efforts of Nature alone; the other by medicine. One is comparatively healthful, the other pernicious; therefore the one which is adverse to the well being of the infant must be our sole consideration; the other may be left to work its own cure, for Nature is generally perfectly capable of completing what she begins, and when so, medical and surgical interference is meddlesome and harmful; but in some cases she is embarrassed, and requires the assistance of man, and then if help is afforded judiciously and in time, she proceeds with her work with a right good will, gets over the difficulty, and goes on as before. Thus it is with infantile dentition; it is what one may term an episode in infancy, a crisis in which Nature generally manages to get the upper hand; but sometimes the infant is weak, and the process is painful and tedious, the health begins to suffer, the little patient gets cross and irritable, and if not attended to, gets rapidly worse. The tongue is white, and the infant refuses sustenance; it whines when the abdomen is touched; the motions are *green* and slimy, and the odour is offensive; and the mother will very likely tell you that the child has the "gripes;" the feet are cold and damp, and the body and head are abnormally hot.

These symptoms vary but seldom; they are more or less present when an infant is teething, or when it is simply suffering from some intestinal irritation, and the same treatment therefore is to be followed out in all cases almost indiscriminately, necessarily excluding those dependent upon some organic origin; and the only drug which is really efficacious is calomel, and not the hydrargyrum cum creta.

A powder, therefore, consisting of calomel should be given at night time, the strength of which must depend on the discretion of the medical attendant; and the next morning a teaspoonful of castor-oil should be given, if possible, on an empty stomach. The attention should now be directed to the alvine excreta, which will continue *green* or olive till the child has regained its health; and when that result has been attained, they will resume their normal colour.

I must here draw the reader's attention to a most astounding error recorded in every book on materia medica, so that it has come to be regarded as a therapeutical fact; it is looked upon as one of the effects wrought by calomel, yet it is as complete a fallacy as ever was promulgated, and that no one should have discovered it to be such is really inexplicable; it is this, calomel produces green stools similar to mashed spinach; "it often produces in children the so-called calomel stools, or green-coloured fæces," says a certain authority. By this we are to infer that they are only produced by calomel, and that they are as a consequence, the effects of the drug solely; if so (and I do not see what other conclusion we can arrive at), how comes it that green stools are produced when the drug has not been administered? How comes it that when in health calomel does not produce green stools? This is almost invariably the case, though now and then exceptions do occur; but they are not frequent; but still, I do not for one moment concur with the above-established and received opinion. Plato, the philosopher, asserts that opinion is "a medium between knowledge and ignorance," and as this aphorism is incontrovertible, we must bow with due submission to the learned Greek's definition, and accept it; and as a deduction we may say that "every opinion is more or less well grounded, and evident as it approaches to one or the other of those two extremes." Now, to affirm that calomel alone produces green stools is not "knowledge," but "ignorance;" therefore, as the received opinion tends rather to the latter than to the former, we must (notwithstanding the long undisputed sway which this error has exercised over the profession) come to the conclusion that it is accordingly a paralogy based upon the want of careful observation.

(To be continued.)

THE HISTORY OF A DISPENSARY DOCTOR.

[WRITTEN BY HIMSELF.]

Preface to Chapter III.

CHARLES DICKENS, in the preface to his admirable novel "Nicholas Nickleby," says that after having drawn the character of Squeers, he was not only threatened with action for libel, but also put in bodily fear of corporeal punishment, by several Yorkshire schoolmasters, who were so like the original that they believed themselves to be intended to be Squeers himself. I, indeed, believed the character of Mr. O'Rorke to be unique: since the publication of the first chapter of "The History of a Dispensary Doctor," I have received several communications from different parts of Ireland, thanking me in a flattering way for having shown up that class of practitioner. As they are more numerous than I supposed, I not being what is generally termed a strong man, and besides in wholesome dread of an unmerited castigation, beg that such practitioners as may think themselves the original, will spare themselves the expense of buying a stick, as also, if they happen to live at a distance, that of train-fare. If their

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spirits are ruffled, let them take a soothing draught, compose their minds, and make promise that towards their medical brethren they will henceforth (to use Jack Falstaff's words, altered for the occasion) "Eschew unprofessional conduct, live with clean hands, and as a doctor should." If there be any practitioner alive who takes the character uponhimself, I beg to tell him he is mistaken. The original of Mr. O'Rorke, as I stated in a foot-note, is now dead some years. As there is some discrepancy between the dedication and foot-note, I may state that the first chapter of "The History of a Dispensary Doctor" was written several years ago, but thrown aside under the belief that it was not worth publishing. To show the value of the scriptural teaching of doing good for evil, I may add that Mr. Jerry O'Rorke afterwards became my very good friend, I having been called in to see a case with him, where he nearly passed a silver catheter through a man's perineum in his efforts to pass a catheter per urethra, from the effects of which the man died; I tried at that time to shield him in every way I could. I must say that his conscience smote him, and he ever afterwards acted towards me as well as could be expected. To those entering on the medical profession I give this advice, that no matter how another practitioner acts *towards them*, let them always act professionally, and remember that under no circumstances ought they to forget that they are gentlemen, *because others do so*. Let practitioners refuse to meet such of their professional brethren as act unbecomingly, but let them not bring more opprobrium on the profession by copying their "*tricks of trade*." One word more, and I resume my tale: When "the Dispensary Doctor" was commenced, it was intended *exclusively* for professional readers; I was therefore surprised to hear several lay persons ask me whether all doctors were as bad as that? I would therefore remind my medical readers, especially those of the student class, who are apt to be thoughtless, that medical papers are intended for medical readers, not for sending home to their lay friends, where they will perhaps be read by young girls, whose *morale* will not be improved by a "full, true, and particular account" of a labour case.

Chapter III.

Doctor Scalpel does duty at a neighbouring dispensary, and gives a specimen of the minutes of one of their meetings, says somwhat on registration, is hastily summoned to visit a poor patient, and meets Father O'Reilly, who entertains him with amusing stories of the Irish peasantry.

The dispensary doctor of a neighbouring dispensary being slightly indisposed, asked me to take dispensary duty for a day for him, to which, I of course, readily consented. I am not going to give over again an account of a dispensary day, but think it worth while giving my readers a specimen of the copy of minutes. The spelling is unique, and well illustrates the class of men who are sometimes placed as masters over gentlemen of refinement and education. Here it is—

"It is resolve,—that John B. Wagstaff be chareman; Arthur Golding, voice-chareman; and Heugin Hegarty, onary sectary; carried hueanimously. Sined, Tom Moris, chareman of comite."

As I had not much to do, as may be seen from my taking the trouble to copy the above, I amused myself listening to some country people, who were registering births and deaths. The deputy was, of course, acting. He thought a great deal of his office, and his list of pains and penalties—in case the child was not brought to be cut with the pock within the prescribed time—something terrific to listen to. To his query, Where did the woman die? (of course, meaning what townland) the fellow, a wild mountaineer, scratched his head for a moment and then roared out "Where did she die? Begorra, where would she die, 'but in her bed.'" An old midwife also being asked where a child was born, "to whom she had done a good turn," as she said herself, promptly replied, "on the flure." The people hardly ever gave the date of the month; "next Monday will be three weeks," or "just before Corpus Christi," or "during the second trenching," was generally the nearest answers that could be got. One little old fellow came to register a child's birth, when, on being told that the Registrar-General would object if he saw a man's name signed to the registry who was neither occupier or father, said "Bedad," "then he can't get anybody else, for sorra one was in the donkey cart when t'was born, but meself, and herself" (an Irish country man always has *ego et meus rex* in his mind's eye). However, he failed to satisfy the deputy, as he could give no nearer date than the day "Pat Moragan's mare got the gripes;" so was put back for further information. A farmer, having registered his child, went out, when the deputy told me a rather amusing story of his having, at one time, lost an election for a doctor, in his district. There were two candidates, and the voting was very nearly equal. The farmer's next door neighbour intended to support the opposite candidate, and as he (farmer) knew that one vote would turn the election, one way or the other, asked his neighbour in, the night before the election, to have a glass, to show there was no ill-feeling on account of their taking opposite sides of the question. The other unsuspectingly went, the farmer trusting to his well-known abilities in drinking. However, his neighbour was too much for him, and he dropped under the table first, the other managing to stagger as far as the committee-room, gave his vote for *his* friend, and gained the election. Having returned home, I was just sitting down to lunch, when a man came running to my door with a red ticket, saying that a man was very ill a good way off, and begging I would make no delay. I hurriedly got the trap, and started at a good round pace, when I overtook my friend, the priest, who asked me to give him a seat on my car, as his own horse was somewhat knocked up from the stations. "That's a nice nag you have got now, Father Pat," said I, as we drove on. "O sir! then bad 'cess to him," cried he, "I wish I had never seen the horrid beast." "Why what ails the animal?" asked I. "He looks to be quite sound, and a beautiful goer." "I must part with him for all that," said he, "or he'll ruin my character." "Ruin your character; how so?" I asked, and in wonder. "Well, then, I'll tell you," answered my friend; "he stops at every public-house he sees. How he came to learn it I don't know, but if even he is at the other side of the street and sees, 'So-and-so, licensed to sell Porter with Spirits,' over he goes to spite me, and stops dead at the door. "Have you had him long, Father Pat?" said I, with a sly look. "No," said he, laughing, "only a week; but, please the Fates, he'll ruin somebody else's character now, as I intend selling him at Coleraine in a fortnight. The truth is," added he, in explanation, "I bought him from a man that would drink a river dry. Faith, he never went into a town without drawing it." "What is that?" asked I. "Well," said Father Pat, "drawing a town means beginning at the first public-house—say on the left-hand side of the street—and going into every one of them until you reach the last one at the right-hand side." We chatted as we went on concerning the uncertain tenure a dispensary doctor has of his position. "Well, that's the case often, surely," added the priest; "but it is often the doctor's own fault. I am sorry to say some of your brethren take too much; that makes them quarrelsome and lazy, and then they are sick in the morning and can't do their business properly. Not but there are some fellows whom I call doctor hunters. When I was stationed at Ballydrum, the dispensary doctor there had incurred the odium of a red-ticket giver—a warden, I believe he was. One of this man's labourers got sick, or fancied himself ill; he went to bed and sent for Dr. Moriarty. When the Doctor came he found he had a large family, and, stretching a point, gave him some out-door relief. In a couple of days the warden came to the sick man, and said, 'Jack, it will do you good to sit in the sun. I can't "fence" the field next to your house; I'll give you a couple of shillings to sit at the gap and prevent the cows going out.' When the warden saw him seated there,

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away he went for the relieving officer. 'There's a man, now, said he, 'whom the doctor is giving out-door relief to.' I can assure you," added the priest, "it required all the influence that could be brought to bear on the matter to prevent the doctor's dismissal. I often find," said the priest, "that the worse doctor hunters are men of low birth, who have raised themselves to good positions, and amassed money; these men often think that everybody else must have as high an opinion of them as they have of themselves. On account of their wealth, and the fact of their, perhaps, forming part of his committee, they think the doctor ought to be like Uriah Heep, 'very 'umble.' If the doctor is an independent kind of man, and well-born, he, of course, thinks himself just as good as any *novus homo;* when the doctor means to treat such a man as an equal, the other makes it out pride, and thinks the doctor looks down on him on account of his humble origin. Hence, whatever the doctor says or does with regard to such a man, is misconstrued, and secret dislike often soon ripens into open hostility." We now neared the house, and a countryman told me to hurry as the man was nearly dead. Quickly walking up to the hut, a miserable one-roomed cabin, with the usual accompaniment of a cess-pool, we thrust in the door, when a scene met our gaze which I shall never forget. Stretched on a wretched bed of straw, and only partly covered by an old patchwork quilt, lay a man who must have been a very fine specimen of the human race when well. He was worn to skin and bone by chronic phthisis, his ghastly face and quickly glazing eyes were rendered more awful still by the dim light of a dip candle, which was held in his already relaxing fingers, by a rosy little curly-haired child, who looked with wonder at a scene she did not comprehend. The mother on her knees, rocking herself to-and-fro, in speechless agony, and six or seven older children looked on in silent fear, at the advent of that grim enemy, which they saw for the first time. With one groan he fell back dead, while a cry which, as I write, is ringing in my ears, escaped her, whose only support was thus taken away. As she fell down in a faint, a deep feeling of stillness so indescribable, yet which I am sure every-one who has seen a man die has felt, stole over us, and we silently left; a deep sigh escaping from the good priest, as I heard him mutter, "Thank God, I prepared him the last time I was here. Ah, Doctor," said he, "if half the world saw the sad sights doctors and priests see, less money would be spent on the savages of Gullamagoo, and more on poor people, such as these."

(To be continued.)

Translations.

M. CHARCOT ON LARYNGEAL VERTIGO.

Translated from *Le Progrès Medical*.

UNDER the name of *laryngeal vertigo* (*vertige laryngé*) Dr. J. R. Gasquet has published (*Practitioner*, August, 1878) the history of a case, an analysis of which has been recently given by Dr. G. Decaisne in the *Revue des Sciences Médicales* (No. 26, 15th April, 1879, t. xiii., vol. ii.) The case was that of an admiral on half-pay, who had always led an active life, and who had until the last few years, enjoyed remarkably good health. Three years ago at the age of 70, he had a severe attack of bronchitis, with spasmodic cough and fits of dyspnœa, which returned several times during the day. From this period he became subject to a complaint of which he gives the following description:—

He suddenly loses consciousness, and falls to the ground. In two or three minutes he comes to himself, but feels giddy for some time afterwards. The attack is limited to these phenomena, there being no convulsions or any other symptom. This patient was successively treated for cerebral disease, [illegible], dyspeptic vertigo, &c., but without success. After [illegible] he remarked that the attacks, which returned at very [illegible] intervals, *were always preceded by an irritation of the larynx* and by a *spasmodic cough*, which, however, was not invariably followed by a fit. Serious attention was then given to the affection of his larynx, and when that was cured the attacks disappeared, and have not returned for nine months.

M. G. Decaisne very justly connects this interesting observation with cases which M. Charcot has made the subject of a communication to the *Société de Biologie*, in November, 1876, under the same appellation—*laryngeal vertigo*—employed by Dr. Gasquet. The analogy which exists between these cases is very striking. It will be therefore worth while to recapitulate from the account given in the *Gazette Médicale*, Paris, 1876, No. 49, p. 588, the chief facts communicated by M. Charcot to the Society above mentioned, together with the remarks which he made in connection with them:

M. Charcot was called about fifteen years ago to see a patient who was subject to attacks of gout, and also occasionally suffered from spasmodic fits of coughing. One day during one of these fits he saw him suddenly fall down, but as quickly recover himself, without presenting any trace of convulsions. The patient, who, on recovery from this attack, was confident that he had not lost all consciousness, stated that he had occasionally suffered from these fits ever since the commencement of the spasmodic cough. It is unnecessary to add that, although now 55 years of age, he has never been subject to epilepsy. Again, in August, 1876, M. Charcot saw in consultation with Dr. Caresme, M. H., æt. 55, who complained of being subject for the last twelve months to what he called his "attacks." These are announced by a tickling sensation a little below the larynx, accompanied by a dry cough. All at once the patient loses consciousness and falls down; his face has a turgid and bluish appearance; and sometimes there are some convulsive twitchings in the face, and in one of the arms. But he neither bites his tongue nor passes his urine involuntarily. The fit is of very short duration, and is scarcely over before M. H. completely recovers himself, without any feeling of stupefaction, so that he is able to resume the conversation from the moment when it was broken off. For some time the attacks have been very frequent, as many as fifteen in the course of the day, and once the patient has fallen down in the street. The fits are always preceded by the laryngeal irritation and cough; but sometimes the paroxysms of cough are not followed by any attack. In the latter case the patient only experiences a feeling of vertigo which he is scarcely able to describe. For a long time M. H. has been subject to bronchitis and emphysema, but it is only for the last twelve months that he has suffered from the tickling sensation above mentioned, spasmodic cough, &c.

M. Charcot is inclined to think that in cases of this kind the origin of the attack is to be attributed to a particular irritation of the centripetal laryngeal nerves. In that case the affection would consist in a kind of *laryngeal vertigo* comparable, in certain respects, with the *vertigo of Ménière*, which appears to him to be connected with an affection of the nerves of the labyrinth. Under this impression he prescribed cauterisation of the pharynx with nitrate of silver, irritant applications to the front of the neck, and internally large doses of bromide of potassium. Either by these means or through some other cause the patient recovered after he had been under treatment for a few months.

Since the above observations were made, M. Charcot has had the opportunity of noticing some facts which present the same mechanical type. Quite recently, while inquiring into the literature of the subject he came across in the *Berliner Klin. Wochenschrift*, 26th Sept., 1876, p. 563, an observation made by Dr. Sommerbrodt, on a man, æt. 54, who had been subject for the last twelve months to epileptiform attacks, accompanied by laryngeal symptoms. The presence of a polypus in the larynx was detected, after the removal of which the attacks completely disappeared.

In the last clinical conference held at La Hospice de la Salpêtrière, December, 1878, M. Charcot again called attention to this complicated group of symptoms, to which he proposed to give the name of *vertige laryngé*. He laid great stress upon two cases which had recently come under his notice, and which, as the following account will show, evidently belong to the class of affections under consideration.

"Dr. W., a Russian by birth, about 40 years of age, was twelve years ago plunged during the winter time up to his middle in water for nearly an hour, in consequence of which he contracted an attack of general articular rheumatism, which confined him to his bed for nearly three months. Soon afterwards a bronchitic affection showed itself, which gradually passed from an acute into a chronic form. A constant

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feeling of oppression, sibilant rhonchi, which could be heard at a distance from the chest, and difficult expectoration, were the chief symptoms complained of. Frequently, too, there were violent attacks of asthma, which generally ended in the expectoration of soft, vermiform pieces of phlegm. In the course of the year 1877, the special symptoms about to be described occurred on ten different occasions. Apart from the attacks of asthma, and without any appreciable cause, the patient suddenly experienced a little below the larynx in the course of the trachea, a peculiar and painful sensation of burning and tickling, followed by a fit of coughing. Immediately afterwards a feeling of giddiness comes on, during which Dr. W. feels the fingers of his left hand involuntarily flexed, his left arm stiffly extended, elevated up to a level with his head, and agitated throughout by three or four convulsive movements. At this moment he loses all consciousness, and on his recovery, which takes place in the course of a few seconds, he finds himself lying on the ground, and on his left side. The limbs of that side do not in the intervals of these attacks appear disordered, with respect either to their power of motion or their sensibility. On several occasions the burning sensation, the tickling in the throat, and the premonitory cough have been followed by a few sibilant inspirations, and a threatening of suffocation only, the attack thus being incomplete. A laryngoscopic examination made by M. Fauvel did not discover anything abnormal beyond a little redness of the mucous membrane. Dr. W. died very suddenly, in the full possession of his senses, and without any sign of convulsions, during on attack of asthma, on the 12th January, 1878.

"M. G., æt. 45, had on the 20th July, 1878, an attack of bronchitis, which left behind it a permanent feeling of heat and a tickling sensation in the region of the larynx. These sensations were aggravated at times, and were followed by very distressing fits of coughing. In the month of August M. G. was suddenly awakened by one of these fits. He immediately got out of bed, lost all consciousness, and when he came to himself, a few minutes afterwards, found that he was lying on the floor. Since that time the attacks have occurred frequently; sometimes as many as three and four in the day. On every occasion he loses consciousness and falls to the ground; and several times he has fallen in the street. He recovers himself, however, almost immediately, without any marked disturbance of his ideas, but he has no recollection of anything that has passed during the attack. He only remembers the tickling in the larynx, the cough and the vertigo, which preceded the fits. According to the descriptions of those who have seen him in these attacks, his face sometimes assumes just before falling a bluish and turgid appearance; occasionally there are convulsive movements of the face and the extremities, but no premonitory cry, and no involuntary emission of the urine. He does not, moreover, bite his tongue, nor is there, on his recovery, any nausea or vomiting. A laryngoscopic examination made by Dr. Krishaber did not lead to the discovery of any lesion either in the larynx or trachea. Such was the situation of M. G. when he came under the observation of M. Charcot, in December, 1878. This physician prescribed bromide of potassium in large doses, and flying blisters to the regions of the larynx; and after three months of this treatment the attacks completely disappeared."

The reader will have noticed in what relationship the above facts stand to each other. The phenomena which justify the appellation of "vertigo" being given to them, have been constantly accompanied by other phenomena to which the qualification "laryngeal" may be legitimately applied. In fact the sensation of tickling and of heat, which, along with the cough, proceed apparently from the larynx, have in all cases preceded the fall of the patient, and his loss of consciousness. The latter symptom seems to be a constant characteristic of what may be called the "great attacks" (*grandes attaques*); it is only wanting in the less severe cases, and where the attacks are incomplete. In the great attacks the existence of some convulsive phenomena, localised in the face or in one or more of the extremities, appear to be a frequent complication. In one case the convulsive symptoms assumed the form of a partial attack of epilepsy (case of Dr. W.) and the patient could observe, in some measure, the development of the first phases of the attack. The loss of consciousness follows quickly after the appearance of the *aura laryngea;* it is of short duration; a few seconds or minutes after the fall the patient regains his senses, and he gets up, very little confusion in his ideas being noticeable, and such as there is being rapidly dissipated. The end of the attack is not marked, as in the case of labyrinthine vertigo, by nausea and vomiting; and during the attack there is not, to the best of our knowledge, any biting of the tongue (*a*), or involuntary discharge of urine, as is so frequently the case in epilepsy.

Such are the more important facts that have as yet been observed with regard to the symptomatology of laryngeal vertigo. Without wishing to forecast the future, we may even now affirm that the symptoms grouped under this appellation constitute a clinically distinct form of disease, and that it will hereafter be possible by certain characteristic features to practically separate them from those that are allied to it. Thus, to cite but one example, the vertigo *ab aure læsa*, is generally announced by a brusque exaggeration of certain auditory sensations, such as those of humming, hissing, &c. The patient does not lose consciousness when he falls, and he is able to relate what has happened to him as well as if he had been suddenly pushed down by the hand of a stranger. Usually he falls directly forwards upon his face, more rarely on his back or on his side (*b*); and the end of the attack is more often followed by nausea and vomiting. We may add, moreover, that its somewhat necessary subordination to the laryngeal symptoms should distinguish the form of vertigo under consideration from the different forms of the epileptic *petit mal*, to which it otherwise bears no slight resemblance.

According to the foregoing observations laryngeal vertigo appears to be more or less directly consequent upon laryngo-bronchial affections, developed under the influence of local causes, or depending upon a peculiar diathesis, such as gout and rheumatism. But it is not always so. The observation of Dr. Sommerbrodt shows that analogous phenomena may arise from the presence of a polypus in the larynx; while, on the other hand, M. Charcot has also demonstrated the fact that all the symptoms which he attributes to laryngeal vertigo, may be observed in patients suffering from *locomotor ataxy*, or that this may constitute one of the varieties of those *crises laryngées tabétiques*, of which Dr. Féréol was the first to give a description (*c*).

In conclusion, we must state that at present "laryngeal vertigo" can only be considered as a group of symptoms, the pathogenic theory of which must be reserved for a future time. Undoubtedly the premonitory symptoms of the attack seem to show that the larynx or upper part of the trachea is the starting point of all the phenomena above described. We might, moreover, get some information from experimental observation, especially that which has been made on the effects of exciting in the lower animals, the superior laryngeal nerve (*d*), but in our opinion we should still be unable to find by that means full explanation of the phenomena under consideration.

Whatever the nature of the affection may be, revulsive applications to the region of the larynx, cauterisation of the pharynx, and the administration of large doses of bromide of potassium, appear to have cured the complaint in every case in which they were tried, those arising from the presence of a polypus excepted.

(*a*) In Dr. Sommerbrodt's case it is stated that the patient often bit his tongue.

(*b*) See Charcot, *Leçons sur les Maladies du Système Nerveux*, t. ii., 2nd Edition, p. 311.

(*c*) In a paper read before the *Société Médicale des Hôpitaux*, 18th December, 1868.

(*d*) See P. Bert, "Physiologie Comparée de la Respiration," 25th and 26th lecture. Paris, 1876.

Special.

STRIPLING RECRUITS.

THE material of which an army is composed, and the physical capacity of the recruit enlisted for the practice of war, should, without doubt, be regarded as objects of high national concern. In England it has been the uniform rule of those upon whom the duty has devolved, to offer sound advice in the matter of recruiting, to insist upon a due attention being given to the physical qualifications of the recruit, and the proper age at which he should be enlisted, otherwise it would be hopeless to look for effi-

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ciency and a fair amount of exemption from disease. Successive Directors-General have always endeavoured to place these facts prominently before the War Office, but it would almost appear, without having made a lasting impression upon those in authority. That this is so, will be gathered from "a War Office Return," moved for in May last by Lord Straithnairn, and just now issued. From this document we learn that the War Office has continually received complaints from commanding officers "of the extreme youth and physical incapacity of the troops under their command;" but, which we presume, have not received much attention, and the consequence is that, as in South Africa, we are continually hearing of some sad breakdown.

If the authorities at the War Office have no confidence in the medical department of the army, they should visit the museum at Netley, and there see in hundreds of prepared specimens the evil consequences of a vicious and costly system of trying to make soldiers out of stripling recruits.

It is perfectly hopeless to expect striplings, long before growth is completed, and cartilage is consolidated into bone, to be physically equal to duties of barrack life, let alone that of a foreign climate and field of war. It has been most emphatically shown by military surgeons, "that stripling soldiers fill the hospitals and not the ranks." "I must give it," says Sir James McGrigor, "as my opinion, formed upon observation and experience, that it is very prejudicial to the efficiency of the service to admit lads, or very young men; for these are not only quite unequal to the fatigues of war, but their constitutions not being as yet firmly established, they are almost certain to suffer greatly from change of climate, and to become sickly even in the ordinary course of service." In Continental armies, in which troops have been hitherto almost exclusively employed in their native climate, strong objections have been urged to young recruits. It was said in derision of the Prince of Condé's army, that it would be "a fine army when it came of age." A similar sarcasm would not be entirely out of place with regard to our own army, for by the common consent of those in command, we find that the recruits enlisted are, for the most part, unfit for the duties of peace or war.

Sir Thomas Steele, K.C.B., reports: "There is no disguising the fact that a great many of our soldiers are too young to stand the hardships of active service," and he quotes the reports of the medical officers respecting the march on the return to Aldershot from Windsor, wherein they say that "the strain on the young soldiers had been so great that a large proportion of them would have succumbed had their exertions been prolonged." Lord Chelmsford reports from Aldershot at the end of 1877, before he left England for Africa, that, "with young soldiers and young non-commissioned officers forming the large proportion of the strength of a regiment the difficulties of command are very much increased." Sir J. Garvock, G.C.B., reports "That there was much more insubordination than formerly, and this he says is due to the fact that, whereas, when he entered the service the recruit, on joining, finds himself amongst comrades whose habits of discipline were fully formed; now, on the contrary, he is surrounded by untrained and unruly boys." General Sir C. Van Straubenzee reports from Malta "that the recruits were too slight and too young, and that they would be certain to give in after a short period of rough work and exposure." Lieut.-General Lord A. Russell reports from Dover, "that crime had increased owing partly to the want of experience, and non-commissioned officers, but more particularly to the large proportion of mere boys who have no idea of discipline, and are quite unequal to the hard work of soldiering." These views are shared in by every officer of experience, and who, one and all, condemn in the severest terms the present method of recruiting the army. To persist in such a course is to court disaster whenever and wherever our troops may be sent to operate. It is to be expected, however, that this return will open the eyes of the War Office to the fact that, by continuing to enlist boys and sending them out to fill up the ranks, they will but encumber the hospitals and the roadsides.

TRUE HUMANITARIAN WORK FOR ANTI-VIVISECTIONISTS.

Persons with leisure and energy which they do not care to expend in idle talk upon vivisection cruelties and the teachings of science, things about which they generally display a lamentable amount of ignorance, will do well to follow the good example of a truly humane lady, Mrs. Burton, who we see has been most successful in her endeavours to lessen the every-day cruelties practised upon our "poor relations."

This English lady, who for some time past has resided at Trieste, by her own efforts, and with a true womanly earnestness in a good cause, has succeeded in bringing about a great change for the better in the treatment of dumb animals. This has been effected, not by putting the law in force against offenders, but by kind words and the distribution of rewards amongst those who evince a desire to be kind to the brute creation.

The moral effect was seen in the crowds of bright faces and the clean holiday dress of those who came to wintess the distribution of the prizes and diplomas to the successful candidates, and which took place in the Town Hall, "Il Ridotta" before the Mayor, municipality, and the rest of the great people of Trieste. The sum distributed amounted to 1,125 florins; and this was given away in prizes ranging from ten to thirty florins. The band of a regiment stationed in the town contributed to the pleasure of the day, and as each man and woman, for there were several of the latter, walked up to receive his or her prize, gave a great flourish of trumpets. The list of prize-takers was a tolerably long one, and comprised fifteen cabmen, seven tram and omnibus men, six drivers of long trucks with two horses, called *carodori*, two with one horse, seven with two oxen, and five with one ox. Then came three drivers of pony carriages, four mule drivers, three vendors of fowls, three slaughter-house men, two farriers, nine policemen, and three candidates for humane inventions, one of which was for the transport of live fowls, and two for a less barbarous means of catching stray dogs than the lasso. Two of the prizemen were received with greater applause than the rest—one, a cripple, crawling along the ground by means of two bits of wood. We have seen the same kind of cripple in our London streets. This was a respectable looking lad with a kindly face. He appeared to "swarm up" the horse, there is really no other way of expressing his mode of getting to his work; and he grooms him so kindly and tenderly, and never avenges himself, as a bad disposed boy would, on the beast for his own natural misfortune. The other was also a cripple, who always fed his horse before himself, and when he only earned enough for one he gave it to the animal, because, as he says, "the horse earns a living for both."

At the conclusion of the distribution Mrs. Burton addressed the assembled multitude in words replete with good sense and generous sympathies. She thanked the drivers of public vehicles generally for showing a desire to treat their horses with more kindness than heretofore; but she added, "I am not yet satisfied. I must have a great improvement made in night cabs, for all the worn out horses are sent out at night, and drivers lash them cruelly when public opinion is asleep. And then as to the slaughter-houses, the only places in Trieste that are safe from any intrusion, a good deal of cruelty takes place. I want to know if it is not possible to prevent men from using oaths and being brutal. Just imagine! we have had cases of goughing out horses' eyes, beating an ox to death, and cutting up a cat alive. Then there is the cruelty practised by those who send poultry to market, as well as a host of others, less excusable and of

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a very shocking nature, but which require to be sternly suppressed."

There is, indeed, as Mrs. Burton very truly said, a wide field of usefulness open, and in a thoroughly good cause for those who earnestly desire to see physical suffering lessened, whether the result of wantonness, carelessness, or other cause, and which we see hourly and daily going on around us and inflicted upon dumb animals, enslaved by us and worked to death for our comfort and pleasure. Or even more often, and in a less inseparable way, perhaps, wound, lacerate, torture, and mutilate, for the gratification of the palate; or worse still hunt and tear to death for the amusement of killing in sport. Yes! Let those who now wilfully waste much time and money in an ignorant and ungenerous endeavour to stop the progress of science turn their attention to the amelioration of the numberless kinds of cruelties practised by thousands of thoughtless and vicious people both in town and country, and try to do something towards humanising, moulding, and elevating men and women to that higher level marked out for us by the Great Founder of our Faith.

COUNTY PRISONS (IRELAND) (MEDICAL OFFICERS).

Parliamentary Return of the General Scale of Salaries for Medical Officers of County Prisons in Ireland, approved of by the Lords Commissioners of Her Majesty's Treasury.

PRISONS.	Salaries of Medical Officers of Prisons approved* by Treasury.	PRISONS.	Salaries of Medical Officers of Prisons approved* by Treasury.
	£.		£.
Armagh	60	Lifford	40
Belfast	150	Limerick, Male ...	60
Carlow	40	Limerick, Female ...	60
Carrick-on-Shannon ...	40	Londonderry	80
Castlebar	40	Longford	40
Cavan	40	Maryboro'	60
Clonmel	80	Monaghan	40
Cork, Male } com-	150	Mullingar	60
Cork, Female } bined		Naas	80
Downpatrick	60	Nenagh	60
Drogheda	40	Omagh	60
Dundalk	60	Richmond	150
Ennis	40	Roscommon	40
Enniskillen	40	Sligo	40
Galway	60	Tralee	60
Grangegorman ...	150	Trim	40
Kilkenny	80	Tullamore	80
Kilmainham (unsettled)	80	Waterford	60
	pro-	Wexford	60
	posed	Wicklow	40

* This approved is conditional on their compounding the necessary medicines.

Copy of Circular Letter to Surgeons of County Infirmaries acting as Medical Officers of Gaols.

General Prisons Board, Dublin Castle,
8th July, 1879.

SIR,—Adverting to the circular of the 3rd of May, addressed to you and other surgeons of county infirmaries acting as medical officers of gaols, I am to inform you that the Board are advised that the said officers may be regarded as prison officers within the terms of the 27th section of the General Prisons (Ireland) Act, 1877.

I have further to acquaint you that the Lords Commissioners of Her Majesty's Treasury have sanctioned the following arrangement as regards the remuneration of the medical officers of gaols appointed previous to the passing of the Act of 1877, viz., that they should have the option of undertaking the duties of compounding medicines in addition to their duties of medical officer, and to be paid according to a general scale approved by the Treasury, or in the event of any such medical officers being unwilling to undertake the duty of compounding medicines, that the salary of any such officer should be individually considered according to the circumstances of the case.

Under the foregoing arrangement, if you are prepared to undertake the duty of compounding medicines in addition to your duty as medical officer, you will be entitled to a salary of £....., and I shall feel obliged by your informing me whether you are willing to accept these terms and conditions, or if you prefer to continue to discharge the office as at present, *i.e.*, without being required to compound medicines, at such salary as may be hereafter fixed by the Treasury.

I am, &c.,
(Signed) JOHN BARLOW, Vice-Chairman.

The foregoing return and its letter is but a piece with the meanness already displayed by the petty autocrats of the Irish Prisons Board, who, after a futile attempt to force upon the prison surgeons duties which they well knew those officers had no right to discharge, now seek by threats to force those officers to abandon their rights, and perform these duties.

The letter of Mr. Charles Bourke (for it is his, and not the chairman's) is capable of only one interpretation. It says plainly to the Prison Surgeons—"We know that it is not your duty to dispense medicines unless you are properly paid for that duty, and we don't intend to pay you properly; but if you refuse to do what we order you—rightly or wrongly, we will cut your salary down to a pittance." The Prisons Board offers a number of the surgeons £40 a-year for the largely increased duties imposed upon them by the new Act, if they consent to compound the medicines, for which duty alone the salary would be barely adequate, and it attempts to force them to accept such a sum by threatening to make it less, or nothing if it be refused. Such a policy is worthy of a Connaught board of guardians, but hardly reputable in a public department; and we are quite confident that, if the surgeons who have been so insulted elect to fling back the £40 at Mr. Bourke's feet, they will receive at the hands of Parliament and Government something more nearly approaching to justice than the Prisons Board offers.

Department of Lunacy.

CONDITION OF LUNACY IN ENGLAND.

THE Report of the Commissioners in Lunacy, to which we have alluded in a previous number, is one of the best issued for many a year. It not only contains the usually dry statistical tables, with the changes that have taken place in the County Asylum Hospitals and other institutions for the insanh, but is replete with valuable remarks on certain matters of general interest, which have been made subjects for discussion during the year. We allude to private asylums in particular. At the beginning of the year there were registered on the commissioners' books 69,885 persons of unsound mind, distributed in the various institutions for their reception. Of this number by far the largest number was in county and borough asylums, and

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2,476 persons were confined in metropolitan licensed houses, and 2,169 in provincial. There were also 202 Chancery lunatics, but which are not included in the general statistical list. By comparing the number of persons of unsound mind during the last ten years, we find that in 1869 there were 36,762 lunatics out of a population of 19,686,701; whereas at the present time there are 69,885 out of a population of 25,165,336, showing a gradual and progressive increase of lunacy during this period. Of the tabulated causes for lunacy we find intemperance at the top of the stated causes. It will be an interesting fact to compare the causes of insanity this year with next, as the Habitual Drunkard's Act will come into force at the commencement of the year, and will doubtless help to prevent intemperance from exerting its fearful ravages to the extent it has been doing at the present time. The total number of patients admitted into the various asylums and hospitals for the insane during the past year was 6,666 males and 6,643 females, making in all 13,309, out of which the cause of the insanity could not be determined in 3,035 of the cases. This is very unsatisfactory. It frequently happens that the friends are loath to assign an attributable cause for the lunacy, especially when there is any hereditary predisposition to mental disorder. As far as our experience goes, we are of opinion that in every case of insanity a distinct cause can always be traced; it is therefore surprising that in such a large proportion of cases the cause should remain undetermined. It is also to be regretted that out of 4,715 patients who died, post-mortem examinations were only made in 2,349 instances. In the existing ignorance of our knowledge of mental pathology and the localisation of brain lesions, we think that post-mortem examinations should be made in all cases dying in asylums or hospitals for the insane. We regret to have to announce an unusual number of suicides in asylums. This appears to us to be the result, in many instances of the non-use of restraint. The Report contains lengthened accounts of the various county asylums and hospitals, and enters minutely into minor details. With regard to the remarks on private asylums, as well as on other matters in connection with the Report, we must leave for another article.

THE Secretary of St. Mark's Hospital for Fistula, was arrested last week, and charged before the Lord Mayor of London for forgery. Cases were proved against him of misappropriating the funds of the charity by these means, and he was committed for trial.

IN the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—In Calcutta 22, Bombay 29, Madras 31; Paris 24; Brussels 28; Amsterdam 20, Rotterdam 17; The Hague 22; Copenhagen 23; Stockholm 21; Christiania 23; St. Petersburgh 32; Berlin 33, Hamburg 27, Dresden 29, Breslau 33, Munich 37, Vienna 23, Buda-Pesth 34; Rome 27; Naples 31, Turin 27; Alexandria 47; New York 28; Brooklyn 24, Philadelphia 20, and Baltimore 20 per 1,000 of the population. Small-pox caused 22 deaths in Paris.

REGISTERED FOR TRANSMISSION ABROAD.

THE

MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 17, 1879.

RECENT REPORTS ON CERTAIN OUTBREAKS OF DIPHTHERIA AND ENTERIC FEVER.

ALTHOUGH the prevalence of enteric fever is unquestionably, and of diphtheria, possibly owing to defective drainage and other causes of sewage contaminations, two or three Reports sent in to the Local Government Board show how difficult it is in some cases to trace those diseases to their proper origin.

As regards diphtheria, Dr. Cory's investigations into the origin of an outbreak in Cranfield and other villages of the Ampthill District, were not attended with much success. Certainly, the sanitary arrangements of the villages inspected were anything but satisfactory. The villages are all on the Oxford clay; the rain as it falls remains long in the ditches and pools, the latter being numerous, and called *moats*. These moats are in many cases contaminated by the leakage from badly-constructed cesspits, some receiving the small drains conveying the slops from the houses. Pigsties also abound and add their share to the contents of the moats. Drainage, answering any sanitary purpose, there was none. It was found, too, that at Lower Shelton a case of diphtheria had broken out in a house which was in juxtaposition to a moat, which, in rainy seasons, receives the floating contents of a cesspool about five yards distant, the cesspool and the moat at such times being one water; while all the earlier cases at Cranfield occurred at the south-east of the village, where there is a ditch much polluted by the drainage from cesspits and pigsties. Still, as regards the "origin and spread of this out-

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break," Dr. Cory reports that "the long interval that had elapsed since the occurrence of the first cases at Cranfield, and the constant communication held between that village and Bedford, where this disease has been prevalent for the last two years, have thrown great difficulties in the way of this important part of the inquiry, and have rendered any exact account impossible." It would seem, in fact, as though sewage contaminations act more as a nidus or medium by which the germs of diphtheria are developed or spread, than as, *per se*, the essential cause of the disease. For "as regards the influence of insanitary conditions," Dr. Cory very justly remarks that "the sanitary conditions, bad as they were at the time of the outbreak, both in the parishes of Cranfield and Marston, yet were not so bad, I am informed, as they have been previously; nevertheless, no deaths had been registered in either parish from diphtheria since the 18th March, 1872, until the present outbreak." This fact is not only true of many outbreaks of diphtheria, but also of the origin and propagation of many other infectious diseases, such for instance as small-pox. And, hence we hear people exclaiming before the sanitary inspector, and not without some show of reason, "I don't believe that the drainage (or the water) has anything to do with it, for here we have lived for years, drinking the same water and smelling the same stinks, and yet have never suffered from such a fever before!" we, however, know well that bad drainage has a good deal "to do with it," although, perhaps, sanitarians often overlook the probability of there being, in many cases, some other factor at work besides that of bad drainage, and of filth in all its Protean shapes. Nor was Dr. Cory able to discover any causal connection between this outbreak and school attendance, or the milk supply, or diseases of animals. One instance to which he refers shows how difficult it is sometimes to trace the origin of an isolated case of diphtheria. Hearing that two fresh cases had occurred after his departure, he returned and found that one of these was at Broad Green, a detached portion of the village of Cranfield, which had not suffered hitherto from the disease. A house-to-house inspection showed that, out of a population of 124, not a single case of throat illness existed among them, except the one reported. The case was that of a boy, æt. 5, who was taken ill on the 3rd of May, previous to which he had been quite well. He went to school at Cranfield on the 1st May. On the 30th April he went into Bedford with his uncle, where he remained a short time, and partook of food with milk. The mother said that at home he never had milk, or very rarely so; and the water used for drinking purposes had been obtained from the rain-water-butt outside the house. Of course as the disease was prevalent at Bedford the boy might have contracted it at that place, but there is no evidence to show that the milk he drank was contaminated, or that he had been near any sewage emanations.

Turning now to Dr. Thorne Thorne's report of a recent outbreak of diphtheria in the parish of Wickford, in the Billericay Rural Sanitary District, Essex, we have fresh evidence of some causal connection between defective sewerage and diphtheria. The village of Wickford, says Dr. Thorne, is fortunate in having a wholesome water-supply, but the means of drainage are of the worst description. It was found that the first child attacked had been residing at a cottage which has within a few feet of it an offensive privy with pit, to the foul emanations from which were attributed two previous attacks of "sore-throat;" and Dr. Thorne draws the general conclusion "that the circumstances under which the disease arose and spread are precisely those which are so well known to be associated with the fatal spread of infectious and preventable diseases." But the fact that "the conditions of drainage and of excrement disposal in the village of Wickford have long been such as to call for remedy," coupled with the fact that a similar outbreak had not occurred in the village for some considerable time, suggest the question whether, as regards the origin of this particular outbreak, there was not some other factor at work besides that of bad drainage. That, speaking generally, the insanitary condition of the village has long been a prolific *fomenter*, if not actual source, of infectious disease, has been amply proved by the reports of the Registrar-General with regard to the high death-rate in this district and the frequent prevalence of fever and diarrhœa.

There is not so much difficulty in accounting for outbreaks of *enteric fever* as there is in tracing to their source attacks of diphtheria. In Dr. Airy's recent investigation into the causes of an outbreak of enteric fever in Chichester, he came to the conclusion that, although some cases might have arisen from the escape of poisonous air from the covered branch of a stream called the Levant, and which had been specifically polluted by a previous outbreak of typhoid fever; yet "the facts relating to special incidence of fever on customers of a particular dairy are such as could not be explained on the hypothesis that the outbreak was due, as a whole, to sewer-air or any other cause than infected milk." The actual mode in which the milk became infected was more questionable, but his inquiries led him to point out a possible cause of milk contamination to which, as far as we know, little attention has been hitherto directed. For, on going from the dairy to the meadows where the milkman's five cows were pasturing, he found that the water the milkman used for washing the udder of the cow he is about to milk was taken from the Levant stream. Having cleansed the udder and his own hands he rapidly wipes them with his apron and proceeds with his milking. In this way an extremely minute portion of contaminated water may become mixed with the milk in the can. "Whether so minute a quantity of the poison could so rapidly impart its poisonous properties to the milk as to cause enteric fever in so large a proportion of those who drank of it, is," says Dr. Airy, "a question which I must leave open." Nevertheless, the author of this report has done well to point out a hitherto unrecognised way in which milk straight from the cow may become contaminated with the contagium of typhoid fever. With regard to Dr. Blaxall's report upon an epidemic of enteric fever in the village of Selborne, Hants, all we need observe is, that the reporter came to the conclusion (1) that the introduction of the fever into Selborne was propably due to importation from an infected locality by a woman who was herself slightly affected with the disease; and (2) that the subsequent outbreak and spread of the disease might be regarded as the result of the foul privies and impure water-supplies

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having become specifically contaminated by the evacuations passed by persons suffering from enteric fever.

Lastly, we cannot say that the investigations described in those reports lend any support to the "pythogenic" theory of the origin of typhoid fever. On the supposition that this fever may originate, *de novo*, in the drinking of water, or the breathing of air, contaminated by sewage emanations, it is difficult to understand how either Selborne or Chichester could ever be free from the disease. The latter city has the credit of being full of wells and full of cesspools, and the porous gravelly nature of the soil gives every facility for the soakage of filth from the cesspools into the wells. It is notorious that this often happens, much of the well-water being wholly unusable. And as regards Selborne, the village is said to be virtually unprovided with drainage, abounding in foul privies, and in wells whose water was contaminated by the drainage from the privies. In one place the extent of the soakage of the soil with sewage might be inferred from the fact that, on cleansing a school-privy after the lapse of eight or nine years, the contents were found to be dry, the liquid matters having leaked away.

IRISH SANITATION UNDER THE PUBLIC HEALTH ACT OF 1878.—II.

We expressed last week our great dissatisfaction at the view taken almost unanimously by Irish sanitary authorities of their responsibilities under the new Public Health Act, and our extreme disappointment that the Irish Local Government Board had encouraged the disposition of those authorities to render the Act a nullity, and to obstruct sanitation and cleanliness.

Recapitulating the proceedings of the Local Government Board for Ireland since the passing of the Act of 1874, we pointed out how that department, moved by the well-known hostility of its Vice-President, Sir Alfred Power, had persistently and energetically used its executive position to defeat the purpose for which the law was made, and to counteract the wishes of the Parliament which made it. We showed how, with that object the Local Government Board refused to permit sanitary authorities to pay their officers fair salaries—had refused to provide any supervision of the performance of their duties by those officers or by the authorities themselves—had deprived the "medical superintendent officer of health," who was constituted by the Act, of all influence by illegally naming him a "consulting" officer invested with no duties unless when "consulted" by the sanitary authority—had tried to break down the influence of the "medical officer of health" by, again illegally, naming him "sanitary officer," and, finally, had knowingly permitted the law, which it was their duty to enforce, to be laughed at and disregarded, and the sanitation of Ireland to remain unimproved. We did not enter upon this history for the purpose of discrediting the Irish Local Government Board—though it certainly has that effect—but to make it understood by the public, the policy which, we deeply regret to see, has outlived Sir Alfred Power's administration, and which has made itself manifest in the recent acts of the Board with respect to the Act of 1878.

We do no need to produce evidence of the purpose or the effect of that policy. Everyone who knows the Irish sanitary system, knows that its purpose was to shirk responsibility, to save the State funds, and to keep clear of a collision with the guardians and other patrons of dirt throughout the country, and that its effect has been to saddle the Irish ratepayers with an outlay of £14,000 a-year, for which hardly any value is received, and to bring the law and the commands of Parliament into open contempt and avowed disregard. We certainly hoped that, with the exit of Sir Alfred Power, and upon the direct instruction of a Select Committee of the House of Commons, the policy of the Board would undergo an alteration. We have been disappointed. At first the Board took the course of simply ignoring the new Act, and omitting to act upon it, or to inform either sanitary authorities or officers of the changes of the law, and of the new duties imposed on them. Then, being pressed to move, it positively refused to do so. Being coerced by legal opinion and Parliamentary pressure, it, at length, caved in, and issued its circular.

We extract a few paragraphs from that document.

Whereas by the eleventh section of the Act it is enacted that every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of, under the title of medical officer of health, and that every sanitary authority shall appoint in addition such other sanitary officers, including a medical superintendent officer of health when deemed necessary, as the Local Government Board shall in each case direct.

And whereas by the said eleventh section it is further provided that the Local Government Board shall assign to the medical officers of health and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery or inspection or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally aiding the administration of the sanitary laws within the district.

Now we, the Local Government Board for Ireland, do hereby order and direct, &c.

Appointment of Sanitary Officers, and Tenure of Office.—The sanitary authority shall, when directed by the Local Government Board, appoint one consulting sanitary officer, or one medical superintendent officer of health, and for either of these offices every medical officer of the union, including the workhouse medical officer or officers, shall be eligible, and also, subject to the approval of the Local Government Board, any other duly qualified medical practitioner.

Duties of Medical Officers of Health and other Sanitary Officers.—Every sanitary sub-officer shall, by inspection of the district for which he is appointed, keep himself informed in respect of any nuisance existing therein that require abatement under the Sanitary Acts, and if he shall receive notice of the existence of any nuisance within the district, he shall, as soon as practicable, visit the place and inquire into such alleged nuisance; and when he finds any matter demanding, in his opinion, attention from the medical officer of health of the dispensary district in which the same occurs, he shall notify it forthwith to the medical officer of health in writing, specifying the nature of the case, the situation of the premises, and the name of the occupier or owner, in the form (A) in the schedule B to this order annexed, and shall preserve a copy thereof in duplicate, and he shall submit to the sanitary authority, at each weekly meeting, the duplicates of the reports which he has made to the medical officer of health during the preceding week, or an abstract thereof, and he shall also report to the sanitary authority any other matter affecting, or threatening to affect injuriously, the public health within his district.

Every medical officer of health who shall have been apprized officially by the sanitary sub-officer, or shall otherwise become cognisant of any matter demanding his attention as aforesaid, shall, as soon as practicable, visit the place, and if, after due inspection, he finds such matter to involve danger to public

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health, he shall report thereon to the sanitary authority, in the form (B) in the said schedule B, showing the source from which he received the information, and the date thereof, and the date of his visit of inspection; he shall also give a sufficient description of the nature of the case, and the remedy which he recommends to be adopted, and shall preserve a duplicate of every such report.

Every medical officer of health shall inform himself, as far as practicable, respecting all influences affecting or threatening to affect injuriously the public health within the district in his charge, and shall from time to time, as occasion may require, report on the subject to the sanitary authority, and recommend the measures which, in his opinion, should be adopted for the protection or improvement of the public health in such district.

Every consulting sanitary officer, if such an officer be appointed for the sanitary district, shall attend meetings of the sanitary authority, whenever required to do so, and shall advise them on all matters and proceedings requiring medical knowledge and advice in the administration of the sanitary laws.

Every medical superintendent officer of health, if such an officer be appointed for the sanitary district, shall discharge all the duties imposed by this order on the consulting sanitary officer, and in addition to such duties shall perform the following duties—that is to say, he shall report monthly to the sanitary authority on the general sanitary condition of the rural sanitary district, and on the discharge of their duties by the medical officers of health and sanitary sub-officers of the district.

Every medical officer of health and sanitary sub-officer of the union shall attend meetings of the sanitary authority, whenever required to do so, and shall assist in all proceedings in which his assistance may be required.

Every medical officer of health, and every other officer appointed under this order, shall, in matters not specifically provided for in this order, observe and execute the instructions of the Local Government Board and all the lawful orders and directions of the authority applicable to his office.

Statistics of Disease.—It shall be the duty of the medical officers of health and of the consulting sanitary officer or medical superintendent officer of health, if such an officer be appointed to the sanitary district, to furnish to the Local Government Board such statistical returns of sickness and disease as shall from time to time be required from them respectively.

We do not need to point out that the duties herein set forth, are onerous and important, and that, if the system were to be really worked efficiently, there would be plenty for the officers to do, deserving of liberal payment; but it will be observed that not a syllable is said respecting a salary for these duties, and it is not pointed out that the new Act has created new duties which should be rewarded by additional salaries, nor is any information or instruction whatever given to the sanitary authorities respecting the change of the law which hitherto bound them not to vote to the medical officer of health a higher salary than one-fourth of his dispensary salary, and which now permits them to assess such salary without limitation, in accordance with the merits of each individual case. The Local Government Board did, in fact, issue a circular to each sanitary authority in which they required a return of the "additional salary now proposed to be paid to the dispensary medical officer under Section ii. of the Public Health Act, 1878, as medical officers of health," but hastened immediately to explain, by a separate circular, that no salary need be granted "additional" to that sham remuneration which the medical officer has hitherto received for refraining from sanitary zeal.

These official pronouncements of the Board, and the obstructive policy of which they are the expression, have produced their effect, and the Irish sanitary authorities have accepted the hint with alacrity, and unanimously decided either to let previous salaries stand, or to reduce the miserable pittances which the law has hitherto obliged them to vote. But the discussions which have arisen on this subject are instructive, and we only wish that our legislators were as well read in the literature of the matter as we are obliged to be. With one voice the sanitary authorities of Ireland have declared the Irish Public Health Act to be a sham, and its working (which the Local Government Board annually presents in rose-colour tint), to be a farce; and the feeling is loudly expressed that the pitiful dole which these authorities pay to thei rmedical officers of health, does not produce any useful result. Little as we sympathise with the sanitary authorities, we must concur with them in this opinion, but we cannot recognise their right to grumble. The guardians and the Local Government Board receive as much as they pay for, and all the Acts of Parliament and sealed orders which they may promulgate will never get more than this from the medical profession. These authorities and the central department have deliberately set themselves to nullify the sanitary law of the country, and on them, not on the medical officers of health, lies the blame of their success in the effort. The dispensary medical officers of Ireland have always been both ready, able, and willing to put the sanitary law into execution and they are so still, and we cast back upon these who now plead the unsuccess of the system, the responsibility for that unsuccess.

We shall return to the subject for the purpose of showing by documentary proof that the medical profession is absolutely free from blame in this matter, that it did its duty against all discouragements and only ceased from its activity when disheartened by the discouraging attitude of those who ought to have been most active in the matter.

Prof. A. Ladenburg, of the University of Kiel, makes the important announcement that he has succeeded in accomplishing the first step towards the artificial production of atropine, by recombining the primary products of the decomposition of the natural alkaloid.

Dr. Starke in the (*Berl. Klin. Wochensch.*), recommends as a superior method, especially for children, to mix castor oil with coarsely grained sugar, until it forms a thick dough, which may be flavoured with powdered cinnamon or other aromatics. One part of oil requires about three parts of sugar. Children take this without hesitation. In place of sugar, the *Pulvis Glycyrrhizæ Compositus* may often be used with advantage, as it increases the action of the oil. It is best to allow the dough to become stiff by placing it on ice for a short time.

Phare's method for the treatment of colic consists in *inversion*,—that is, simply in turning the patient upside-down. Colic of several days' duration has thus been relieved in a few minutes. The patient may take the elbow-knee position, or may lie (face down) on the edge of the bed, with his head and shoulders hanging down. Complete inversion, however, is best. The mechanical aid, in giving vent to gases, is perhaps the most efficient element in the cure.

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Notes on Current Topics.

Senile Deafness.

A STUDY of the limit of perception of musical tones by the human ear, is to be found in a reprint by Dr. Laurence Turnbull, of Philadelphia. His original experiments prove that increasing age surely diminishes the acuteness of perception of tones. This diminution, he believes, is not due simply to senile thickening of the membrana tympani, but also to a gradual narrowing and change of shape in the auditory meatus, together with alterations in the middle ear, diminution of conducting power of the bones, and diminished susceptibility of the auditory nerve, incident upon advancing years.

Results of Treatment in Vienna.

THE Philadelphia *Medical Reporter* considers that the modern treatment of disease in Germany has greatly deteriorated since the days of Niemeyer. Theorising, histology and diagnostic refinements have taken the place of the effort to cure disease by rational empiricism. Witness the next to worthless therapeutics in Ziemssen's "Cyclopædia." A Vienna correspondent in the Canada *Medical and Surgical Journal* gives some striking statistics. In Bamberger's clinic of 27 cases of pneumonia, 17 died; 24 per cent. of all cases of typhoid fever die; facial erysipelas is "frequently fatal," &c. It looks as if medical science in Germany was running to seed.

Ear Boxing.

A CORRESPONDENT of the Philadelphia *Medical Reporter* writes as follows:—No one form of punishment is so dangerous as boxing the child upon the ear. Not only is injury to the organ of hearing often produced, but inflammation of the brain frequently follows, and death has been the result.

In the family, this matter of injurious methods of punishment is not by any means beyond our influence, if we will but take pains to inform people upon the subject.

If corporeal punishment is allowed at all in schools, its use ought to be carefully guarded. No teacher should be allowed to punish a child by rudely jerking it about, by striking it anywhere upon the head, or with any instrument whatever, except it be flexible and with smooth edges. These requisites are best fulfilled by a rubber strap with rounded edges.

The Editor of the *Reporter* adds, We have had within the last six months two cases of partial deafness under our care, both distinctly traceable to punishment by "boxing the ears."

Abnormal Appetite.

IN the Australian *Medical Journal* Dr. Fulton publishes the case of a girl who, when six years of age, discovered a singular taste for feeding on slugs, beetles, cockroaches, spiders, and other repulsive insects. The taste remained for several years.

The subject of this abnormal appetite was carefully brought up; was a member of a family of 13 children, in no one of whom did a similar *penchant* betray itself; there was no trace of insanity in any known relatives of the family on either side of the house. The girl was remarkable for an extremely aimable disposition; was perhaps below medium in intellect. She was of slight but perfect physique, and her appetite became perfectly normal about the age of 14.

Pharmaceutical Prosecutions in Ireland.

WE published recently a report of the prosecution of two persons instituted by the Irish Pharmaceutical Society because they had compounded medicines without legal qualification, and because one of them had deliberately appropriated the title of "member," he being nothing of the sort. We think it desirable to refer to the matter in order that we may congratulate the pharmaceutic profession upon this vindication of their legal rights, and on the fact that they possess an executive which is willing to protect them and the public from the roguery of pretenders. We think that the circumstances of these cases fully justified the action of the Council of the Society, and that they performed an obvious duty in their enforcement of the law against unqualified dispensers which Parliament entrusted to them. We sincerely wish that we could felicitate our own profession on a similar happy state of affairs. We have a law against unqualified and uneducated practitioners. We have, every day and all day, the unconcealed infraction of that law by quacks as obscene as they are ignorant, and by counter-prescribers as self-asserting as they are uneducated. We have also a Supreme Council supposed to administer the law, and to protect the public from the incursion of traders in quackery. But, unhappily, our Medical Council lacks the *esprit de corps*, the energy and the appreciation of public and professional necessities which the Irish Pharmaceutical Council displays. Whatever of intelligence our governing body can boast of is devoted to the art of excusing themselves for neglect of their functions, and as a substitute for such intelligence and activity we find ourselves obliged to be content with stilted respectability and aristocratic "repose."

We are unqualifiedly envious of the Irish Pharmaceutical Society, and only wish that it were possible for us to exchange a few of the oracular expositors of the General Medical Council for the common sense, industrious, business men who manage the affairs of the Irish pharmaceutists.

Appointment of Dr. Grimshaw as Registrar-General for Ireland.

WE are much gratified to inform our readers that the Lord Lieutenant has appointed Dr. Thomas Wrigley Grimshaw as the successor of Dr. Malachi Bourke in the office of Registrar-General for Ireland. Upon the wisdom of such a choice by Government there is really no second opinion in the profession, and no one is disappointed or censorious except, perhaps, the few obscure politicians who coveted the office and the wire-pullers of certain clubs who put these gentlemen forward for a position which they were palpably incompetent to fill. It is not discourteous towards the many medical men who might well have been elected as Dr. Bourke's successor to say that any of them was second to Dr. Grimshaw in the attainments and qualities specially adapted to the functions which he has to discharge. He is an excellent writer,

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thoroughly conversant not only with the theory and political economy of state medicine, but with the law which regulates its practice in Ireland, and with the day-to-day practical requirements of sanitation. He is an excellent and reliable statician, and will bring to his duties a character for industry and energy which, we confidently hope, the proverbially relaxing effect of public service will not dull. The new Registrar-General took a Moderatorship in the University in 1860, is a Doctor of Medicine and a Diplomate in State Medicine of "Old Trinity," as well as a Fellow of the Irish College of Physicians. He is Physician to Steeven's Hospital and Lecturer on Medicine in that School; and, having served the usual term as Physician to Cork Street Fever Hospital, is now its consultant. As one of the Hon. Secs. of the Hospital Sunday Council he has done most excellent service, which, if he possessed no other quality, would give him a title to public reward.

It is most satisfactory to note the apparent intention of the Irish Government, as represented by the Lord Lieutenant, to recognise special merit rather than political fussiness. Considering the extreme importance of the duties to be discharged by the Registrar-General, we feel truly thankful that this system of selection has secured for Ireland a public servant who really knows his business, and is willing and able to do it.

A Remarkable Case of Malpractice.

THE *New York Hospital Gazette* gives the history of one of the most extraordinary procedures which has come to its knowledge. A patient affected with anchylosis of the cervical vertebræ falls into the hands of a homœopath who evidently possesses about as much knowledge of his profession as an old woman. The deformity caused by the anchylosis is so great that the patient's head touches his chest. The physician, or, rather, attendant, accepts the patient's diagnosis of "rheumatism," concludes that the trouble is in the muscles, and advises an operation for the removal of the deformity. On the appointed day the patient is etherised, and his body and shoulders bound to the table by bandages. Additional bandages having been applied to the head, traction was made on these with all the strength that two men could exert, until the neck was straightened. During the pulling, sudden cracking noises were heard twice, but this caused no alarm to the surgeons (?) present, who continued their efforts, and finally succeeded in taking a human life by breaking the man's neck. The ancholysed union was fractured, and the patient died on the table.

If (says the *Hospital Gazette*) cases such as this do not incite the people to insist upon a higher standard of attainments for those to whom their lives are entrusted, we do not believe that college conventions, societies, or learned addresses delivered periodically by men connected with diploma mills will have the slightest effect. The case referred to gives evidence of the grossest ignorance and most barefaced assumption on the part of a person duly accredited an M.D. by the State laws. It is thus proven that the law fails to properly provide for the lives of the people by granting a licence to practise to men of this stamp, who, in defiance of all knowledge of anatomy, surgery, and pathology, apply the rude principles of mechanics to correct the deformities of a fellow-creature. We should expect more from a barbarian, about as much from an idiot.

The German Society of Public Health

(*Verein für öffentliche Gesundheitspflege*) is now in Session, at Stuttgart, from the 15th to the 17th. The subjects for discussion are—1. Methods of Disinfection. 2. Measures for Preventing the Introduction of Contagious Diseases from Foreign Countries. 3. The Hygienic Requirements of Boarding and Lodging Houses. 4. The Necessity of Erecting Public Mortuaries. 5. The Management of Public Bathing Establishments.

A Novel Test for Insanity.

IN the *Vierteljarschrift für Gerichtliche Medicin*, July, Dr. Westphal reports the case of a murderer who was alleged to be partially insane. Among the tests was the administration on two occasions of sufficient brandy to make him quite drunk. In this condition of intoxication he plied him with a number of questions, believing that if his delusions were simulated he could not keep up the deceit when so much in liquor. As the man still persisted in his insane statements, the expert concluded that he was really demented.

Animal Vaccination.

DR. PISSIN, of Berlin, has published a report covering fourteen years of the progress of the "Institute for Animal Vaccination," in that city. It is full of valuable information on the subject. In the last four years the percentage of successes in primary vaccinations were 97 per cent.; in re-vaccinations 74 per cent.

A Model Irish Guardian.

A CO. Louth "squireen," named Carraher, thus expresses his views in the Dundalk Board of Guardians:—

"The Acts of the English Government have been to put burdens on the tax-payers which they are not able to bear—forcing upon them what they did not want, and keeping from them what they really required. The Government do this, to use the words of Jefferson, 'by creating a brood of lazy officials who are eating up all the substance of the industrious citizens and reducing them to a state of poverty.' *All the medical Acts and all the sanitary Acts tend to this purpose.* It was said the doctors could not live on reduced salaries, but of whom are the medical officers generally composed? They are in most cases sons of small farmers or struggling shopkeepers, who have to make great efforts to give their children an education. But when those children get a black coat on their back and a horse to ride they cannot live without increased salaries, and he regretted that this system of increasing salaries had been indulged in by that board for many years."

We advise the Irish Government to study the address of this person, and to learn therefrom the sort of stuff to whom they entrust the lives and deaths of the sick poor of Ireland. We cannot be much surprised at the rank filthiness of the normal Irish cabin when we learn, from

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the mouth of one of those whose business it is to look after their cleanliness that "all the medical Acts and all the sanitary Acts tend to nothing but to create a brood of lazy officials." But probably this orator knows more by personal experience or family tradition than we do about life in an Irish cabin; at all events, it is plain that "a black coat on his back and a horse to ride" does not bring with it either sense or good taste for the descendants of "small farmers or struggling shopkeepers."

Colour Blindness.

A GOOD many letters have appeared during the past few days in the daily papers upon colour blindness, and the dangers likely to arise amongst those employed on railways, and seafaring people from ignorance on the subject. It is not, perhaps, so generally known as it should be that in January, 1877, the Board of Trade issued instructions that candidates for masters' and mates' certificates should be subjected to a test examination as to their ability to distinguish colours. A return issued recently shows that the number of candidates who failed to pass the test between May, 1877, and May 1879, was 39. Of that number, however, 12 passed upon re-examination, and one was allowed to have passed without any further examination. In four cases the patients were unable to distinguish colours, and in one case no particulars were given. Green was in 25 cases described as red, in 5 as yellow, in 6 as blue, and in 5 as other colours; red was in 12 instances described as green, three times as blue, and once as another colour; yellow was mistaken for green eight times, and for red eleven times; blue was confounded once with green, once with red, and once with yellow; black was twice taken for green, and twice for red; and white was twice described as green.

The Hospital Saturday Fund.

WHAT we stated last week with respect to the increase in the street collection reported at the head office is borne out by the West and South-west Suburban and the West Ham Local Committee, both of which show an advance, the former being £107 6s. 5d. as against £94 0s. 1d. last year, and the latter £30 13s. 2½d. as against £17 13s. 10½d., last year. The total amount now received at South Place is £1,588 12s. as compared with £1,370 10s., last year. Amongst the large amounts at present received are—Eley, Brothers, £30.; Surrey Commercial Docks, £36 17s. 2d.; Siemens, Brothers, £32 0s. 5d.; J. Mowlem and Co., £30; Atlas Chemical Works, £19 11s. 3d.; Prebble and Morley, £12 2s. 6d.; Hon. H. C. Eliot, £5; Shand, Mason, and Co., one-half from the firm and one-half from the employès, £20 10s. 4d.

Irishmen in the Cabul Embassy.

SIR LOUIS CAVAGNARI, besides being connected on his mother's side with the Montgomerys of Belhavel and the Blackers of Carrickblacker, in the co. Armagh, was married to the daughter of Dr. Graves, of Cookstown, Dungannon; and Dr. Ambrose Kelly, Physician to the Embassy, was son of Mr. Russell Kelly, of the Solicitor's Office, Board of Works, Dublin, and was a Licentiate of the Irish Colleges of Surgeons and Physicians. Lieutenant Hamilton was son of Alexander Hamilton, J.P., of Inistiogue, county Kilkenny, and nephew of Mr. Henry Alexander Hamilton, of Balbriggan.

The Treatment of Dental Periostitis.

M. MAGITOT has just made an important contribution to the therapeutics of periostitis about the roots of teeth, in the *Bull. de la Société de Chirurgie.* In 1820 Delabarra, a French surgeon, drew a tooth which was the cause of a fistula, cut off a portion of its root, and replaced it successfully. A similar operation was done in 1853 at Montpellier, and in 1870 Messrs. Coleman and Lyons, of St. Bartholomew's Hospital, London, published fourteen cases treated in this manner, with nine successes. Since that time a number of French surgeons have performed the operation, and in 1878 Dr. David collected and published twenty new cases with only one failure. Magitot, performing the first in 1875, has now done it sixty-three times, with five failures.

The diagnosis is easily made, for it is usually indicated by distinctive and well-marked lesions, such as inflammation or abscess on the alveolar border of the face, denudation and partial necrosis of the maxilla, and fistula upon the mucous or cutaneous surface. The local pathological condition is periostitis and caries at the apex of the root of a tooth, with destruction of the bulb and its vascular connections. The therapeutical indication is the removal of the diseased portion of the tooth. Occasionally it has been possible to do this by introducing a pair of Liston forceps through a large alveolar fistula and cutting off the affected portion of the tooth, but the cases in which this can be done are very rare.

This treatment is usually unsuccessful in those cases in which the pus has made its way to the surface alongside the tooth, the failure seeming to be due to the alteration or destruction of the periosteum in the line of the fistula, and the constant diminution of the surface by which the new adhesions must be formed. The ages of M. Magitot's patients ranged from sixteen to fifty-five years, and in about three-fourths of the cases he filled the cavities in the teeth before replacing them.

A Brave Act.

AT a special meeting of the Governors of the Ballinasloe Lunatic Asylum, the resident medical superintendent reported the "brave and praiseworthy conduct of attendant Costelloe, who, at the risk of his own life, saved that of one of the patients. This patient got on the top of the ball court wall, and precipitated himself from it to the ground, a height of 30 feet. Costelloe saw the patient was apparently going to commit suicide when he got on the wall, so he got under the wall, and caught the man in his descent, thus saving his life at imminent danger to his own." The Board granted Costelloe a sum of £3 for his bravery.

A Riot among Lepers.

THE great Leper Asylum at Mahaica, in British Guiana, has recently been the scene of a riotous outbreak. The necessary stringency of the rules of the establishment, both for the sake of the unfortunate patients, as well as

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for the sake of the colony at large, has led to frequent difficulties with some of the inmates. The doctor in charge of the Asylum, Dr. Hillis, was attacked while on one of his usual rounds, and forcibly imprisoned in one of the rooms, and a leper armed with a razor, kept guard over the door, while the others fell on the officials and servants, and threatened to murder them. Fortunately an alarm was raised, and a large body of police despatched to the assistance of the besieged officials, who had to take refuge in the varions rooms and lock themselves in. A hand-to hand fight ensued, during which the female patients showed even greater ferocity and determination than the men. They were, however, fortunately, unable to find any dangerous weapons, and were eventually overpowered.

The Degree of Heat fatal to Tænia and Trichina.

Professor Edward Perroncito, of Turin, communicates to the *Boston Med. and Surg. Journal* the results of an extended series of experiments on the degree of heat fatal to parasitic helminths and their germs. The cysticerci and scolices of various species of tænia, the trichina free and encysted, the filaria, the strongylus, &c., were made the subjects of careful and repeated observations. He found that they died, without exception, before the temperature of the liquid containing them reached 50° Cent., equal to 122° Fahr. The point of elevation which proved fatal with remarkable uniformity was 48° C., or 118.4° F. Five minutes' exposure to a temperature of 50° C. he regards as invariably fatal. The experiment of swallowing the cysticercus after exposing it to that temperature was tried by a number of courageous students, without ever producing a tænia. A much higher temperature has been generally supposed to be necessary for the purpose.

Dr. D. J. Lyne has been appointed a Justice of the Peace for the county of Cork.

Yellow Fever is again showing itself alarmingly at Memphis; last week there were 132 fresh cases, and 48 deaths.

In the Army Medical Service, Surgeon-Major C. G. Irwin and Surgeon-Major W. R. Wall have been gazetted to retire on half-pay temporarily.

Notice has been already given that an Examination of Candidates for twenty-four appointments as surgeon in Her Majesty's Indian Medical Service will be held in February, 1880.

The Professorship of the Practice of Medicine has become vacant in the Queen's College, Galway, by the resignation of Dr. Colhan, senior, and candidates are requested to send their testimonials to Dublin Castle on or before the 28th instant. The candidate who may be selected will have to enter on his duties on the 1st November.

The rates of mortality, per 1,000 last week in the principal large towns were—Portsmouth 11, Sheffield 14, Bristol 14, Bradford 15, Glasgow 15, Brighton 16, Birmingham 16, Hull 16, Wolverhampton 17, Oldham 17, Leeds 17, Newcastle-upon-Tyne 17, Edinburgh 18, Salford 18, Nottingham 19, Manchester 19, London 20, Plymouth 22, Leicester 23, Sunderland 23, Liverpool 24, and the highest rate 26 in Dublin and Norwich.

The death-rate from the seven principal zymotic diseases averaged 4·0 per 1,000 in the large towns last week. The deaths referred to diarrhœa in the twenty towns, which had steadily increased from 47 to 343 in the seven preceding weeks, declined last week to 293; the annual death-rate from this disease which averaged 2·1 per 1,000 in the 20 towns, was equal to 5·5 in Norwich and 5·8 in Leicester. Small-pox caused 7 more deaths in London, 9 in Dublin, but not one in any of the other large towns. Scarlet fever showed the largest proportional fatality in Leeds, Manchester, Nottingham, and Sunderland.

Scotland.

(from our northern correspondent.)

Health of Edinburgh.—The deaths in Edinburgh, for the week ending the 6th inst., amounted to 75, the rate of mortality being 18 per 1,000. Three deaths from fever were registered in the Old Town, and four deaths from whooping-cough, one of which occurred in the New Town. Of the 146 births 5 were illegitimate,

Glasgow—Unprecedentedly Low Death-Rate.—The death-rate of Glasgow for the week ending the 6th inst., was at the unprecedentedly low rate of 14·5 per 1,000. During the same periods of 1876, '77 it was 21, and in that of 1878, 19. The nearest approach to this low rate was for the first week of last month when it was 15.

Edinburgh Dispensary for Women and Children.—This dispensary has completed its first year of work, having been opened, twice weekly, since the beginning of September, 1878. The report which is signed by Mrs. Masson, the hon. secretary, and the balance sheet by Mrs. Russell, hon. treasurer, show that the attendance has steadily and largely increased, till at the end of the year it averaged from thirty to forty patients each day. The whole number of patients attending during the year has been 681; the whole number of visits paid, 2,464; and of prescriptions given, 3,942. Out of the whole number of patients only twelve have been found unable to pay the charge of threepence for medicine required at each visit, but these payments have by no means been sufficient to defray the drug bills incurred. Hitherto Dr. Sophia Jex Blake has been the only medical woman on the staff, but the executive committee have just appointed Dr. Agnes Maclaren as a second attending medical officer. They have also decided, after consultation with many of the more intelligent patients, to place the dispensary henceforth, on a "provident" basis; that by small contributions, payable in health as well as in sickness, the patients may themselves provide for the expense of the institution. Honorary members subscribing to the funds will also receive tickets in proportion to their contributions, and in this way the benefits of the dispensary may be extended to those who could not themselves pay the required subscription. The consulting staff of the dispensary—the President of the College of Surgeons, Dr. G. W. Balfour, Dr. Angus Macdonald, and Dr. Peel Ritchie.

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REGISTRAR-GENERAL'S WEEKLY RETURNS.—The returns of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Sept. 6th, say :—The death-rate in the eight principal towns during the week ending Saturday, Sept. 6th, 1879, was 16·1 per 1,000 of estimated population. This rate is 2·1 under that of the corresponding week of last year, and 1·0 under that of the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 12·2, and the highest in Perth, viz., 25·4. The mortality from the seven most familiar zymotic diseases was unusually low, being at the rate of 2·5 per 1,000, or 0·6 under the rate for the previous week. Acute diseases of the chest caused 52 deaths.

SUSPECTED YELLOW FEVER AT GREENOCK.—On the 11th inst., a Norwegian barque, named the *Fingal*, arrived at the Tail of the Bank from Wilmington, bound for Glasgow. A communication was forwarded to the Sanitary Office, at Greenock, to the effect that one of the seamen was affected with what seemed very like yellow fever. Mr. MacKay, sanitary inspector, and a medical man went on board, and the patient was, in the course of the evening, sent to the Greenock Infirmary. The vessel being bound for Glasgow, Dr. Russell, of Glasgow, was communicated with.

NEW ROYAL INFIRMARY, EDINBURGH.—A movement has been set on foot by the members of the Edinburgh, Orkney, and Shetland Association, having for its object the raising of a fund in the islands for the purpose of furnishing a ward in the New Edinburgh Royal Infirmary.

Literature.

GEHEILTE HUNDSWUTH BEIM MENSCHEN. (a)

1. WE have bracketed these two brochures together, the one by a foreigner, and the other by a British subject, as they offer a marked contrast.

Most singularly the German writer has not only read the latest literature on the subject of rabies, but liberally acknowledges the labours of others, and the sources from which some of his information has been drawn, whilst the English writer has, as we shall show, liberally borrowed from the most recent works on hydrophobia, with but scanty avowal of his indebtedness. Both writers, moreover, direct the attention of the profession to the use and value of curara as a remedy in the treatment of hydrophobia, but with this great difference, that Dr. Offenberg has practically tested the drug he writes about, whilst Dr. McNeile simply presents his readers with an abstract of the chapter published in the *Medical Press and Circular* in 1878, in our reports on "Rabies and Hydrophobia." If we call this a coincidence, it is a most strange one.

For the present we leave Dr. McNeile, and confine ourselves to the German pamphlet.

Readers of the *Medical Press* are already familiar with the name of Dr. Offenberg, as we published a full account of the case of hydrophobia treated by him with curara, and we had subsequently in our pages, a communication from him, to correct the mistake about the name of Dr. Polli, which, by some mischance, became associated with his case, so that it was generally believed that two cases of hydrophobia had been cured by this poison; one in Italy, the other in Germany. In the July number of the *Practitioner*, there is a full account of the tracing of the mistake.

In the pamphlet under notice, Dr. Offenberg has republished full particulars of the very interesting case which he was fortunate enough to treat, and as a contribution to our knowledge of curara his brochure is extremely valuable.

After a full account of his observations, he enters on the question as to whether the patient was really suffering from lyssa humana, and we believe there can be no doubt that his diagnosis was correct. As a proof of Dr. Offenberg's literary honesty, we have but to point to pages 30, 31, 32, 43, 45, where he acknowledges both the work done by the *Medical Press and Circular*, and the labours of George Fleming, thus, as we have said, presenting a contrast with the compiler, Dr. McNeile.

As one instance, we may allude to the appreciation of Fleming by the German and British writers. Dr. Offenberg thus says, in acknowledgment of a quotation from Fleming: "Veterinararzt Fleming. Herausgeber von the "*Veterinary Journal*," welcher, 1872, ein sehr erschöpendes und als *classisch gerühmtes werk* "Rabies and Hydrophia" veroffenlichte gilt in England als grosse Autorität auf dem Gebeite der vergleichenden Pathologie."

This is a candid expression of opinion which will be shared by every reader who has perused Fleming's work.

Dr. McNeile, at page 36, for the first time introduces the name of Fleming "as a veterinary authority, and the author of a book on Rabies," after presenting his readers with information, nearly all of which may be found in Fleming's now classical work. This is but one instance to which we may allude *en passant*, as it illustrates the difference between the two writers.

Dr. Offenberg, with candour, quotes from the *Medical Press and Circular* the account of the suggested use of curara by Professor Sewell and Waterton. He makes one quotation in English, to which he does not exactly agree, and which shows how closely Dr. McNeile has followed our lead.

Dr. Offenberg directs attention to the following remarks (p. 93, second edition of "Rabies or Hydrophobia"), and we place it side-by-side with a paragraph from Dr. McNeile's treatise.

"The poison is so deadly, moreover, that its use necessitates the most anxious care, not only with regard to patient, but operator as well, and, indeed, all who come in contact with it, for if the merest scratch is touched with it, the consequences may be of the gravest kind. . . . The syringe should be used for curara alone."—*Medical Press and Circular*, 1877.

"Considering its activity, great caution should be exercised both in administering curara and watching its effects. The medical attendant should take particular care to avoid wounding himself with the needle of his syringe, and the instrument should not be used for any other purpose during the illness."—McNeile, p. 99, 1879.

Dr. Offenberg points out that other poisons are used which are equally as dangerous as curara, and that this should not be a deterrent against the employment of the drug. We have to congratulate him on the true scientific spirit in which he has received and valued "our contribution to the literature of hydrophobia."

2. It is very hard to define plagiarism. Such a thing does exist, and though it receives a more respectable a name, yet, by those who call a spade a spade, literary piracy will always be known by its true title. We do not accuse Dr. McNeile of this offence, but we may point out that there is a singular resemblance in the tone and arrangement of his treatise on Hydrophobia, to that adopted by the writers Fleming and Dolan, who prepared the reports of the *Press and Circular*, both of whom published their works prior to the publication of Dr. McNeile's brochure. The most superficial glance at the three books will confirm this. When we come to look at the special chapters, we are all the more struck by this similarity. We may safely say that there is little new in this pamphlet, which evidently bears the mark of hasty compilation, as we find the name of one of the most eminent French observers, M. Bouley is spelt Bowley, and Valleix spelt Valleux, and at p. 35 the following passage, in which there is a word evidently left out.

"Instances of supposed spontaneous rabies in the human were reported much more frequently." In the human what! Dr. McNeile in his directions on curara, tells us "that subcutaneously it acts best." What other way would he administer it?

We need not enlarge on all the points of resemblance between our own reports and the one under consideration; but may refer to the chapter on pathology; to the method of contrasting tetanus and hydrophobia; to the chapters on treatment; and particularly to the references on curara, &c.

(a) 1. "Geheilte Hundswuth beim Menschen." Ein Beitrag Zur Kenntniss des Curare. Von Dr. Ad. Offenberg. Bonn: Verlag Max Cohen and Sohn (Fr. Cohen). 1879.

2. "A Treatise on Hydrophobia." By J. P. McNeile, M.D. London: Renshaw. 1879.

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In the latter chapter Dr. McNeile refers to the case of Dr. Polli, reported in the *Paris Medicale*, and which first appeared in English in the *Medical Press and Circular* of 1877. We subsequently corrected the mistake about this case, and we have referred above to it.

We are disposed to be charitable, as we expressed a hope that our reports would stimulate inquiry, and would prove useful to other workers in this field.

We are sufficiently satisfied on this point, and we are also glad to notice that a more hopeful tone is taken from the key-note we struck, as the following passages prove :—

On May 1st, 1878, the *Medical Press* said :—"We consider a more hopeful tone in reference to curative treatment would be justifiable. "Having certified cases of recovery, we may reasonably look forward to still further triumphs over the ravages of this disease, and we have no doubt that rabies will be controlled with as much certainty as dilatation of the pupil is controlled by belladonna or atropine, or contraction produced by Calabar bean, or its alkaloid, eserine."	In May, 1879, Dr. McNeile writes :—"The curative treatment of hydrophobia is still a dark subject; but we are not without warrant for hoping that it will eventually be controllable. "Certain drugs undoubtedly exert an influence over the duration and manifestation of the diseases, and their action encourages us to hope that we only require to discover means to recover vital force to effect a cure." (p. 22).

It is evident our words have had some effect. We cannot devote any more space at present to point out the various passages which closely resemble some in Fleming's work, and in which the suggestions are nearly alike.

We have said enough, and have proved by comparison that with altered words an abstract of the report of the *Medical Press and Circular* has been made without acknowledgement, whether intentionally or intuitively, we do not say.

VEALE'S NOTATION CASE-BOOK. (a)

THE object held in view by the writer of this book is a good one, and it is unfortunate, therefore, that the innate laziness of the majority of mankind should deprive his labours of the benefit they might, but for this besetting sin, confer. We feel quite certain that the ordinary student will not be found to endorse Dr. Veale's assurance, that "a very little attention to the directions and explanations appended to each of the following headings will render the use of the note-book perfectly easy." Our opinion will gather weight when we add that the "directions and explanations" include nearly eight pages of abbreviations which must be committed to the memory of him who aspires to the use of this case-book; and further, four and a-half pages of intricate signs more terrifying in appearance than the most complicated stenographic symbols must be conned and understood. It were vain, we repeat, to expect the average student to fit himself to use this little book as it ought, and it can be added, deserves to be used. The arrangement is undoubtedly good, abstractly, and could the scheme sketched out by Dr. Veale be brought into general employment, it would, without question, tend to accuracy of diagnosis, and skill in treatment beyond that now common. But the necessary preliminary labour of acquiring the art of using a vast number of symbols and abbreviations is a fatal bar to the extended usefulness of the work.

Medical News.

Indian Medical Service.—The Military Secretary, India Office, presents his compliments to the Editor of the *Medical Press*, and begs to enclose for publication a list of the candidates of Her Majesty's Indian Medical Service who were successful at the competitive examination held at Burlington House on the 28th August, 1879, and following days. 39 candidates competed for 16 appointments, afterwards raised to 17. All were reported qualified.—Medical Department, India Office, 10th September, 1879.

	Name.	Marks gained
1	J. W. V. Macnamara	2,185
2	F. Burness	2,141
3	G. W. P. Dennys	2,130
4	H. O. Stuart	2,085
5	J. C. Marsden	2,050
6	A. C. Thompson	1,995
7	J. F. Tuohy, M.D.	1,985
8	G. J. Ward	1,975
9	C. A. Daubeny	1,970
10	J. L. Poynder	1,945
11	C. J. Willis	1,960
12	F. C. Reeves	1,925
13	A. R. Campbell, M.D.	1,920
14	J. McD. Stuart	1,900
15	J. Sykes	1,900
16	J. Hoey	1,865
17	A. G. Collington	1,850

REPORT ON THE MINERAL WATERS MANUFACTURERS BY MESSRS. HAMILTON, LONG, AND CO. (LIMITED), DUBLIN.

By CHARLES R. C. TICHBORNE, LL.D., PH.D., F.C.S., M.R.I.A.,

Lecturer on Chemistry, Carmichael College of Medicine; Chemist in Apothecaries' Hall of Ireland; President of the Pharmaceutical Society of Ireland, &c.

Kali Water.—The kali water contained in the imperial pint nearly 30 grains of bicarbonate of potash, with an excess of carbonic acid gas. It was highly aerated.

Lithia Water.—This specimen contained a little under 10 grains of carbonate of lithia in the imperial pint. It was free from calcium salts, and was dissolved in an excess of carbonic acid gas.

Soda Water.—This water contained in the imperial pint 10 grains of bicarbonate of soda. It is highly aerated.

Seltzer Water.—This specimen was very faintly alkaline, owing to the presence of a small quantity of carbonate of sodium. Its main ingredient is chloride of sodium, with traces of magnesian chloride.

Lemonade.—This aerated beverage contained 34 grains of solid matter per fluid ounce. It consists of products from the lemon sweetened with sugar, mainly the essential oil and citric acid. It is perfectly free from lead—an impurity frequently found in this and similar drinks.

Ginger Ale.—This preparation gave 35 grains of extractive matter to the ounce, consisting of citric acid, sugar, ginger, and other flavouring essences.

It will be observed that all the above mineral waters are genuine, and contain the special ingredients appertaining to their names. The kali and lithia waters represent the respective Pharmacopœial preparations in strength, and are therefore reliable remedial agents. So-called soda water is frequently merely aerated water. In the soda water examined we have a proper antacid preparation in keeping with its name.

The source of the water from which these mineral waters are made is evidently fairly pure, because they were carefully examined for albumenoid ammonia, and were found to be practically free from that substance. Albumenoid ammonia is now viewed as one of the most important indications of sewage contamination.

The mineral waters were carefully examined for lead and other poisonous substances; and were found to be perfectly pure in this respect. This poisonous metal has been found in large quantities in some specimens of lemonade.

A PECULIAR MICROCOCCUS IN GONORRHŒAL DISCHARGE.

IN the *Centralblatt für Med. Wis.*, July 12th, Dr. Albert Neisser, of Breslau, announces the discovery of a peculiar form of micrococcus in gonorrhœal pus. It is circular, or oval in outline, not coloured by indulin or methylgreen, usually in colonies of ten, twenty, or more, surrounded by a membrane, generally found on the upper surface of the pus cells, rarely on the epithelium cells.

Dr. Neisser found these bodies in the gonorrhœal discharges of both sexes, in acute and chronic cases, and in various cases involving the eyes. He believes they are characteristic of the disease, though he does not express himself positively on their pathological significance.

(a) "The Notation Case-Book," designed by Henry Veale, M.D., Assistant Professor of Military Medicine in the Army Medical School, &c. London: Smith, Elder and Co. 1879.

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BRAIN MATTER LESIONS IN THE INSANE.

In the annual report of the Utica Lunatic Asylum, N. Y., the superintendent makes the following important observation on the results of his autopsies :—

"In regard to the pathological affections of the ganglionic elements of the nervous centres, it seems that the so-called pigmentary degeneration resulting from the absorption and deposition of material in the protoplasm of the ganglion cells, furnished by the decomposition of emigrated red blood corpuscles, is of far more import than has hitherto been admitted. Especially in the brain of paretics it can be demonstrated that this pathological process may lead to a complete destruction of the ganglion cells, to a transformation into granular, dark-brown coloured masses, with disintegrated prolongations resembling the former cell body only in the raw outlines."

THE REMOVAL OF MOLES.

For these unsightly marks Mr. B. Godfrey recommends acid nitrate of mercury. His plan is to take a fine-pointed glass tube, and having dipped it in the caustic solution, to dot all round the hirsute mass, upon the healthy skin, where they both join ; then to dot points through the mass, like the white squares upon the chess-board, leaving the blank ones to be treated in a similar manner in a fortnight hence.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

To Deans and Registrars.—In a few cases we have not yet received the latest information and prospectus for use in our Annual Educational Number; we shall therefore feel obliged to those gentlemen who have not furnished them kindly to do so by first post.

"Ambulance."—An admirable conveyance for the sick to hospital has recently been provided by the Sanitary Authority of Pembroke Township, Dublin, upon the recommendation of Dr. Chapman, Medical Officer of Health. It is a four-wheel carriage for one horse, containing a canvas-stretcher, upon which the patient is removed in the *recumbent* position ; the stretcher, being movable, is brought to the bed-side of the patient, and the patient lying on it is carried to the ambulance and placed in it. Upon arrival at the hospital the patient is carried to the bed-side, all the time lying in the recumbent position. There is but one stretcher, as only one person should be removed at a time ; but there are two seats inside the ambulance at the side of the stretcher, in case of need for two attendants to accompany the patient. The carriage is, we are informed, well suited for removal of patients to hospital ; there is nothing in it in the way of a textile fabric likely to retain infection, save the canvass-sheeting of the stretcher : immediately after use it is disinfected, as required by section 140 of the Public Health Act. The carriage referred to was constructed by Messrs. H. E. Brown & Co., of Redmond's Hill, Dublin, and cost £80, It is well suited to the purpose; and we believe that a proper and suitable conveyance could not be obtained at less cost in Dublin. The plans may be seen at Messrs. Brown & Co.'s establishment, or the carriage itself at the office of the Pembroke Commission at Ball's Bridge, Dublin.

Pater.—You will find all the information you require on reference to our Students' Number next week.

The Ant-pest in Houses.—As a remedy for this nuisance, from which so many are suffering this year, Dr. Samuel Barker, of Brighton, writes : Those troubled with these pests should apply with a brush a hot strong solution of alum to every chink and crevice infested. Two such dressings will probably suffice to destroy the nests.

Literate.—It would be manifestly unfair to give the information, and would, moreover prejudicially affect the interests of the parties concerned.

Mr. Richardson.—Will find the subject referred to in our issue of July 30th.

Mr. Biddle.—Most important.

Dr. Williams.—Probably in our next number but one.

(A. Foundling), History of Hospitals.—The best information on the subject is to be had in Oppert's and Miss Nightingale's books, and an article in the *Brit. and For. Med.-Chir. Review* of 1864. If a history of foundling hospitals is needed, Mr. Wadsworth's (of the Irish L.G.B) *brochure* will be useful and interesting.

Unprofessional Advertising.—A member of the ladies' committee of the Dublin Orthopædic Hospital, Usher's Island, Dublin, whose inquiry would have more force if she had signed her name to her letter, sends us a copy of an advertisement in which a patient returns thanks in the columns of a Dublin daily paper, for the successful cure of his child "in the National Orthopædic Hospital, Adelaide Road, Dublin." Our correspondent requests our opinion whether such a method of advertising is "legitimate or otherwise." In our opinion such an advertisement would be far from "legitimate," and would certainly be "otherwise" if it emanated from, or was in, any way countenanced by the managers of the institution in question. But we do not feel ourselves justified in assuming that these managers were responsible even by cognisance, and if we are required to hold a balance as to the relative reprehensibility of various forms of advertisements, we would say that such an announcement as that to which our correspondent objects, is less objectionable than the circulation of deformity pictures in hotels and clubs.

L. E. G.—The Local Government Board of Ireland will *not* permit a dispensary medical officer to hold the office of coroner; this was decided in the case of Dr. Carter, of Kilcullen. Dr. Hayes, of Naas, is a dispensary medical officer and coroner, but he held the latter office long before the decision in Dr. Carter's case.

VACANCIES.

Abbeyleix Union, Ballyroan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Sept. 26.

Alnwick Infirmary.—House Surgeon. Salary, £120, with furnished apartments, attendance, &c. Applications to the Hon. Sec. by Sept. 27.

Ardee Union, Collon Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Sept. 18.

Birmingham General Hospital.—Assistant Physician. Honorarium of £100 per annum. Applications to the House Governor before Sept. 29.

Brighton Lying-in Institution.—House Surgeon. Salary, £120. Applications to the Secretary, 76 West Street, Brighton, by Oct. 2.

Clifden Union, Clifden Dispensary (Innishboffin District).—Medical Officer. Salary, £90, with fees, and £10 as Medical Officer of Health. Election, Sept. 24.

Gloucester County Asylum.—Junior Assistant Medical Officer. Salary, £100, with board. Applications to the Committee before Sept. 22.

Newcastle-on-Tyne Infirmary.—Junior House Surgeon. Salary, £50, with board. Applications to the Secretary before Sept. 24.

Portumna Union, Portumna No. 1 Dispensary.—Medical Officer. Salary, £100, with fees, and £12 as Sanitary Officer. Election, Sept. 20.

Queen's College, Galway.—Professor of the Practice of Medicine. Applications, &c., to the Under Secretary, Dublin Castle

Shillelagh Union, Hacketstown Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Officer of Health. Election, Sept. 23.

Shillelagh Union, Coolattin and Clonegal Dispensaries.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Sept. 19.

Sligo Union Workhouse.—Apothecary. Salary, £80. (See Advt.)

Tullamore Union, Clara Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Medical Officer of Health. Election, Sept. 24.

Victoria Hospital for Children, Chelsea.—Medical and Surgical Registrar. An honorarium of 50 guineas is attached to the office. Applications to the Secretary by Sept. 20.

West End Hospital for Paralysis.—Assistant Physician. Honorary. Applications to the Hon. Sec., 93 Welbeck Street, London, W.

Births.

Eascy.—On Sept. 9, at March, Cambridgeshire, the wife of William Easby, M.D., of a son.

Raverty.—On Sept. 3, at Boyle, the wife of J. R. Raverty, L.R.C.S.Ed., of a son.

Roth.—On Sept. 9, at Brighton, the wife of Bernard Roth, F.R.C.S., of a son.

Marriages.

Blackall—Ryan.—On Sept. 9, at St. Mary's Church, Dublin, John J Blackall, M.D., Kildysart, co. Clare, to Mary, daughter of John Ryan, M.D., of Ballinacally, Ennis, Dublin.

Craven—Lees.—On Sept. 16, the Rev. D. Craven, M.A., Incumbent of St. George the Martyr, Queen's Square, London, to Miss Florence Lees, Directoress of the Metropolitan Nursing Institute, Bloomsbury.

Davidson—Deane.—On Sept. 11, at Streatham, Chas. Davidson, M.D., of Coventry, to Ellen, daughter of the late Ed. Deane, of Fernleigh, Streatham.

Paget—Farr.—On Sept. 4, at Holy Trinity, Bromley, Henry M. Paget, to Henrietta, third daughter of Wm. Farr, M.D., F.R.S., D.C.L., of Bickley.

Shuttleworth—Hadwen.—On Sept. 10, at St. Paul's, Lancaster, G. E. Shuttleworth, M.D., Medical Superintendent of the Royal Albert Asylum, Lancaster, to Edith Mary, eldest daughter of Hy. Hadwen, of Ashfield, Lancaster.

Deaths.

Bennett.—On Sept. 3, at Leatherhead, Wm. Bennett, M.R.C.S., aged 70. For many years Medical Officer of St. Giles's and St. George's, Bloomsbury.

Dann.—On Aug. 4, on board *The Kashgar*, Surgeon-Major H. T. Dann, H.M. Bombay Army, aged 44.

Inglis.—On Sept. 6, at Beaumont, Jersey, Surgeon-General J. Gordon Inglis, M.D., C.B., Army Medical Department, aged 63.

Moore.—On Sept. 8, at Dungiven, Wm. Moore, M.R.C.S.E., aged 82.

Royston.—On Sept. 11, at Brighton, Melvenia, wife of Chas. Royston, M.D., of St. Stephen's Crescent, London, W., aged 49.

Stewart.—On Sept. 9, at Romanno House, Peebles, N.B, the elder twin son of Prof. Grainger Stewart, M.D., aged 7 days.

Wood.—On July 10, drowned the day of his arrival at Melbourne, Australia, Henry, eldest surviving son of Fredk. Wood, F.R.C.S., of Brighton, aged 25. Student of St. Bartholomew's.

Wright.—On Sept. 2, at Skipton-on-Stour, Martha Ann, widow of E. W. Wright, M.D.

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IRISH POOR-LAW INTELLIGENCE.

LOCAL GOVERNMENT BOARD CIRCULARS.

THE NEW PUBLIC HEALTH ACT.

To the Clerk of Union.

SIR,—The Local Government Board for Ireland have reason to believe that some misapprehension exists as to the purport and effect of that part of their circular letter of the 15th inst., which relates to the salaries of the medical officers of health under the 11th section of the Public Health Act, 1878, and as to the information required to be given in the form of return which accompanied their letter of the 19th inst.

It appears to be supposed in some cases that the additional salaries to be determined by the sanitary authorities, and to be paid to the dispensary medical officers as "medical officers of health" under the 11th section of the Public Health Act, 1878, are to be in addition to the salaries hitherto paid to them under the 10th section of the Act of 1874 as "sanitary officers."

This, however, is not the case; the dispensary medical officers hold the office of sanitary officers, not by appointment of the sanitary authorities or of the Local Government Board; but they were so constituted directly by the Act of 1878. The effect of the repeal of that Act, and the simultaneous re-enactment under the Act of 1878 of the same provisions, with merely the change in the title of the officer from "sanitary officer" to "medical officer of health," is that now they hold their offices under the Act of 1878, and it consequently becomes necessary to consider the question of the salary, which under the 10th section of that Act is to be in place of, and not in addition to, the salary paid under the Act of 1874.

In filling up the return, therefore, which accompanied the Board's circular letter of the 19th inst., you should enter in the first column the salary paid to the medical officers of health as dispensary medical officers, in the second column the salaries hitherto paid to them as sanitary officers, and in the third column the salaries now proposed to be paid to them as medical officers of health in lieu of the salaries previously paid to them as sanitary officers.

By order of the Board,

B. BANKS, Secretary

Local Government Board, Dublin,
28th August, 1879.

THE NEW VACCINATION ACT.

SIR,—The Local Government Board for Ireland forward to you herewith for the information of the Board of Guardians, a copy of the Vaccination (Ireland's) Act, 1879, (42nd and 43rd Vic., cap. 70), which received the Royal assent on the 15th August last.

The Guardians will observe that the 3rd section of the Act requires that the child be taken for vaccination within three months after its birth, or as soon afterwards as may be practicable, instead of six months as heretofore; and that the 4th section requires that on the same day of the week following the day on which the child has been vaccinated, the child shall again be taken to the medical officer by whom the operation has been performed, in order that he may ascertain by inspection the result of the operation, and if he see fit, take from the child the lymph for the performance of other vaccinations. The 7th section enacts penalties for the violation or neglect of those requirements, viz., a penalty not exceeding 20s. for neglecting to take a child to be vaccinated or to be inspected after vaccination.

The 5th section requires that, immediately after the successful vaccination of any child, the medical officer or practitioner who shall have performed the operation, shall deliver to the father or mother of the child, or to the person having the care or custody of the child, a certificate of successful vaccination in the form prescribed; and shall also transmit a duplicate of the certificate to the registrar of births and deaths of the district within which the birth was registered. If, however, he is unable to be in such district, or if the birth of the child has not been registered, the duplicate is to be transmitted to the registrar of the district in which the operation has been performed.

The 8th section provides a penalty not exceeding 20s. for neglect to transmit any certificate, required to be so transmitted, or for refusing to deliver the duplicate to the parent or other person on request, or for refusing to fill up and sign the certificate of success for vaccination and the signing of a false certificate or duplicate is, by the same section declared to be a misdemeanour.

The guardians will also observe that in the 6th section of the Act, the medical officer is to be paid two shillings instead of one shilling, as heretofore, for every person successfully vaccinated, or re-vaccinated by him within his Dispensary District provided he has made the required report to the committee of management.

The 10th section authorises the guardians to direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of the Vaccination Acts, and provides that the medical officer of any dispensary district, who may be required by the guardians to attend such proceedings shall be entitled to receive an addition to his actual expenses, such sum not exceeding one guinea, for such day's attendance required and given, as the court shall certify; these expenses, and all other expenses incurred in the prosecution, which the court is of opinion should be allowed are to be ascertained and certified by the justices or one of them, and are then payable out of the poor-rates of the Union.

By order of the Board,

B. BANKS, Secretary.

Local Government Board,
5th September, 1879.

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CLAREMORRIS UNION.

LEAVE OF ABSENCE.

THE Clerk said that the Ballindine Dispensary Committee recommended three weeks' leave of absence to Dr. Kelly, and the board sanctioned it on last board day.

Mr. O'Connor—Who is to pay for the substitute?

Clerk—The dispensary district of Ballindine.

Mr. Treston thought that notice of motion should have been given.

Mr. O'Connor gave the following notice of motion :—

"I hereby give notice that I will move, on this day fortnight, that Dr. Robert Kelly be required to pay for a substitute during his leave of absence, which was granted on last board day."

SLIGO DISPENSARY.

THE PAYMENT OF TEMPORARY MEDICAL OFFICER.

DR. MURRAY wrote, asking to be paid nine guineas for acting as locum tenens for Dr. Palmer for one month.

Mr. Walsh—Dr. Palmer only got four weeks leave of absence. We cannot pay for the half week he is claiming.

Mr. Rowlett—We cannot go outside our former resolution, which was to pay two guineas per week for four weeks.

Mr. Walsh—And that will be £8 8s., not £9 9s.

The Chairman passed the account for £8 8s.

MEDICINES.

The Hon. Sec. laid before the Chairman a requisition for certain medicines and medical appliances.

The Chairman observed that the place where the medical officer should sign was a blank.

Mr. Phibbs—I think that in future all such requisites should be signed by our medical officers and apothecary before they are sent in.

The Chairman concurred with Mr. Phibbs, and he would be glad to receive a resolution directing this should be done in future.

Dr. Nixon—The medical officers always sign the requisition along with myself.

Hon. Secretary—There is a resolution on the books, calling on the medical officers to sign all such requisitions.

Mr. Walsh believed such resolutions only referred to accounts for medicines sent in, because that a long standing account was sent in from Dr. Donning for medicines supplied for a term extending over a year-and-a-half. It came before the meeting, and no one could tell how it was got.

The Chairman looked over the minute book, and found that the following resolution was passed on the 19th of June, 1879 :—

"Resolved—That in future any medicine required for the use of the dispensary be signed by Dr. Laird and Dr. Palmer, and the committee will decline to pass any bills unless this matter is strictly adhered to ; and that a list of all medicines in stock be furnished to the committee, and any medicine required for the ensuing month be applied for ; and that any medicine which may be received that the bill or invoice thereof be furnished to the secretary of the committee at their next meeting."

The Secretary having stated that he would get Dr. Palmer's signature to the document,

The Chairman signed it.

LOCAL GOVERNMENT BOARD INQUIRY.

W. ARMSTRONG, ESQ., L.G.B. Inspector, opened an inquiry at the Board room of the Sligo Workhouse, respecting a charge against Dr. Palmer of neglecting to attend a patient, named Thomas Gorevan, deceased, on a red ticket ; and also a similar charge against Dr. Palmer for not attending on one Martin Hurgadon, on a ticket.

Gorevan died on the 21st May last, without having any medical attendance.

The following guardians were present—

Alderman Magill, P.L.G. and hon. sec. of the Dispensary Committee ; Messrs. J. Walsh, F. Higgins, John F. Walker, G. W. Martin, and Simon Cullen. The Rev. Mr. Somers, C.C., and the Rev. Mr. Coyle, C.C., also attended.

Dr. Palmer was defended by Mr. Fenton, solicitor. Mr. M'Dermott, solicitor, came specially from Boyle to conduct the inquiry on the part of the friends of the deceased.

The first witness examined was Annie Gorevan, aged about 12 years, the daughter of the deceased, who stated that her mother sent her to Dr. Palmer's house with a red ticket to attend her father, who was then ill, and died on the following day.

Annie Gorevan deposed that she was the wife of the deceased Thomas Gorevan, and mother of the last witness. She remembered sending the last witness to Dr. Palmer with a red ticket to attend on her husband, who was dangerously ill, about the hour of 11 o'clock a.m., on the 21st May. Dr. Palmer not having attended, she sent again to him about one o'clock p.m., and again at four o'clock a.m. despatched a girl, named Brennan, and desired her to demand back the ticket. She having done so, Dr. Palmer's servant said she had handed the ticket to Dr. Palmer, but that he was then out on duty. Witness and Margaret Brennan went at nine o'clock p.m. and saw Dr. Palmer, who opened the door. Brennan asked him why he did not attend on the ticket. He replied that he would attend when he would think fit. Witness said, "All right ; remember your answer." He never came afterwards. It would not take more than a quarter of an hour to walk from Dr. Palmer's to witness's house.

By Mr. M'Dermott—Now, Mrs. Gorevan, it has been insinuated that you frequently beat your husband before his death, and that you are in the habit of being drunk.

The witness positively swore there was no truth in the statement.

Cross-examined by Mr. W. Fenton—I heard his life was insured for a small sum about four years ago ; he was aged about 40 years. It was myself registered his death at Mr. Dixon's. I did not drink any strong drink within twelve hours previous to his death. I never had a row with my husband in my life. I know a Mrs. Corcoran. She lodged at my house for a short time. She was not there for two or three days previous to my husband's death. I put her out for not paying the rent. I did not beat my husband on the night of his death, nor did he call out "murder." He was attending on Dr. Devany some two years ago at the dispensary. He was then ailing.

This closed the case for the complainants.

Ellen M'Andrew, Dr. Palmer's servant, was examined. She deposed—I recollect having received a red ticket for Dr. Palmer to attend Thomas Gorevan. The ticket was left about ten p.m. on the day in question by a child. She did not call again on that day to my knowledge. I generally attend the door as a rule. Some of the other servants did attend the door that day also. Two women came about 8·30 or 9 p.m. They "raised a noise." I did not see them ; I only heard them. I think it was the manservant opened the door for them. They appeared to be noisy. It was after two o'clock p.m. that day when I handed the ticket to Dr. Palmer. He went out on duty, and did not return to dinner until eight o'clock.

To Mr. M'Dermott—I don't take a note of all the red tickets left for Dr. Palmer. I got no other on that day. I think he went out after dinner, but I am not sure. It was not Dr. Palmer who opened the door when the two women came. I was in the pantry at the end of the hall, and heard Dr. Palmer from the dining-room door ask what noise was that?

Thomas Leonard deposed that he is a car-driver, and a member of the Royal Sligo Artillery. He lived opposite to Mrs. Gorevan in Pound Street. He knew her and her deceased husband well. He was frequently in the house.

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She was in the habit of being drunk. He saw her repeatedly beat her husband before his death. He was always a delicate man. On the night before his death Mrs. Gorevan and a girl named Brennan had a row in deceased's house.

To Mr. M'Dermott—I did not hear there was a red ticket sent to Dr. Palmer to attend the deceased.

Bridget Leonard, wife of last witness, deposed that she knew the deceased and his wife well. She often saw Mrs. Gorevan drunk, and sometimes saw her beat her husband. About a month or so before his death she beat him.

Bridget Corcoran deposed that she lived a short time in the house of the deceased. She heard him cry out one night "Murder," and called witness to come and save him. On going into the room she saw Mrs. Gorevan with a chair and a candle in her hands. She flung the chair at her for attempting to interfere. That was on the 17th May, a few days before his death.

William Dalrymple, assistant in the late Dr. Nixon's shop, who acted as deputy-registrar of deaths for Dr. Palmer, said he entered death of Thomas Gorevan in the registy, at the instance of a person named Anne Gorevan, who represented herself to be the wife of the deceased. She stated that his age was forty-seven years, and that he had had no medical attendance for a month previous to his death. He recollected Dr. Palmer coming to Dr. Nixon's and leaving a red ticket, requesting Dr. Nixon to see after the matter. That was on the morning of the 22nd of May, about 10.30 a.m. He requested Dr. Nixon to inquire into the matter, as he (Dr. Palmer) had heard that the man Gorevan, whom the ticket was for, had died.

The inquiry was then adjourned.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF AUGUST, 1879.

August 1st.—Blair, Wm. Park; Ballynure, co. Antrim; Lic. Fac. Phys. Surg. Glas. 1879, Lic. R. Coll. Phys. Edin. 1879.

1st.—Magee, Wm. Joseph; 7 Rathmines Terrace, co. Dublin; Lic. R. Coll. Surg. Irel. 1878.

6th.—Macneece, Thomas Frederick; Clonfeacle Rectory, Moy, co. Tyrone; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

7th.—MacKinlay, John; Mosside, Ballymoney, co. Antrim; M.D. 1878 and M.Ch. 1879 Q. Univ. Irel.

7th.—Shipsey, Jacob Thomas; Dunmanway, Co. Cork; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

8th.—Haines, Humphrey; 1 South Terrace, Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

9th.—Smyth, James Camac; Royal Hospital, Belfast; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

12th.—Darling, John Singleton; Ballina, co. Mayo; M.B. Univ. Dub. 1879, Lic. Mid. K. Q. Coll. Phys. Irel. 1879.

14th.—Quinlan, Denis; Glanworth Mills, Mallow, co. Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

15th.—Bricknell, Edmund Seymour; East Beach, Queenstown, co. Cork; Lic. R. Coll. Phys. Edin. 1879; Lic. R. Coll. Surg. Edin. 1879.

18th.—Macartney, Wm. Henry Christopher; 1 Wesley Place, South Circular Road, Dublin; Lic. R. Coll. Surg. Irel. 1879.

18th.—Poirotte, Benjamin; 12 Suffolk Street, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

19th.—Mitchell, Adam; Parsonstown, King's County; Lic. R. Coll. Surg. Irel. 1879.

23rd.—Hudson, Harry Chalmers; 73 Pembroke Road, Dublin; Lic. R. Coll. Surg. Irel. 1879.

23rd.—Shakleton, Edmund; 40 N. Great George's Street, Dublin; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel. Lic. R. Coll. Surg. Irel. 1879.

23rd.—Rogers, Geo. Pigott; 4 Oxford Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1879.

26th.—Harris, James Crofts; 33 South Terrace, Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

28th.—Cornwall, Wm. Cotton; Thomasfort, Ballygar, co. Galway; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

28th.—Denning, Francis Arthur; 22 Knox's Street, Sligo; Lic. R. Coll. Surg. Irel. 1878.

Memorandum.

The following name has been erased from the Register of the Branch Medical Council, Ireland, during the month of August, 1879, pursuant to 14th sec. of the Medical Act, no reply having been received to several letters of application, viz.:—

Donellan, William; Tuam, co. Galway.

ABSTRACT OF REPORT ON THE DISTRICT, CRIMINAL, AND PRIVATE LUNATIC ASYLUMS IN IRELAND

(*Continued.*)

While on the subject of expenditure, we would again observe that in some asylums a scale of wages exists, not adequate to secure the employment of suitable attendants in the first instance, or their subsequent continuance, inasmuch as after having acquired experience, they not infrequently leave for better payment elsewhere. It is an unsuccessful sort of economy not to requite officers and servants in district asylums in a liberal manner, taking their responsibilities into account, and the nature of their avocations, but particularly after a long and faithful employment.

As the statute is administered it certainly cannot be agreeable to the Lord Lieutenant or the Privy Council to have applications incessantly submitted to them for orders to authorise an increase of a few pounds, mayhap, a few shillings, to the wages of an artisan or a subordinate attendant. It might be well, therefore, as already proposed by us, if a discretionary power were delegated to Boards of Governors by the Lord Lieutenant in Council, under whom, by statute, the fiscal control and management of district asylums are solely placed, reserving to the inspectors, if deemed just, an authority to fiat such increases for the satisfaction of the auditors; there, however, being a distinct limit beyond which they should not be allowed to extend without a specific Order in Council.

The working of public institutions for the insane in this country in 1878, has, as hitherto, been highly satisfactory, their various resident medical superintendents devoting every care to the well-being of the inmates, both in a domestic and professional point of view, in which latter they have been warmly supported by the visiting physicians. The general staff, including matrons, clerks, storekeepers, as well as subordinate officials and attendants, are, as a body, deserving of much credit. In fact, during the twelve months just expired, no serious causes of complaint, involving cruelty or criminal neglect of patients, have arisen.

We find, as so frequently noted heretofore by us, that the regular visitation of chaplains continues to be productive of much benefit, not only to inmates, who are capable of appreciating religious observances, but as exercising a wholesome influence over those in charge of them.

From year to year increased means of amusement are devised for the patients, who last summer at various asylums were permitted to enjoy excursions under the care of watchful attendants.

The frequent recurrence of reports to Parliament, once annually on the state of a department limited in its extent, though important alike in a public and individual aspect, cannot afford much of novelty or of interest in detail, for in truth, no sooner almost are returns obtained in one year from local institutions, than like forms are transmitted to be filled up, for the succeeding.

For example, if the number of epileptics, idiots, and imbeciles, resident in the 29 workhouses of Connaught

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were contrasted as regards the two years 1877 and 1878, there would not appear from the complicated tables and printed returns before us, a difference of more than nine individuals in the two years. Similarly in Munster, with its 51 poorhouses, there is only a variation of 11 in the same periods; while as regards the mentally affected of all ages and types in Poor-law Unions in 1878, forming an aggregate of 3,337, twelve pages devoted to statistical figures do not expose a difference beyond one per cent. on the preceding year.

In no branch of the public service is this circumstance more observable than in the lunacy, and, perhaps, with less practical results, inasmuch as the responsible head of each asylum district affords annually to the residents in a detailed account of all matters, monetary and personal, of interest to the ratepayers. The enunciation of this doctrine may appear as pointing to a subterfuge from trouble, but it is not so intended, and the more particularly as the executive is at all times kept thoroughly cognisant by the inspectors of the working of district asylums.

If in their office an annual record system were established, it appears to us that more comprehensive and practical deductions could be obtained, by taking the relative statistics of a series of years, and contrasting them with each other, than as at present by publishing details from twelvemonth to twelvemonth, which are fluctuating, and dependent in great measure on chance occurrences.

WORKHOUSES.

The total number of the mentally affected of all denominations, in workhouses, as obtained by us through the Local Government Board, was 3,335 at the 31st December, 1878, being 37 less than in 1877. 1,241 are represented as lunatics, 1,394 idiots, 702 epileptics.

It is gratifying to find on examining the returns for some years past, that if the idiotic element under fifteen years of age be computed in Ireland it amounts only to 88; if between 15 and 30, to 395; and if over 30, to 911; from which the inference may be naturally drawn that idiocy is on the decline in this country.

As a rule, the above-named classes occupy special apartments, known, in the primitive construction of workhouses as the idiots' cells.

We cordially recognise, from our frequent visits to these establishments, a general disposition on the part of boards of guardians throughout the kingdom to meet more liberally all just requirements, and to carry out our suggestions in behalf of the insane so far as the restricted capabilities of poorhouses permit. A material benefit would result were paid attendants employed, but bearing in view the fact that in some workhouses there may be but four or five, even less, mentally incapable to look after themselves, it would not be quite fair to the ratepayers to increase taxation in their regard by the employment of special warders to take charge of them in each union. The best solution of the difficulty might probably be found by allocating, wholly or partially, one or more workhouses in each district, according to its size, to the reception of harmless idiots, epileptics, and the utterly demented or fatuous, who are now diffused through no less than 163 unions, in most unequal proportions. Many years ago, and subsequent to the inquiries of a Special Committee of the House of Lords, the erection of four provincial hospitals for idiots, imbeciles, and a certain class of incurables was adverted to in a report to Parliament. In our opinion provincial depots would not prove to be so successful as might be wished; the number of counties attached to them, as for example, twelve in Leinster, would cause much embarrassment in their working, while unavoidable expenses and inconveniences consequent upon the conveyance and return of patients from remote localities, perhaps from 100 to 130 miles distant, must constitute very serious objections. It appears to us more feasible that lunatic districts should have each its own receptacle for chronic cases.

In regard to sex, two-thirds of the combined classes are females, aged, physically debilitated, and long resident. As a rule, too, the males are similarly circumstanced, both sexes giving but little trouble. Occasionally, however, if individuals become irritable or refractory, they are at once transferred as dangerous lunatics, too often, it must be confessed, under frivolous pretexts, to district asylums; and thus it occurs without the least actual benefit, in a curative point of view, to parties whose far advanced life and bodily weakness exclude the hope of recovery, that institutions erected for other objects become overcrowded, to the exclusion of curable cases, and of cases which, however unpromising, need special supervision.

CENTRAL CRIMINAL, OR DUNDRUM ASYLUM.

With reference to the central asylum at Dundrum for criminal lunatics, now in its thirtieth year of operation, having, from the beginning, had its unlimited management, we feel justified in reporting that it continues to progress in the same satisfactory manner we have hitherto noticed. Originally constructed for 80 males and 40 females—there being at the date of its opening 186 individuals criminally insane in district asylums or in gaols—a necessity was entailed on the inspectors to select from out that number those only whose crimes were of such a serious nature, or whose propensities were so vicious, though charged only with misdemeanours, as to render them particular objects for detention in a State institution. To have placed lunatics in it, well conducted, and accused simply of petty offences, though thereby actually coming within the category of criminal, appeared to us uncalled for.

In 1864, owing to a progressive overcrowding, the accommodation of the asylum was enlarged by 50 beds at the male side, that at the female remaining unchanged. Gradually, since then, the number of patients has been increasing—so much so that on the 31st of December last year there were resident in the establishment 177—140 men and 37 women. At no period, however, has there been an excess of the latter sex beyond the primitive complement. Two peculiar circumstances have tended to the repletion of the Dundrum more rapidly than to that of an ordinary district asylum—1st, the mortality in it has not exceeded 3¼ per cent. in the year on the average under treatment, as against 8 elsewhere; 2ndly, when a patient recovers, a discharge does not necessarily follow, and under no circumstances is an uncured lunatic let out on probation before the close of his legal imprisonment.

Within the past twelvemonth a larger number of criminals (23) was admitted than in any other year subsequent to its occupation—the great majority of them coming from convict prisons, and composed of persons who, prior to their conviction, had shown no symptoms of insanity. In fact, it has been latterly observable that offenders of every kind, when sent to gaol for a longer or shorter period, are particularly subject to delusions—possibly from being well skilled in the art of malingering. Some also become so pertinaciously troublesome as to interfere with prison discipline.

(To be continued.)

TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin offices of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 24, 1879.

STUDENTS' NUMBER.

PART I.—The future of the Student in Private Practice or the Public Services.

PART II.—The Education and Qualification of the Student in the United Kingdom.

PREFATORY.

It is mortifying to have to record that another session will commence under the old unsatisfactory regulations by which the education of the medical practitioner is guided. Good hopes were entertained early in the year that the new Medical Acts Amendment Bill would, ere its close, be the law to which the various schools would be required to conform. And when matters had progressed to the appointment of a Parliamentary Select Committee, which should receive evidence concerning the Bill, yet brighter burned the hope that an end was at length to be put to the frightful anomalies that lend unenviable distinction to the medical profession. Vain and empty as the nothings so plentifully dealt in by many of the witnesses, the efforts of the Committee will in all probability be productive of nothing beyond the storm of criticism that has already been evoked through them; and until another Parliament sees fit to pass a much needed measure of medical reform, it seems most probable that the abuses and evils everywhere lending indignity and opprobrium to the name of physician and surgeon, must continue unabated, unrepressed.

Very much of the good that would result from the introduction of the "tri-portal" system is so self-evident, that the wonder is the measure enacting its introduction has not already become law. Unspeakably more of actual benefit, than of possible loss, must necessarily arise, not alone to the profession, but to the laity also, through it; and it is a matter of sheer amazement that any strenuous opposition should be urged against what embodies so considerable an amount of good. This opposition, too, is the more regretable since it comes from a quarter that should be foremost to champion the cause of progress. Indirectly, through their disinclination to welcome among them the "direct" representatives of the profession, the majority of the members of the General Medical Council practically condemns the Bill which embodies direct representation in its clauses; and thus, what might and could have been an immediate engine of advance, has been doomed to destruction, because of the stilted exclusiveness of a few fancy-hoarding representatives of unreasoning respectability.

In the Session 1879-80 there exist nineteen licensing corporations, empowered to grant certificates to practise medicine or surgery, or both; and diverse, as from their number, the standards of examination among them must be, this is less glaringly so than the similar diversity to be found in the "preliminary" knowledge exacted from candidates. It is satisfactory, however, to note that the appreciation of the importance of an acquaintance with the main laws of natural science, is increasingly apparent on the examining boards; and particularly must it be remembered that, at a recent sitting, the Medical Council directed that physics and mechanics be no longer quoted as "optional" subjects in the preliminary, but that every candidate thereat be *compelled* to exhibit an adequate acquaintance with their elementary principles.

In the line of more purely professional study, a marked prominence is being given to physiological work, and a rapidly growing feeling shows itself in favour of offering increased facilities to the student who seeks to render himself, by practice or by reading, a physiological expert. Still greater stimulus will be afforded to this movement by the decision of the English Royal College of Surgeons to separate the subjects of anatomy and physiology hitherto included in one single paper. Henceforth—commencing, that is, from January next—at the "primary" examination of the College of Surgeons, two papers will be set: one containing only physiological, the other only anatomical questions. The influence of this change from the old plan of a mixed paper will be quickly felt, and will be beneficial to the advance of medical education.

In the higher walks of the profession, an ever-extending spirit of research is manifest; and we can with pride point to many of the works produced during the past academic year, in proof of the assertion that we retain our foremost place in the ranks of the scientists. Much has been accomplished in this way, especially in sanitation, and the perfecting of the system of preventive medicine; but immeasurably more, it must be said, yet remains undone; and however great and earnest they be in intention or in act, the army of workers in the field of discovery in medicine, and improvements in surgery, will need continual fresh accessions, and continual strong recruits. It is to them, to the students of to-day, the practitioners of an immediate future, that we address ourselves in this number of the *Medical Press and Circular*.

We have, as is our wont, given in our present issue merely the pith of the official regulations of colleges and public services, reserving our space for practical advice and

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information which every student needs, and leaving our readers to obtain for themselves the official regulations in a more reliable form than we can offer it. We conceive it to be our *rôle* to place in the hands of the student and his guardians the semi-confidential details, directions, and hints which college regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the student.

PART I.

THE MILITARY AND NAVAL SERVICES.

THE chaotic state of the Army Medical Department which we last year spoke of as impending, has culminated since then in such a complete breakdown of the Queen's Medical Service that it is hardly worth while to devote space to the regulations of that service. No one, save a very few hard-up students, now thinks of presenting himself for the honour of Her Majesty's army surgeon's uniform, and the War Office has been obliged to abandon the competitive examinations announced for August last, because there was no competition, and only a few names of third-class men were sent in. A committee has sat within the past year to consider the reasons for the unpopularity of the service, and they have made recommendations, some of which are favourably regarded by the profession, and some altogether repudiated. It is understood that a new army medical warrant based on these recommendations, is ready, and that it only awaits the approval of the Treasury to be promulgated. But "My Lords" object to pay for doctors, and object to the warrant in this respect, and consequently the matter hangs fire. Meanwhile, our soldiers at Cabul and Cape Town are undergoing medical starvation, and are obliged to depend to a certain extent upon a number of civil medical practitioners who, failing to take root in practice at home, are glad to learn a little military surgery on the *corpus vile* of the British soldier.

The Indian *Medical* Service has grown into popularity upon the ashes of the British Army Medical Department, and an examination has recently been held at which there was a fair competition for places. The following are the regulations in abstract:—

1. Candidates must be between the ages of 22 and 28.
2. May be married or single.
3. Must be registered as a practitioner, and possess diplomas in both medicine and surgery.
4. Must send a fortnight before the examination to the Military Secretary, India Office, a declaration (according to printed form), that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.
5. Must send with the declaration,

a. Proof of age, either by his own sworn declaration (on printed form), or by extract from parish register. Baptism certificate not sufficient unless it affords proof of age.

b. Certificate of moral character from a magistrate or clergyman of candidate's church who has known him for at least last two years.

c. Certificate of registration.

Having received his diploma in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history, and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The examination usually takes place in February and August. The candidate will be examined in the following *compulsory* subjects: *a.* Anatomy and Physiology (highest marks attainable), 1,000. *b.* Surgery, 1,000. *c.* Medicine, including Therapeutics, the Diseases of Women and Children, 1,000. *d.* Chemistry and Pharmacy, and a Practical Knowledge of Drugs, 100. The examination in Medicine and Surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside. The *eligibility* of each candidate will be determined by the examinations in these compulsory subjects only. *Optional Subjects.*—Candidates who desire it will be examined in French, German, and Hindustani, Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica; and the number of marks gained will be added to the marks in the obligatory part of the examination, and position on the list of successful competitors will thus be improved in proportion. The maximum marks allotted to the voluntary subjects will be as follows: French, German, and Hindustani (150 each), 450 marks; Natural Science, 300 marks. The subjects for this part of the examination will be taken from the following books: "Animal Kingdom," by W. S. Dallas, F.L.S. "Outlines of the Structure and Functions of the Animal Kingdom," by Rymer Jones, or "Cours Elèmentaire d'Histoire Naturelle," by Milne Edwards. Lindley's "School Botany," Lindley's "Medical and Economic Botany," Henfrey's "Elementary Course of Botany." "Elements of Natural Philosophy," by Golding Bird and C. Brooks. "Physical Geography," by Mrs. Somerville.

For the first two days of his examination the candidate is employed in penning answers to printed questions; for the third and fourth days he is examined *viva voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject.

PROBATION AT NETLEY HOSPITAL.

The competitor who obtains a place in the ordinary service is not allowed to join a regiment at once. He is obliged to undergo probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures: Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Military Hygiene, Dr. de Chaumont: and Dr. Macdonald, on Naval Hygiene. The lectures on Military Surgery include gun-shot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, and clothing, &c., of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings a day, and two shillings a day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the competitive examination, *and his position on the list of merit determined by*

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the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of surgeons, as provided by regulations.

Thus it will be observed that the first examination simply admits the candidate to the Service, and the conjoint result of it and the Netley examination determines his order of merit. Each candidate has to pay £5 towards the mess fund, one-half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitled to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

PAY.

The rates of pay of the officers of the Army Medical Department are as follows:—Daily pay: Surgeon-General, £2 to £2 10s., according to length of service; Deputy Surgeon-General, £1 10s. to £1 17s.; Surgeon-Major, on appointment, £1, after five years' service as such £1 5s.; Surgeon, on appointment, £250 a year, after ten years' service 17s. 6d. daily.

* On the completion of ten years' service, unless the Surgeon be selected for further employment in the department, or, if he be unwilling to continue, his services are dispensed with, and he shall be entitled to receive 1,000*l.*

† If he have served five years on full pay, and be unable to resume duty, he shall be entitled to receive, if he shall have completed nine years' full-pay service, 800*l.*; eight, 700*l.*; seven, 600*l.*; six, 500*l.*; five, 400*l.*

Passage allowance to India on appointment will be given or a passage provided. When passages are provided on board the Indian troop-ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10s. a day will be allowed from date of passing final examination at Army Medical School.

Indian allowance and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian service is much better than at home, and, if unmarried, the cost of living not greater. Moreover, the medical officer frequently holds lucrative civil medical appointments which afford him a handsome increase of income. Without doubt, to a healthy, temperate, unmarried man, the Indian Service is greatly preferable to that at home, but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For official regulations of the Indian Medical Service apply to the India Office, Whitehall, London, S.W.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

NAVAL MEDICAL SERVICE.

This Service still maintains its position, for though there is much dissatisfaction on the part of many of its officers, there is an adequate supply of candidates for admission to its ranks. The arrangements, time, and places for examination, the declaration to be made, and documents produced, the subjects and method of examination, and the subsequent probation at Netley are to all intents exactly the same as those quoted above for the Indian Medical Service.

Having passed his examination and served at Netley, the candidate will, in the course of the following day, receive his appointment as acting Surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. He will at the same time be informed that he is granted two or three weeks', as he may require, leave of absence, to enable him to provide his uniform and appointments. These he can get at any of the naval clothiers.

The expense of a Surgeon's uniform is about 47*l.* 5s. The candidate must also provide himself with a set of surgical instruments, which will cost him from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from the naval outfitter.

Surgeons, on entry, have the same rank as Paymasters, Chief Engineers, and Naval Instructors—namely, to rank with Lieutenants under eight years' seniority.

Fleet Surgeons to have the option of retiring after twenty years' full-pay service in all ranks at 15s. per day, and after twenty-five years, 21s.

Medical officers share in the proceeds of all *prizes.*

The full and half-pay of Naval Medical Officers is in accordance with the following scale:—

Full-pay: Surgeon—From 11s. (under five years' service) to 17s. a day, above fourteen years' service. Staff-Surgeon—On promotion, or under fourteen years' service, 18s., up to 22s. a day. Fleet-Surgeon—On promotion, or under twenty years' service, 1*l.* 3s. up to 30s. a day. Deputy Inspector-General of Hospitals and Fleets—On promotion, or under twenty-two years' service, 1*l.* 11s. up to 38s. a day. Half-pay: Surgeon—Under five years' service, 6s., and up to 17s. a day after eleven years. Staff-Surgeon—On promotion, or under fourteen years' service, 11s. up to 15s. a day. Fleet-Surgeon—On promotion, or under twenty years' service, 16s.; until the maximum is reached—namely, 18s. 6d.

THE CIVIL PUBLIC SERVICES.

POOR-LAW MEDICAL SERVICE.

A YOUNG qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from the inadequately remunerated appointment.

ENGLISH POOR-LAW MEDICAL SERVICE.

The English Poor-law Service differs in many respects from the Irish. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. Union medical officers therefore have the care of a district, and sometimes of a workhouse as well; sometimes only a workhouse. He is elected by the guardians of the union, and the appointment confirmed by the Local Government Board. He must have both a surgical and medical qualification, and be registered, and is required to name a duly-registered practitioner to whom application can be made in case of his absence from home; he can name his assistant or partner as his substitute. As a general rule, the guardians may not assign to any medical officer a district which exceeds in extent the area of 1,500 acres, or which contains a population exceeding 1,500 persons. This does not apply to Wales, but no such district may be assigned to a medical officer residing more than seven miles from any part of a parish included in such district. A medical officer is entitled to a fee of not less than 10s. or more than 20s. for attending a woman in or immediately after childbirth, and to a fee of £2 where great difficulty has occurred in delivery, or long subsequent attendance has been necessary. Many of the salaries of Poor-law appointments are very low—often so out of proportion to the work done that the medical officer must give his services for nothing, or next to nothing, as he has to provide all medicines, instruments, &c., except trusses, cod-liver oil, and quinine, for which he sends a statement to the guardians, who pay him the cost price; the paupers have to put up with those medicines which cost the least. In London and large towns some boards of guardians provide dispensaries, where the paupers are supplied with medicine, which relieves the medical officer from much labour and expense. It ought to be compulsory on all boards of guardians to provide dispensaries, and where this

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cannot be done, as in country districts, to provide all drugs, &c.

Capital operations, dislocations, fractures, midwifery, and vaccinations are paid for by a fixed tariff. The public vaccinator is appointed by the guardians. He may not be connected in any way with the parish work; the candidate who has most interest is pretty sure of the appointment. The fees for vaccination are 1s. 6d. if performed at a workhouse or within a mile of the vaccinator's residence, 2s. between one and two miles, and 3s. over two miles. The guardians provide stations for vaccination where the vaccinator attends at stated times. He must be registered in medicine and surgery, and have obtained a certificate of instruction in vaccination, from a public vaccinator, authorised by the Privy Council; he is required to transmit the certificates of successful vaccination to the vaccinating officer within seven days. Awards of not more than 1s. per case are given for successful vaccination of children up to six months, and are given on the report of the inspector to the Local Government Board if the marks are up to the standard, and the books properly kept. Only the relieving officers (and the overseers of the several parishes in cases of emergency) can give orders for medical relief. The relieving officer must inquire into the case, and, if necessary, visit the person before giving an order, unless the person is already on the pauper list. The medical officer can order nourishment and stimulants when necessary.

In England and Wales (more especially in the manufacturing districts) the medical practitioner derives much of his income from clubs, which pay him from 3s. to 4s. per head yearly, for which he visits and supplies medicines, performs operations, &c.; the average payment for each visit amounts to the large sum of about 6d. Small tradesmen, artisans, tenant farmers, labourers, &c., who would certainly be recipients of gratuitous relief in Ireland, are attended as private patients—of course, at lower charges than the better class of patients, and often either pay their bills by instalments or not at all. Parish appointments are often sought for by young men as an introduction to practice, or by older men to prevent opponents setting up in the district.

THE IRISH POOR-LAW SERVICE.

The newly qualified medical practitioner who may elect to try his luck in the Irish provinces sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There are 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The salary in this service averages about £103 15s.; and when it is taken into consideration that in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and the medical officer of health for the district, under the Public Health Act passed in 1873 and amended in 1878.

The former office, in country districts, seldom yields more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20 averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate everyone who wishes to come. For each patient his fee of 1s. (which has been raised to 2s. by the Vaccination Act of last Session), is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £2 to £50, an average for the provinces, under the old system, being about £5. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a Licence in Surgery or a Diploma in Medicine, and a Diploma in Midwifery; the candidate must also be 23 years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a medical officer, in which case, also, candidates are put to unnecessary trouble and expense under false pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders; the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. The salary is paid by the Board of Guardians, and no increase can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as the duties are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES,

The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting-ticket has been issued by a member of the committee or the relieving officer, and to continue his attendance as often as may be necessary until the termination of the same. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependant on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will give him very little trouble with "scarlet runners," as the visiting tickets are, from the colour of the

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paper on which they are printed, humorously called, and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortune to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be peremptorily summoned, in any weather, at any hour, and to any distance to a case which he may probably find to be altogether trivial, or to a person whom he may know to be perfectly well able to pay—aye, even to the committee-man's own brother or daughter.

SUPERANNUATION.

A Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age. There are now nearly 60 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose average allowance is £64 15s. Their average at retirement was 63. All official information may be obtained of B. Banks, Esq., Local Government Board, Custom House, Dublin.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1879.

ASSISTANCIES, &c.

Many men, looking over the voluminous accounts of college curricula and university regulations, either for themselves or their sons, may naturally draw a deep sigh over the work to be done or the money to be spent, and exclaim, "What then?"—or, to quote Mr. Cobden's familiar expression, "What next, and next?"

Of course the full and complete reply to these questions would fill a volume or two; but we may briefly indicate what can and what cannot be done, *as a rule*. (*a*) There are many exceptions, but we advise no one to think that he will escape the general rules which affect the mass of men.

First, there is private practice as a destiny and ultimatum. In Ireland and Scotland it is generally found that private practice worth having only exists in large towns; elsewhere, in those parts of Great Britain, medical men live chiefly on their appointments. In England this is not so; the appointments are subordinate to the practice everywhere. In England the succession to a practice can be very generally secured by purchase; but this is not so in Scotland or Ireland. But in England there are practices which cannot be bought; no money will command the highest class of practice, which is a personal thing which attaches to a man, and cannot be transferred. Partnerships are regarded as safe introductions to practice, but apart from the notorious changes of partnerships, we regard them as greatly over-estimated in value. In considering a sphere for practice, the first question is the adaptability of the purchaser to what he contemplates. An Irish Catholic will fail to secure a practice in an English country town, and a bigotted Low Church Englishman will fail in an Irish Catholic district. The best parts of London, Brighton, Eastbourne, Bournemouth, and fashionable places like Scarborough, Harrowgate, &c., are the rocks and syrens of medical practice. A suitable man will, as a rule, succeed to any practice where he is favourably and systematically introduced to the patients by his predecessors; but no man will undertake to resign his appointments and introduce a successor without a *quid pro quo*. Unless, therefore, a man has capital, he should not think of purchasing a practice.

A prevalent fallacy is that some man overworked wants a partner to relieve him of part of his work and—his income. If the practice is fairly good, the overworked gentleman can readily find a partner who will pay two years' purchase for the share secured. But some one wants to join him as a "working partner," and to pay nothing. Which is the overworked gentleman likely to accept—a junior partner, who will pay perhaps £1,000 for his share, and to whom he can delegate the greater part and all the drudgery of his work, or the junior who will do the same work, but will not pay the £1,000?

An assistantship is a capital discipline for any man. Such engagements are not what they used to be; the assistant in a medical practice being treated as a gentleman. But for details on this head we would refer to Langley's "Via Medica," which deals fully and fairly with this subject. No man should go out as an assistant without reading it, and especially as it is to be found in nearly every college library.

Medical assistants may be divided into two classes, qualified and unqualified; but the salary which either will obtain is far more a question of actual experience than of the diploma which may be held in any given instance. The experience obtained by an assistant in England, even though unqualified, may be sufficient to enable him to obtain a far higher salary than many gentlemen of much higher qualifications, but without knowledge of English practice.

To act as "Locum Tenens," it is essential that previous experience of practice should have been obtained. Irish gentlemen, as a rule, are very deficient in dispensing, and the routine of English practice, which differs very materially from that which prevails in the sister isle, and to this cause may in many cases be attributed the expression oftimes seen, "No Irish need apply."

An assistantship, "with a view to partnership," is a thing that people read and write of, but seldom see. Experience shows it to be a mistake on both sides. If the assistant has money, he had better not appear in the practice as subordinate; if he has not, the probation will not assist him to get a share in the practice.

If, however, a successful student declines to enter private practice as purchaser or as assistant, he may enter the public services through the open doors of competitive examinations.

Practices abroad are rarely to be had or heard of. Sometimes they can be secured upon equitable terms; the contracts, however, should be always conditional upon the practice "out there" being found what it is represented to be. In such cases the intending purchaser should avail himself of the skill of some experienced and respectable medical agent.

In conclusion, it may be stated that whilst we have indicated generally the portals to success *after* the diploma has been obtained, we have no intention of ignoring the fact that men of decision of character, good antecedents and high qualifications, can and do secure distinguished positions in the profession, and occupy a large space in the eye of the world. But genius is the heritage of the few, and the great majority of men will do well to moderate their ambition, and seek to do their duty in the customary spheres of life in which many noble-hearted men have lived and worked and died, leaving the world somewhat better than they found it.

(*a*) For further information we would refer the reader to Langley's pamphlet, "Advice on the Transfer of Medical Practices, &c."

PART II.

EDUCATION AND QUALIFICATION OF THE STUDENT.

The parent who desires to make a doctor of his son, or the student who selects that profession for himself, is probably already aware in a broad way of the steps which must be taken to effect this purpose. He knows that in order to practise medicine or surgery legally in Great

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Britain or Ireland it is necessary to be enrolled in the Medical Register, and that, to obtain that distinction, it is necessary to study at a College and a Hospital for about four years, and afterwards obtain one or more diplomas by passing one or more examinations in professional subjects.

The first point to be decided is whether the boy is of the proper age for studentship and has received the requisite amount of schooling. As to the first of these points there need not be much apprehension, for although some of the licensing bodies profess by their regulations to accept for their diploma no candidate whose age is less than twenty-one, there is practically no minimum limit of age of the students. But circumstances impose some such limit, because none of the Public Services will appoint to medical office any youth of earlier age than twenty-one, and it is therefore not only useless, but unadvisable, to complete the student's education until he has reached that mature age. Moreover, in England, no student receives credit for any part of his medical study, as counting towards his diploma, until he has passed his preliminary examination in general education, and the average boy will hardly be able to do this until he has passed his sixteenth year. For these reasons the majority of students do not commence their medical studies until they are seventeen or eighteen years of age, in which case they receive their diplomas between their twenty-first and twenty-third years.

The second consideration is whether the boy has been sufficiently schooled, and this is determined by his capacity to pass a recognised preliminary examination in general education. Of such recognised examination the Medical Council publishes a list comprising most of the primary collegiate examinations throughout the world, but as to the extent and gravity of such examinations there are the most extraordinary variations. The principal preliminary subjects of examination are as follows :—

London Society of Apothecaries.—1. The English Language: English Composition.—2. Latin: January, Cicero, *De Amicitiâ;* April—Virgil, *Georgics*, Book iv. September—Ovid, *Metamorphoses*, Book i.; Retranslation of easy sentences; Answers to Grammatical Questions.—3. Mathematics: The Ordinary Rules of Arithmetic; Vulgar and Decimal Fractions; Addition, Subtraction, Multiplication, and Division of Algebraical Quantities; Simple Equations; The First Two Books of Euclid.—4. *a.* Greek: Xenophon, *Anabasis*, Books i. and ii. *b.* French: St. Pierre, *Paul et Virginie;* Translation from English into French. *c.* German: Goethe, *Egmont;* Translation from English into German; Grammatical Questions in each Language. *d.* Natural Philosophy: Mechanics, Hydrostatics, and Pneumatics.

London College of Surgeons, conducted by the College of Preceptors.—Part I. *Compulsory Subjects.* 1. Writing from dictation.—2. English Grammar.—3. Writing a short English composition, such as a description of a place, an account of some useful or natural product, or the like.—4. Arithmetic. No candidate will be passed who does not show a competent knowledge of the first four rules, simple or compound, of Vulgar Fractions, and of Decimals.—5. Geography of Europe, and particularly of the British Isles.—6. Outlines of English History; that is, the succession of the Sovereigns, and the leading events of each reign.—7. Mathematics: Euclid, Books i. and ii.; Algebra to Simple Equations inclusive. 8. Translation of a passage from the second book of Cæsar's *Commentaries De Bello Gallico.*—Part II. *Optional Subjects.* Papers will be set on the following seven subjects; and each candidate must offer himself for examination on one subject at least, at his option; but no candidate will be examined on more than four subjects:—Translations of passages from—1. The first book of the *Anabasis* of Xenophon.—2. X. B. Saintine's *Picciola.*—3. Schiller's *Wilhelm Tell.* The candidate must also answer questions on the grammar of each subject, whether compulsory or optional. 4. Mechanics: chiefly elementary.—5. Chemistry: elementary facts.—6. Botany and Zoology: Classification of Plants and Animals.—7. Euclid, Books iii., iv., v., and vi. The quality of the handwriting and the spelling will be taken into account. Failure in any one subject necessitates re-examination in all.

London University.—Candidates must pass in *a* Latin, *b* English subject, *c* Mathematics, *d* Natural Philosophy, *e* Chemistry, and any two of the following—Greek, French, German, Latin, or Arabic. Latin: one Latin subject, selected by the Senate from the undermentioned—Virgil: one book of the Georgics and of the Æneid. Horace: two books of the Odes. Sallust: The Conspiracy of Catiline, or the War with Jugurtha. Cæsar: two books of the Gallic War. Livy: one book. Cicero: De Senectute or De Amicitiâ, with one of the Orations. Ovid: one book of the Metamorphoses, and one book of the Epistles or Heroides. Latin shall contain passages to be translated into English, with questions in history and geography arising out of the subjects of the books selected. Short and easy. A separate paper shall be set containing questions in Latin grammar. Greek (h): one Greek subject from the undermentioned—Homer: one book. Xenophon: one book. French: passages for translation into English, and questions in grammar, limited (except when German is taken as an alternative for Greek) to the Accidence. Sanscrit: Arabic — translations into English, and questions in grammar. The English language: English history and modern geography, orthography, writing from dictation, the grammatical structure of the language, history of England to the end of the seventeenth century, with questions in modern geography. Mathematics—Arithmetic: the ordinary rules of arithmetic, vulgar and decimal fractions, extraction of the square root. Algebra: addition, subtraction, multiplication and division of algebraical quantities, proportion, arithmetical and geometrical progression, simple equations. Geometry: the first four books of Euclid, or the subjects thereof.

IRELAND.

College of Surgeons.—The English language, including grammar and composition; arithmetic, including vulgar and decimal fractions; algebra, including simple equations; geometry, first two books of Euclid; Greek and Latin, including translation and grammar. Greek: the Gospel of St. John, or the first book of Xenophon's Anabasis, or the Dialogue of Lucian entitled Menippus, or the Necromancer. Latin: the first and second books of the Æneid of Virgil, or the Jugurthine War of Sallust, or the third book of Livy.

College of Physicians.—Holds no preliminary examination.

University of Dublin.—The entrance examination.

Apothecaries Hall of Ireland.—Compulsory: 1. English grammar, composition, and history. 2. Arithmetic and algebra, including simple equations. 3. First two books of Euclid. 4. First two books of Livy or of Virgil's Æneid; translation, prose composition. 5. Greek, first book of the Anabasis or of the Iliad. 6. French or German, Charles XII., Voltaire's Histoire, or Lamartine's Voyage en Orient, or Schiller's Wilhelm Tell. *Optional:* Mechanics, hydrostatics, pneumatics and hydraulics. Classification and structure of vegetables and animals.

Queen's University.—Examination no longer held.

SCOTLAND.

Colleges of Physicians and Surgeons.—1. English language, grammar and composition. 2. Arithmetic, includ-

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ing vulgar and decimal fractions; algebra, including simple equations. 3. Geometry, first two books of Euclid. 4. Latin, Cicero de Naturâ Deorum; Virgil, Æneid, Book II; grammar, and a passage from an unprescribed author. 5. One of the following optional subjects—(1) Greek, Xenophon, Anabasis, Book III.; and Homer, Iliad, Book III. (2) French, Molière, Les Femmes Savantes. (3) German, Schiller's Maria Stuart. (4) Natural philosophy, including mechanics, hydrostatics, and pneumatics.

Edinburgh University.—1. English, writing a passage from dictation; composition, with correction of sentences of bad English; grammar, history, and geography. 2. Latin, for October 1879 and March 1880, Livy, Book XXIII.; for October 1880 and March 1881, Livy, Book XXII.; an easy passage from a Latin prose author, and a single passage of English to be retranslated into Latin. 3. Arithmetic, the common rules. 4. Euclid, Books I., II., III; and algebra, including simple equations. 5. Elements of dynamics (mechanics), elementary kinematics, statics, kinetics, and hydrostatics: text-book, Blaikie's Elements of Dynamics. At least two of the following subjects—1. Greek, for October 1879 and March 1880, Xenophon, Memorabilia, Book I.; for October 1880 and March 1881, Xenophon, Cyropædia, Book VIII. 2. French, for October 1879 and March 1880, Molière, Les Femmes Savantes; for October 1880 and March 1881, About, La Mère de la Marquise. 3. German, for October 1879 and March 1880, Schiller, Marie Stuart; for October 1880 and March 1881, Goethe, Egmont. 4. Higher mathematics, Euclid, Books I. to VI.; algebra, trigonometry, and conic sections. 5. Natural philosophy, Balfour Stewart's Elementary Physics. 6. Logic, Jevon's Elementary Lessons in Logic, or Fraser's Selections from Berkeley, second edition, pp. 143—249. 7. Moral philosophy, for October 1879 and March 1880, Calderwood's Handbook; for October 1880 and March 1881, Butler's Ethical Theory Sermons, 1, 2, 3. In Latin, Greek, French, and German, questions in grammar will be set, and passages to be translated from English.

Glasgow University.—English, dictation, composition of a short essay, questions in grammar. Latin, Virgil, Æneid, Book IV.; Sallust, De Bello Jugurthino, Chap. 1. Translation of English passages into Latin, questions in grammar and construction. Arithmetic, the common rules. Elements of Mathematics, Euclid, Books I., II., and III.; algebra, as far as simple equations. Elements of mechanics, questions, for which Bottomley's Dynamics may serve as a text-book. Two subjects, to be selected by the candidate. Greek, Cyropædia of Xenophon, Book II., and the Gospel according to St. John. French, Corneille's Le Cid. German, Lessing's Laocoon. Higher Mathematics, Euclid, Books I. to VI.; algebra, including quadratic equations and the rule of trigonometry. Natural philosophy, such a knowledge of the principles as may be obtained from Bottomley's Handbook and Balfour Stewart's Elementary Lessons in Physics. Natural history, geology or zoology. Text-books—Green, Lyell, Dana, Nicholson, and A. Wilson. Logic, Whately's Logic, Books II. and III. Moral Philosophy, the general principles, as stated in Dugald Stewart on the Active Powers, or Dr. Fleming's Manual.

In England, and with most of the Scotch licensing bodies, it is essential that the student shall have passed his preliminary examination before he commences medical study. This is not the case in Ireland, where it is possible, though not usual, for the student to postpone his examination in general education until the eve of his professional examination. If he is either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a surgeon, when if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England the four years of medical study required to pass do not commence to count until the preliminary is passed. It should be so in Ireland, but it is not.

The preliminary examination having passed, it becomes necessary to select the method of education to be pursued. It should first be decided what is to be the aim of the student in after-life, for upon that question will depend in great measure the school at which his studies are to be pursued.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner; and if money and education are plenty, he will probably take a University degree in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the Licenses of the "College and Hall" for London, the Colleges of Surgeons and of Physicians for Ireland, or the Double Diplomas of Edinburgh for Scotland, will serve every purpose. For any University degrees which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in arts and medicine, depends principally whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The University of Durham and some of the Scotch Universities place at the disposal of the student a cheap University degree, and thereby attract many applicants, who are at liberty to write M.D. after their names, and are not called upon for University residence or academic study. These degrees serve as legal qualifications to practise, and pass for an academic Doctorate in Medicine amongs the uninitiated; but this does not confer the *prestige* attached to the degrees of Oxford, Cambridge, or Dublin.

If the student elects to seek a University degree —other than that of the London University—he will, of course, pursue his Arts in Oxford, or Cambridge, or Dublin, and his professional studies *pari passu*. If he is content with simple licences to practise, he must attach himself to a School and Hospital. Here the English and Scotch systems differ widely from that in existence in Ireland. In London, the usual course is for the student to select a School which is suitable to his pocket and his locality of residence, and where he thinks he will get "good value." The School is almost always in immediate connection and on the same premises as one of the hospitals. In Dublin, on the contrary, the Schools—with the exception of Steeven's Hospital School and the School of Physic—have no immediate connection with any hospital, and the pupils of a Dublin School are a hetero-

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geneous gathering from all the hospitals in the city. In England a composition fee is accepted by many of the Schools, which fee entitles the student to the whole of the curriculum of lectures, dissections, hospital, &c. necessary for his diploma.

The following is a statement of the composition fee payable at each London School from the most expensive to the cheapest :—

Bartholomew's, Guy's, or University College	£131	5	0
King's College, St. Thomas's, or St. George's	125	0	0
St. Mary's	106	1	0
London	94	10	0
Westminster	92	10	0
Middlesex	90	0	0
Charing Cross	88	4	0
Birmingham Queen's College or Manchester Owens College ...	105	0	0
Bristol	99	0	0
Liverpool	86	2	0
Sheffield	81	15	0
Leeds	71	8	0
Newcastle	70	7	0

These fees are close approximations, subject to addition for extras required for certain licenses. The fees may be paid in full at the entering of the student, or they may be paid in certain fixed instalments at the beginning of the successive periods of study, by which system the total payment is something larger than those above quoted. It will thus be observed that, in England the student is encouraged to enter at a particular school and hospital, and to take his whole education there, and, as a matter of fact, the great majority of students follow this course. It has its advantages, not the least of which is that it places the student under the absolute control of his teachers, and enables them to dictate his method of learning, and to supervise his diligence to a much greater extent than is possible elsewhere.

In Ireland, on the contrary, composition fees are a rare exception to the rule. The student goes to any school he pleases and any hospital he pleases, and enters his name for any number of lectures he pleases. If he does not like his school or hospital, he most probably migrates to a rival institution on the first opportunity. It is, in fact, but seldom that an Irish student confines his studies to a single hospital and, in order that he may be perfectly free to seek his education where he thinks he can best obtain it. It has been recently decreed by the Dublin hospital surgeons, on the suggestion of Professor Haughton, that perpetualism be abolished, and that no discount be allowed to students in consideration of their taking out their entire time at one institution.

The Irish system is open to grave abuses, which need not be dwelt on at present ; but it has certainly the great merit of rendering the student perfectly independent, and forcing schools to compete energetically for a continuance of his patronage. It will be obvious, however, that the system which enables the student to pay a lump sum, and thus relieve himself of the trouble of entering for lectures, and paying fees in detail, is a convenient one, especially for the beginner, who is altogether ignorant of the system, and therefore the requirement which is provided for in England by the dean of the school, is met in Ireland by individual teachers or "apprentice" holders.

COST OF EDUCATION.

Should the student proceed on his own account, the lectures necessary for the diplomas of the Colleges of Physicians and Surgeons in Ireland, will amount to £65 ; hospital attendance, according to the new scale of fees, £36 ; lying-in-hospital from £4 4s. to £7 7s. These, with the diploma fee of £25 5s., which both in England and Ireland is additional to the fees which we have enumerated, represent the essentials. The sum of £50 paid down at the commencement is taken by the school of the Irish College of Surgeons as payment in full for all lectures requisite. The system of perpetual pupilage and discount of fees at hospitals has, as we have said, been abolished. Thus the absolute payment will amount to somewhere about £93, taking the minimum mode of payment. In addition to this sum are to be considered the payment for "grinding" or "coaching," a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present for private teaching £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grinding" for the army and navy examinations, a fee varying from £10 to 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £120 to £140 on a moderate scale; it is, of course, to be expected that pupil holders should have some extra payment ; we therefore might name for them 160 guineas.

This sum, or something like it, will secure to the pupil the advantage of being "apprenticed" to a teacher who will undertake all monetary responsibility for his education, and may be able to give him some special advantages as his own pupil at hospital ; but it must, we fear, be confessed that the so-called apprenticeship is sometimes a simple contract for payment of fees, and involves but little of that special teaching which is due by a master to a true apprentice. Most of the apprentice holders will accept payment by instalments.

PAYMENT OF FEES.

If the student is his own manager, he must enter his name with the secretaries of the school and hospital, and pay for the lectures and hospital he intend to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is *supposed* to pay the professor's fee or hospital fee in full on entering his name, but few students do so ; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce ; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of money to pay the accumulated fees of previous years.

Having thus entered his name as a medical student, and acquired his right to commence study, his next business is to register himself as such on the General Medical Council.

To this body is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, *at the commencement of his career*, at the offices, 315 Oxford Street, London, or at the offices of the Branch Registrar of the division of the United Kingdom in which he is residing. He must in England previously have

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passed a preliminary *Arts Examination*, of which we have given the details above. With regard to registration, each English student should apply according to a form, accompanied by a certificate, of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the same in the Students' Register, and issue a certificate to that effect. It should be recollected that this commencement of the course of professional study is not reckoned as dating earlier than fifteen days before the date of registration.

The intention of this registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practitioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years. Recently, however, the several qualifying bodies are recommended by the Medical Council not to admit to the final examination for a qualification under the Medical Acts any candidate whose name has not been registered at least forty-five months previously. Besides, the standard of medical education, as well as of the examinations of various examining bodies, is so much higher than it formerly was, while our own knowledge of medicine and the collateral sciences, and the scope of our medical studies have recently become so enlarged that four years is by no means too long a period to be devoted to medical study. And even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland the registration of medical students is very irregular and unsatisfactory. No pupil thinks of giving himself any trouble about the matter, and leaves it to the Registrar of his School to return to the Branch Medical Council the names of his *alumni* which, for reason the iniated understand, he frequently forgets to do. Inasmuch, therefore, as there is, in Ireland, no legal date for commencement of medical study, there is no means of judging whether the nominal four years of medical study are, or are not, actually occupied in learning the profession, and, as a matter of fact, few students do devote that period to their work, though many of them continue in the nominal study of medicine for as long as seven or eight years.

DATES IN ENGLAND AND IN IRELAND.

The entry of names and commencement of study in Ireland is supposed to date from the first of October in each year, but the Session really does date from the 1st of November, and the entry of names may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays—if the term be not ignoble—are a fornight at Christmas, and a week at Easter, and he finally returns home at the end of July.

ATTENDANCE ON LECTURES.

The average Dublin student is supposed to attend of necessity, and irrespective of voluntary courses, twelve courses of lectures, six of them extending over six months, and six over three months, making a total of 52 months lecturing. In addition to this he is presumed to dissect and hear demonstration, say an hour-and-a-half daily, for eighteen months, to attend hospital, for at least a couple of hours daily for twenty-seven months. To serve in the chemical laboratory for three months, and in the majority of cases to attend the "grind" for at least eighteen months for two more daily hours. He cannot, if moderately industrious get on with less than two hours reading per day, and he may have during the same period to work up his business for the "Preliminary," or his Arts Course in the University. This curriculum—taking the lectures on an average of four days weekly—represents nearly five thousand hours close work to be got through in three working years of about seven months (allowance being made for Christmas and Easter and summer holidays).

Thus it will appear that the student, to fulfil the nominal requirements of his education in Dublin, must work very nearly nine hours daily—*i.e.*, from after breakfast to about seven p.m. It is hardly necessary for us to say that even the most avaricous medical bookworm does not attempt such a task. Necessarily the attendance on many of the courses of lectures is nominal in amount. The University of Dublin insists on an attendance of three-fourths of the number of the required lectures, but other licensing bodies accept as "diligent" attendance the presence of the student at all—a few—or none of the lectures which the student pays for. It would be manifestly ridiculous for them to demand *bonâ fide* compliance with the regulations, and thus it happens that the student being hopeless of attending at—often attends—scarcely any of the lectures which are supposed to form the chief part of his education. The average student thinks himself exemplary if he works his hospital, dissections, demonstrations, physiology, lectures, and grind, and drops in occasionally to the other courses.

The progress of each year is the same, except that he usually devotes more attention to the "grinding," dissection, and hospital dressersships, and less to lectures in his later years of study. At the end of his second year he will take his "first half" examination, and by so doing relieve himself, in a great measure, of the study of anatomy, and be in the position of devoting his third year to surgery and medicine. After the expiration of his third session, his student life, whether it begin in laziness and end in a hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

THE STUDY OF VACCINATION IN IRELAND.

During the past year the Royal College of Surgeons in Ireland has ordered that, on and after August 1, 1879, no candidate for letters testimonial shall be admitted to examination without producing a certificate of attendance for one month at the Cow-pock Institution, or some other institution to be approved of by this Council, under the instruction of a public vaccinator specially recognised by this College for the purpose, and that he is practically acquainted with vaccination.

Any public vaccinator, holding office under the Local Government Board for Ireland, may be recognised by the Council as entitled to grant the certificate. The instruction include—1. The performance of the operation of vaccination. 2. The conditions of the patient which contra-indicate vaccination. 3. The characteristic appearances of the vaccine disease at the different stages of its course, and the deviations therefrom, which are compatible with its protective influence. 4. The taking of lymph and the method of preserving it in tubes or on points; and of recognising impurities. The candidate shall be liable to be examined upon these subjects at his final examination.

REGISTRATION OF PRACTITIONERS.

All duly qualified Physicians, Surgeons, Medical Graduates, and Apothecaries are required by the Medical Act 21 and 22 Vic., c. 90, to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner may be effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas* to be registered, and also pay or remit the fee, which is regulated by the Medical Council—viz., £5 for the first registration, and 5s. for every qualification which may be subsequently added. Each practitioner is entitled to receive a copy of the official Medical Register containing the registration free on application.

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THE UNIVERSITIES.

Oxford and Cambridge.

As there are generally few candidates for the degrees of these Universities, we shall make our remarks as brief as possible.

Every student in medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination for arts. Candidates for the degree of B.M. are required to pass two examinations, embracing the usual subjects. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some modern authors, as Morgagni, Sydenham, or Boerhave. He must spend two years in study prior to the first or scientific examination, and two years more after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B., before being eligible for the M.D. The medical examinations take place annually in Michaelmas term.

Scholarships of about the value of £75 are obtainable at Christ Church, Magdalen, and other Colleges, by competitive examination in natural science. Each year, a Radcliffe travelling fellowship is competed for by anyone who, having taken a first-class at any of the public examinations of the University, or having obtained some University prize or scholarship open to general competition, proposes to graduate in medicine. The travelling fellows receive £200 a-year for three years, half this period being spent in study abroad.

At the University of Cambridge, five years of medical study are required, unless the student has graduated with honours as A.B. For the M.B., he must have resided nine terms in the university, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany; the second, in anatomy (human and comparative), physiology, and pharmacy; and the third, in the usual practical subjects. After the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health, will be held in October, 1879. With respect to Cambridge (and almost the same remarks apply to Oxford), a residence during nine terms—*i.e.*, the greater part of each of three years—is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, would include all payments to the university and the college—all fees, as well as clothes, pocket money, travelling expences, &c. But the non-collegiate students have only to pay the university fees, which are very small. They lodge and board as they like, and their expenses, therefore, are entirely in their own hands.

London University.

The London University is a convenient portal to the medical profession, since through it a man can become a legally qualified "Doctor" of Medicine without being compelled to spend the time and money required to enable him to yield compliance with the exactions of "residence" during their academical years insisted on at the older universities of Oxford and Cambridge.

Provided he presents himself, mentally and practically, fitted to undergo the examinations successfully, it makes no difference to his chances before the board, where his studies may have been prosecuted, provided always that this place be some duly recognised centre of medical education. Moreover, the technical training must commence subsequently to the passing of the matriculation examination; and it must be added that the tests to which candidates are submitted in the proper professional parts of the examination for the M.B. degree, are severe and searching. A wide and thorough reading, and an extensive practical acquaintance with routine medical and surgical work, are necessary to insure success, at Burlington House; and to this fact is due the high estimation in which the London degrees are held by the members of the medical profession, to whom their nature is more or less familiar. Among outsiders, however, with whom the mere letters attached to a name make the criterion of comparison, the significance of M.D. Lond. is neither more nor less than M.D. Edin. or Cantab. This want of appreciation by the general public, does not, in any measure, detract from the high value attaching to the London degree, and every student of ambition who is debarred from obtaining the doctorate of the more venerable universities, will do well and wisely in pursuing the wide studies necessary to enable him to earn the coveted distinction. The mental training is undoubtedly a valuable exercise, and can react only for good; good that will be continually evident in all his late experience, and that will tend to his own personal elevation, and the general improved tone of the profession whose interest is his individual concern. We would strongly recommend those students who intend to graduate at the London University to so arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered.

The preliminary scientific examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be examined, are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at *the same time* in the pure mathematics of the first B.Sc. examination, or shall have previously passed the first B.A. examination, shall be considered as having passed the first B.Sc. examination. There are in this, as in every other stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science. For the regulations respecting these examinations the student should apply to the Registrar of the University.

It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparative small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, the programmes in mathematics, experimental physics, and inorganic chemistry, have been carefully revised. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledge is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects:—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in the matricular examination which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

A special examination is held once in every year in subjects relating to public health, to which those candidates only are admitted who have passed the second M.B. Examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food; meteorology, geology, physics and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

All the medical degrees of the London University are open to women, and valuable scholarships have been founded for their special benefit.

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University of Durham.

Two licences and three medical degrees are conferred by this university—viz., Licences in Medicine and Surgery, with degrees of Bachelor of Medicine, Master of Surgery and Doctor of Medicine. A certificate of proficiency in sanitary science is also awarded.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence at the Durham University College of Medicine, and in the case of non-university men an additional arts examination to the professional examination must be passed. There are two examinations for the M.B.

No grace for the degree of Doctor of Medicine will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (seven years) at least from his registration or matriculation, and of three terms at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Professor of Medicine.

There is also an examination and a certificate of proficiency in sanitary science. Hospital practice can be attended at the Newcastle infirmary, which contain 230 beds. There are four scholarships of 25*l* a-year, tenable each for four years. Dickinson Memorial Scholarship, 15*l*, tenable for one year, for general proficiency. Tulloch scholarship, 20*l*, tenable for one year, for anatomy, physiology, and chemistry. Charlton memorial scholarship, 35*l*. tenable for one year, for medicine. Gibb scholarship in pathology, 20*l*, tenable for one year. Four resident dressers, who also act as physicians' clinical clerks, are chosen every six months from the senior students. Fee for six months' board and residence, 10*l* 10*s*. Two assistants in the pathological department are chosen every six months. At the end of each session a silver medal and certificate of honour will be awarded in each of the required classes.

With regard to fees, a composition fee for all the Lectures, payable on entering to the first winter session, 52*l* 10*s*. Separate courses of lectures, each 4*l* 4*s*. Twelve months' hospital practice, 7*l* 7*s*; six months, 5*l* 5*s*; three months, 4*l* 4*s*; perpetual fee, 17*l* 7*s*; or, if paid by instalments, first year, 7*l* 7*s*; second year, 6*l* 6*s*; third year, 5*l* 5*s*. These fees also are payable in advance.

Foreign Universities.

Next week we shall devote a brief chapter to "Foreign Degrees and How to obtain them," giving information much sought for, but not readily obtainable in this country, together with the routes and fares to and from the different university towns of the continent.

The Royal College of Physicians of London.

The high position which this venerable College holds among the corporations is too generally acknowledged to need that any particular attention should be drawn to it. It is gratifying to know that this College has lost none of its prestige by sympathising and becoming more as ociated with the general body of practitioners. Its license is an honourable one, and we are surprised that students are not more ambitious than they are to enter the profession through its portals.

The Fellowship.—The Fellowship of the College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The Membership.—A person may become a member without holding a degree in medicine, or, indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors Board that previous to such commencement he has obtained a degree in Arts from some university of the United Kingdom or of the Colonies, or from some other university specially recognised by the Medical Council, or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

The following additional regulations for the membership came into force on Jan. 30th, 1878:—1. Any candidate who shall produce satisfactory evidence of having passed an examination on chemistry and materia medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. 2. Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a university in the United Kingdom, in India, or in a British colony, or who shall have obtained a qualification entitling him to practice medicine or surgery in the country where such qualification has been conferred, wherein the course of study and the examinations to be undergone previously to graduation shall have been adjudged by the Censors' Board to be satisfactory, shall be exempt (if the censors shall think fit) from all or any parts of the examinations hereinbefore described, except such as relate to the third or pass examination.

Graduates in medicine of any British university are admitted to an examination for the membership. Such graduates are exempt from some parts of the examination—*e.g.*, anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra-licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a member of the College. Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16 and 17 of the bye-laws of the College, in which the candidate is exempted from some portion of the examination.

The Licence.—The Licence of this College is a qualification to practise medicine, surgery, and midwifery, and is recognised by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate of some university he is forbidden to use the title of doctor; we regret, however, many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially-appointed examiners, and is complete in the several departments. There are two examinations for the licence, the *first* of which may be passed after the termination of the second winter session, while the *second* examination cannot be passed until after four years of professional study. The fee for the College Licence is fifteen guineas, of which five are to be paid on admission to the first examination.

Every candidate will be required to produce satisfactory evidence of having completed the course of study in accordance with the bye-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Any candidate who shall produce satisfactory evidence of having passed an examination on Chemistry and Materia Medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. Any candidate who shall have obtained a qualification which entitles him to practise Medicine or Surgery in the country where such qualification has been conferred, after a course of study and an examination equivalent to those required by the regulations of the College, shall, on production of satisfactory evidence as to age, moral character, and proficiency in vaccination, be admissible to the pass examination, and shall be exempt from re-examination on such subjects as shall in each case be considered by the Censors' Board as unnecessary.

Royal College of Surgeons of England.

No College has exercised more influence over the profession than this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries great weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas—the membership, fellowship, a diploma in dental surgery, and one in midwifery, which last is, however, mostly confined to those who are already members.

The Membership.—This diploma gives no vote in the affairs of the college. It is only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, although there are certain conditions on which he can claim exemption. He must have passed the preliminary examination of the or one that is recognised by the College. two professional examinations for the Primary and the Pass.

The Fellowship.—Members admitted to the Fellowship grade is obtainable

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and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after exam.

For the Fellowship he must be a Member of the College of eight years' standing, and is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the Practice of Surgery for eight years, and is a fit and proper person to be admitted as a Fellow.

Few consulting surgeons in England are without the Fellowship, and in most of the London hospitals appointments are unattainable without it.

MEDICAL SCHOOLS OF LONDON.

THERE are in the metropolis eleven medical educational centres. Each of these comprises a fully appointed hospital, with medical school attached. The student, who is doubtful as to which he shall direct his steps, will be much puzzled how to decide on the one most likely to benefit him in the prosecution of his medical studies. In determining this point he should avail himself largely of the advice to be obtained from those conversant with the merits of the different institutions, and, especially will he be wise to pay every heed to students senior to himself. Naturally every man so appealed to will declare his own *alma mater* to be *the* best school, but in spite of this, the partial information so obtained will be of great value, supplimented as it always should be by personal inspection of the institutions themselves. The country candidate will always find the most courteous readiness, on the part of the officials at the various hospital schools, to lend him every assistance in ascertaining the advantages connected with each particular place; and before definitely selecting the hospital he will enter, the student should adopt the plan we have suggested. In many instances his choice will be guided by tradition and association. It may be, father or brother has been at one or other place, and as a matter of course, the connection re-formed with it is maintained This should be so. We write, however, more especially for the guidance of those who are called upon to decide for themselves, and we repeat the suggestion we have made—hear all you can, and finally act on your own judgment and experience.

The London schools are the following:—Guy's, St. Bartholomew's, St. George's, King's College, the London, the Middlesex, St. Mary's, Charing Cross, the Westminster, University College, and St. Thomas's, and we shall notice them in alphabetical order.

The above are for men only. There is also a Medical College for Women, in full operation, in Henrietta Street, Brunswick Square. The clinical instruction is given in the wards of the Royal Free Hospital.

APPOINTMENTS, PRIZES, NEW SCALE OF FEES, &c,

ST. BARTHOLOMEW'S HOSPITAL.—*Appointments:* Four house-physicians and four house-surgeons are appointed annually without fee; each is provided with rooms and receives a salary of £25. A resident midwifery assistant and an ophthalmic house-surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year; the assistant-chloroformist, salary £25 and rooms; in-patient clinical clerks; clerks and dressers to the assistant-physicians, and assistant-surgeons.

Scholarships, &c.—There are two open scholarships in science, value £130, tenable for one year; Jeaffreson exhibition, value £50, tenable for two years; preliminary scientific exhibition, value £50, tenable for one year; three junior scholarships, of £50, £30, and £20 respectively; Treasurer's prize for practical anatomy; Foster prize for practical anatomy; senior scholarship, value £50, for anatomy, physiology, and chemistry; Wix prize; Hichens prize; Lawrence scholarship and gold medal, value 40 guineas, for medicine, surgery, and midwifery; two Brackenbury scholarships in medicine and surgery; Bentley prize, for reports of surgical cases; the Kirkes gold medal for clinical medicine.

Scale of Fees.—Fees for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments:—First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for students of dental surgery:—First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas.

CHARING CROSS HOSPITAL.—*Appointments:* Medical and surgical registrars, each with a salary of £40 a year; resident medical officer, assistant medical officer, resident surgical officer, assistant surgical officer, resident obstetrical officer, assistant demonstrator, pathological assistant, clinical clerks, and dressers. The resident officers are provided with rooms and commons, and the assistant officers with commons, in the hospital.

Scholarships, Etc.—Two entrance scholarships of £30 and £20 respectively, tenable for one year; the Llewellyn scholarship of £25, open to all matriculated students who have completed their second year; the Golding scholarship of £15, open to matriculated students who have completed their first year; the Pereira prize of £5; the Governor's clinical gold medal. Silver and bronze medals and certificates of honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students, £81 7s., payable in five instalments, or first year's fee, £38 17s.; second year's fees, £36 15s.; third year's fees, £10 10s. Composition fee for the course of dental surgery, £42 2s.

ST. GEORGE'S HOSPITAL.—*Appointments:* House-physicians and house-surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months, and to board and reside in the hospital, free of all expense; assistant house-physician; assistant house-surgeon; obstetric assistant, with a yearly salary of £100, and board and residence in the hospital; pathological curator, with a salary of £50; microscopical pathologist, with a salary of £25; medical and surgical registrars, each with a salary of £50 per annum; assistant medical registrars; assistant surgical registrars; ophthalmic registrar; ophthalmic assistant; demonstrator of anatomy, with a salary of £50; senior assistant-demonstrator, with a salary of £20.

Exhibitions, &c.—The William Brown exhibitions: one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years, and open to students in their third year. The Brackenbury prizes: one each in medicine and surgery. The Clarke good conduct prize, the Thompson medal, the Brodie clinical prize in surgery, the Acland clinical prize in medicine, the Johnson memorial prize in anatomy, the Treasurer's prize, and three general proficiency prizes of ten guineas each.

Scale of Fees.—Composition fee for perpetual pupils, £125, or in the following instalments: first year £45, second year £45, third year £40. For attendance on the hospital practice and lectures required by the examining corporations, £45 for the first year, £45 for the second year, and £20 for each succeeding year. The latter scale of payment does not entitle the pupil to become house-physician or house-surgeon, or to compete for the William Brown exhibitions. The fee for general subjects in dental surgery is £55, payable in two instalments, first year £30, second year, £25.

GUY'S HOSPITAL.—*Appointments:* The house-surgeons and house-physicians, the obstetric residents, clinical assistants and dressers, are selected from the students, according to merit, and without payment There are also a large number of junior appointments, every part of the hospital practice being systematically employed for instruction.

Scholarships, &c.—Open scholarship of one hundred and twenty-five guineas, in classics, mathematics, and modern languages. Open scholarship, of one hundred and twenty-five guineas, in chemistry, physics, botany, and zoology. Six scholarships, varying in value from £10 to £50 each, for general proficiency in medical study. The Joseph Hoare prizes; the Treasurer's gold medal in medicine; the Treasurer's gold medal in surgery; the Gurney Hoare prize of £25, for clinical study; the Sand Cox scholarship of £15 per annum for three years, for physiology and physics; the Michael Harris prize of £10, for anatomy.

Scale of Fees.—For the entire course of lectures and hospital practice, 125 guineas if paid in one sum on entrance, or by two equal instalments of £66, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50,

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£50, and £37 10s., payable at the beginning of the first, second, and third years respectively. Fee for the dental course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

KING'S COLLEGE HOSPITAL.—*Appointments:* One physician's assistant, two house-surgeons, and one physician-accoucheur's assistant, appointed every six months. They are supplied with board and residence in the hospital on payment of £30 each. Assistant house-physician, assistant house-surgeon, and assistant resident accoucheur, appointed every six months; in-patient clinical clerks and dressers; out-patient clerks and dressers; obstetric clerks, ophthalmic, dental, and aural assistants; post-mortem clerks; assistant demonstrators and prosectors of anatomy.

Scholarships, &c.—Three Warneford scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warneford scholarship of £25 per annum, tenable for two years, open to resident students; three junior scholarships of £20 each, tenable for one year, and open to students of the first year; one second year scholarship of £30 tenable for one year, and open to students of the second and third years; the senior scholarship of £40, tenable for two years, and open to students of the third and fourth years; Daniell scholarship of £20 per annum, tenable for two years, for work in the chemical laboratory; two Sambrooke registrarships, each of £50 per annum; one science exhibition of £100; two Warneford prizes of £25 and £15 respectively; Leathes prize; Todd medical clinical prize; Jelf medal; Tanner prize of £10 for obstetrics. Class prizes, each of the value of £3, are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of hospital practice and college lectures may be made in one sum, viz., £125 on entrance, or by the following instalments:—£60 on entrance, £50 at the beginning of the second winter session, and £25 at the beginning of the third winter session. Fees for the dental course, £95 1s. 6d.

LONDON HOSPITAL.—*Appointments:* The resident and other hospital appointments are free to full students. The resident appointments consist of five house-physiciancies, four house-surgeoncies, and one accoucheurship; also two dresserships and two maternity assistantships.

Scholarships, &c.—Two entrance science scholarships, value £60 and £40, and two Buxton scholarships, value £30 and £20, will be offered for competition at the end of September to new students. Entries on or before September 20th. A scholarship, value £20, in human anatomy, to first year's students; a scholarship, value £25, in anatomy, physiology, and chemistry, to second year's students; a scholarship, value £20, in clinical medicine; a scholarship, value £20, in clinical surgery; a scholarship, value £20, in clinical obstetrics; the Duckworth Nelson prize, value £10 (biennial), in clinical medicine and surgery. Prizes, value £60, to dressers of out-patients, in minor surgery.

Scale of Fees.—Perpetual fee for lectures and hospital practice, and two years' practical anatomy, payable in three instalments of 40, 35, and 25 guineas, at the commencement of the 1st, 2nd, and 3rd years respectively, 100 or if in one payment 90 guineas. Composition fee for students entering at or before the beginning of their second winter session, their first year having been spent elsewhere, payable in two instalments of 40 and 35 guineas, 75 guineas; or if in one payment, 70 guineas. Perpetual fee for lectures alone, 50 guineas; perpetual fee for hospital practice alone, 50 guineas; dental students (general hospital practice and lectures), 40 guineas; perpetual fee for dental practice, 10 guineas.

ST. MARY'S HOSPITAL.—*Appointments:* There are four resident medical officers, three of whom are appointed for twelve months, and one, the obstetric officer, for six months; all of them live, free of every expense, in the hospital. Two prosectors, appointed annually; a demonstrator of anatomy, a medical tutor, and a resident registrar, each with a salary of £100 a year, appointed annually, and eligible for re-election. Clinical clerks and dressers.

Scholarships, &c.—Two scholarships in natural science, tenable for three years; an exhibition in natural science of £20, tenable for one year; a scholarship in anatomy of £20, tenable for one year; a scholarship in pathological anatomy of £40, tenable for one year, At the end of each session prizes ranging in value from £2 2s. to £4 4s. are given for proficiency in particular subjects.

Scale of Fees.—For unlimited attendance on lectures and hospital practice, 125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for hospital practice and lectures required by the examining bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for dental students, 62½ guineas.

MIDDLESEX HOSPITAL.—*Appointments:* Two house-surgeons, three resident physician's assistants, resident obstetric physician's assistant. The above officers have residence and board in the hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 30 guineas.

Scholarship, Etc.—Two Broderip scholarships of £30 and £20 per annum respectively, tenable for two years, for medicine and surgery; two entrance scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray medal and scholarship, awarded every third year; the Governor's prize of £21; clinical prize of £10 10s.; class prizes in particular subjects.

Scale of Fees.—General fee for the entire course of hospital practice and lectures, £90, if paid in one sum on entrance or by instalments of £35, £35, and £20, payable at the commencement of the first, second and third years respectively, and £10 for every additional year's attendance. Course of dental surgery, £42, payable in two instalments of £26 5s. and £15 15s.

ST. THOMAS'S HOSPITAL.—*Appointments:* Two house-physicians, two house-surgeons, a resident accoucheur, two assistant house-physicians, and two assistant house-surgeons, holding office for three or six months. The assistants are non-resident, but the other officers are provided with rooms and commons in the hospital free of expense. An ophthalmic clinical assistant, with salary of £50; surgical ward clerks, clinical clerks and dressers to in-patients and out-patients, obstetric clerks, two hospital registrars, each with a salary of £100; assistants in the dissecting room, prosectors, pathological assistants, and assistants in the physiological laboratory.

Scholarships, &c.—Two entrance scholarships in natural science of £60 and £40 respectively; for first year's students, the William Tite scholarship of £30, and five college prizes ranging in value from £5 to £20; for second year's students, the Musgrove scholarship of £42, and five college prizes ranging in value from £5 to £20; for third year's students, three college prizes of £20, £15, and £10 respectively. In addition there are awarded the Cheselden medal for surgery, the Mead medal for medicine, the Solly medal for reports of surgical cases, the Grainger testimonial prize of £20 for a physiological essay, and the Treasurer's gold medal for general proficiency.

Scale of Fees.—For the entire course of hospital practice and lectures, £125, paid on entrance; or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments, of £60, £50, and £30, at the beginning of the first, second, and third years, respectively. The fee for the attendance on the *general* subjects required of students in dental surgery is for the two years £45, or by instalments; £50 for the first year, and £10 for the second year.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Six physicians' assistants, six house-surgeons, and four obstetric assistants, are selected annually by examination from among the senior students without additional fee. They reside in the hospital, paying only for their board, and have charge of the resident patients in the absence of the physicians and surgeons. The offices of physicians' clerks, surgeons' dressers, surgical ward clerks, and ophthalmic surgeons' assistants, are selected from among the pupils who are also students of the college, without additional fee.

Scholarships, &c.—Three entrance exhibitions of £30, £20, and £10 respectively, tenable for two years; Atkinson-Morley surgical scholarship of £45 a year, tenable for three years; Atchison scholarship, value about £55, tenable for two years; Sharpey physiological scholarship, value about £70 a year, tenable for three years; Filliter exhibition for proficiency in pathological anatomy, value £30; Dr. Fellowes' clinical medals; the Liston gold medal; Alexander Bruce gold medal; Cluff memorial prize; class medals, &c.; gold and silver medals, or other prizes, as well as certificates of honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of £10 will be given in the class of hygiene.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the course, or 130 guineas if paid by instalments, as follows: first year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital practice and

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clinical instruction, perpetual, £36 15s.; one year, £15 15s.; six months, £10 10s. Practical pharmacy, three months, £5 5s.

WESTMINSTER HOSPITAL.—*Appointments:* There are numerous dresserships and clerkships; the posts of medical and surgical registrar, each with £40 a year, and of house-physician, house-surgeon, resident obstetric assistant, assistant house-surgeon, physician's assistant, surgeon's assistant, ophthalmic assistant, and assistant in the skin department.

Scholarships, &c.—Entrance scholarships next October.—The Fence, £50 a year for two years, and two others value £50 and £20. Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books the same as the June examination of the University of London matriculation—Ovid: Epistola ex Ponto. Book II. There are also—an exhibition, value £10 10s., for first year's men; a scholarship in anatomy and physiology, value £21, for second year's men; prize for clinical medicine and surgery of £5 each; the Frederic Bird medal and prize, value £15; the Chadwick prize for proficiency, value £21.

Scale of Fees.—In one payment, £92 10s.; in two payments of £49 each, payable on entrance and at commencement of second year respectively; by payments distributed over five sessions, amounting to £107 2s. There are no extras, except parts for dissection. Fees for shorter periods or for single courses, may be learned on application to the Dean. Fees for dental students, payable in one sum on entrance, £45.

SPECIAL SCHOOLS.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The winter session of 1879-80 opens on the 1st October. Dr. T. K. Chambers will give the inaugural address in the school, at 3 p.m. (30 Henrietta Street, Brunswick Square). The fee for the ordinary curriculum of non-clinical lectures is £80, if paid in one sum, or if paid in instalments, £40 for the first year, £30 for the second, and £15 for the third. The courses of lectures included in this fee are as follows:—Two courses each of anatomy, practical anatomy, physiology, and practice of medicine, and one course each of botany, chemistry, practical chemistry, materia medica, surgery, pathology, midwifery, diseases of women and forensic medicine. Certain classes are held annually, others biannually. The fee of £90 entitles a student to attend, in addition to the classes enumerated above, one course each of practical physiology, zoology, ophthalmic surgery, mental pathology, and hygiene. The London School of Medicine for Women is now recognised by the King and Queen's College of Physicians, Ireland, and by the University of London. Students of the school can therefore proceed to the examination for the license to practise medicine of the college, and for the degrees of M.D. and M.S. of the university. The fee for hospital instruction, which includes annual courses of clinical medicine and clinical surgery, is £20 for the first year and £15 for each subsequent year. Clinical clerks, surgical dressers, are selected from among the senior students without further fee. Two entrance scholarships, value respectively £30 and £30 per annum, for three years, will be competed for at the school on the 24th and 25th September. Fifty-six ladies have already entered the school. Some of these having obtained their licence and degrees are in practice in Edinburgh, Birmingdam, Leeds, and elsewhere. It was the object of the founders of this institution to provide for Englishwomen the opportunity of obtaining a complete medical education in Great Britain. This object has been steadily kept in view, and the curriculum is carried out with a thoroughness equalling that of the best London schools. Students come to it from all parts of Great Britain, as well as from India, Australia, the Cape, and Canada, showing that the advantages offered by this school are appreciated in all parts of the Empire, so that the experiment for testing the aptitude of women for the practice of the profession of medicine is likely through its instrumentality to be thoroughly tested.

LONDON SCHOOL OF DENTAL SURGERY.

This institution is situated in Leicester Square. The meetings of the Odontological Society are also held here. In winter, lectures are delivered on mechanical dentistry by Mr. J. S. Turner, on Wednesdays, at 7 p.m.; on metallurgy in dentistry, by Mr. G. H. Makins, on Tuesdays and Fridays, at 12 o'clock. In summer Mr. A. Coleman lectures on dental surgery and pathology, and Mr. C. S. Tomes on dental anatomy and physiology. General fee for special lectures required for the curriculum, £15 15s. The Saunders scholarship of £20 per annum, and prizes, are open for competition. In connection with the above is the

DENTAL HOSPITAL OF LONDON.—Surgeons: Messrs. Fox, Medwin, Gregson, Coleman, Moon, and Hill. Assistant Surgeons: Messrs. Hepburn, Gibbings, Woodhouse, Hutchinson, Ampton, and Bartlett. Dental House Surgeon: Mr. McCall. Assistant Dental House Surgeon: J. B. Major. Fee for two years' hospital practice, £15 15s.

NATIONAL DENTAL COLLEGE.

This is quite a modern institution having been open about two-and-a-half years. In connection with it is the National Dental hospital, situate in Great Portland Street, which was established in 1861. The teaching at this school is recognised by the Royal College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the London School of Dental Surgery in Leicester Square. The following are the lecturers with their subjects:—Dental anatomy and physiology: Mr. Thomas Gaddes. Dental surgery and pathology: Mr. Oakley Coles. Dental mechanics: Mr. G. J. Williams. Dental metallurgy: Mr. Alfred Tribe. Supplemental Lectures.—Operative dental surgery: W. F. Thompson. Elements of histology: Thomas Gaddes. Demonstrations on dental mechanics: Mr. Harry Roser Deformities of the mouth: Mr. Oakley Coles. The session commenecs on October 1st.

SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Lectures are delivered on Monday, Tuesday, and Wednesday mornings at 9 o'clock. The course consists of sixty lectures. Two courses are given annually, the first commencing in October, and the second course in March, 1880. The subjects of these lectures are—(1) Physics in relation to chemistry and pharmacy. (2) Inorganic chemistry. (3) Organic chemistry, botany, and materia medica. These lectures are delivered on Thursday, Friday and Saturday mornings at 9 o'clock. The first course commences on October 4th; the second course on March 6th, 1880. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at 2 o'clock. Fees for ten months, according to hours of attendance, twelve to twenty-five guineas; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

SOUTH LONDON SCHOOL OF PHARMACY.

This school, which has accommodation for 120 students, is situated at Kennington Cross, and is decidedly the most popular institution for the study of practical pharmacy and chemistry in London. Instruction is also given in analytical chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate that he grasps the subject taught as the lecturer proceeds. The winter session commences a fortnight earlier than the medical schools.

SCHOOL OF HOMŒOPATHY.

Homœopathy has now a recognised teaching school for students, which is situate in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 2nd.

SCHOOL OF ANATOMY AND PHYSIOLOGY.

This is established for private tuition, and is situate close to University College, at 16 Woburn Place, its principal being Mr. Thomas Cooke, senior assistant surgeon to the Westminster hospital, assisted by Demonstrators. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations and such experiments as the law permits), and operative surgery (on the dead body), are gone through carefully every three months. Fees: Three months, three guineas; six months, four guineas; for the higher examinations, with *special* supplementary class five guineas. There is a well-appointed dissecting room near the school.

NOTE.—*Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, etc.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered on Wednesday Oct. 1, at the different Metropolitan Schools.

St. Bartholemew's Hospital—None.
Charing-Cross Hospital—Mr. Bird—4 p.m.
St. George's Hospital—Mr. Dalby—4 p.m.
Guy's Hospital—None.
King's College Hospital—Prof. Duffin—4 p.m.
London Hospital—None.
St. Mary's Hospital—Mr. St. George Mivart—3 p.m.
Middlesex Hospital—Dr. Coupland—3 p.m.
St. Thomas's Hospital—Dr. Cory—4 p.m.
University College—Prof. Thane—3 p.m.
Westminster Hospital—Dr. Dupré—3 p.m.

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THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED.

Open to Students from the Larger Hospitals.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting Physicians: Drs. T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett, J. Andrew. Consulting Surgeon: Mr. Erichsen, F.R.S. Physicians: Drs. S. H. Ward, Eustace Smith, J. C. Thorowgood, Shepherd. Assistant Physicians: J. B. Berkart, S. W. Berkart, Fothergill, Heron, V. D. Harris, and J. A. Ormerod.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 192 beds. Consulting Physicians; Drs. C. J. B. Williams, W. H. Walshe, and R. Quain. Consulting Surgeon: Prof. John Marshall, F.R.S. Physicians: Drs. J. E. Pollock, E. S. Thompson, C. T. Williams, R. D. Powell, and J. Tatham. Assistant Physicians; Drs. R. Thompson, Burney Yeo, F. Roberts, T. H. Green, and J. M. Bruce. Dental Surgeon: Mr. W. P. Bartlett. Resident Medical Officer; Dr. W. T. Law. Secretary: Mr. H. Dobbin. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual £5 5s.

HOSPITAL FOR DISEASES OF THE THROAT AND CHEST, Golden Square, W.; contains 21 beds, outposts, Newington-butts, Walworth, and St. John's Gardens, Notting Hill.—Physicians: Drs. Morell Mackenzie, Robert H. Semple, Prosser James, W. McNeill Whistler. Surgeons: Dr. E. Woakes and Mr. W. R. H. Stewart. The practice of the hospital is open to students on payment; fee for three months' course three guineas; for six months five guineas; perpetual course seven guineas. Laryngoscopic demonstrations are given daily at half-past two.

CENTRAL LONDON THROAT HOSPITAL, Gray's-Inn Road.—25 beds. The staff consists of Mr. S. Jones, Consulting Surgeon, and Messrs. Lennox Browne and Llewelyn Thomas, Surgeons. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. There are no fees.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—This hospital treats nearly 6,000 out-patients annually, and makes up 26 beds. A new wing, of which the foundation stone was laid by Princess Louise, will raise the number of beds to over 60. Consulting Physicians: Drs. Herbert Davies and Horace Dobell. Physicians: Drs. G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and D. W. Finlay. Assistant Physicians: Drs. R. Wharry and W. Murrel. Consulting Surgeon: Mr. G. W. Callender. Surgeon: Mr. W. Walsham. House-Physician: Dr. Bland.

EAST LONDON HOSPITAL FOR CHILDREN.—Physicians: Drs. Eustace Smith, and Horatio B. Donkin. Assistant Physicians: Drs. Warner and Crocker. Surgeons: Messrs. A. Cæsar,, H. A. Reeves. Assistant Surgeon: Mr. R. W. Parker. House Surgeons: T. E. Hayward. Secretary: Mr. Ashton Warner.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Physicians: Drs. Dickinson, Gee, and W. B. Cheadle. Assistant Physicians: Drs. R. J. Lee, C. Sturges, Thomas Barlow, D. B. Lees, and Robert Bridges. Surgeons: Mr. T. Smith, Mr. F. Howard Marsh, Mr. Edward Owen, and Mr. J. H. Morgan. Surgeon-Dentist: Mr. A. Cartwright. Fee for three months' attendance, £3 £3; perpetual, £5 5s. Secretary; S. Whitford. There are now 104 beds in the hospital, Great Ormond Street, and 52 beds in the country branch; total, 156. The practice at the hospital has recently been thrown open gratuitously to the pupils of the different hospitals and medical schools of London, on conditions which may be ascertained of the Secretary.

THE HOSPITAL FOR WOMEN, Soho Square, W.—Physicians: Protheroe Smith, Heywood Smith, C. H. Carter. Surgeon; H. A. Reeves. Assistant Physicians: R. T. Smith, E. Holland, Mansell Moullin. Chloroformist: T. Bird. The hospital contains 61 beds. Clinical instruction is regularly given in the wards, and in the out-patient room daily at 10. Clinical clerks and assistants are appointed from time to time, application to be made to the physicians. Students received after the third year.

BRITISH LYING-IN HOSPITAL, Endell Street, St. Giles's, W.C.—25 beds. Consulting Physician: Dr. Priestly. Consulting Surgeon: T. Spencer Wells, F.R.C.S. Physicians: Drs. Heywood Smith, Arthur Edis, and S. Fancourt Barnes. This institution receives women only as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receive a certificate signed by the physicians, enabling them to practise midwifery.

THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Lower Seymour Street.—52 beds. Physicians: C. H. F. Routh, W. R. Rogers, W. H. Day, Wynn Williams, P. Boulton, and F. H. Champneys. Surgeons: G. C. Bantock, J. K. Thornton, A. H. G. Doran, and W. A. Meredith.

ROYAL LONDON OPHTHALMIC HOSPITAL, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 100 beds. Consulting Physician: Dr. F. J. Farre. Consulting Surgeons: Messrs J. Dixon, G. Critchett, W. Bowman, F.R.S., and J. Hutchinson. Surgeons: Messrs. Wordsworth, Streatfield, Hulke, Lawson, Couper, and J. Soelberg Wells. Assistant Surgeons: W. Tay, J. E. Adams, J. Tweedy. House Surgeon: Mr. Gunn. Number of patients annually, about 20,000.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Charing Cross.—The hospital contains 50 beds. The practice of the hospital is open to students. Fees for six months, £3 3s.; perpetual, £5 5s. Students of the hospital are eligible for the post of house-surgeon.

LONDON FEVER HOSPITAL, Islington.—260 beds. Consulting Physician: Dr. Tweedie. Physicians: Drs. Broadbent and Cayley. Assistant Physician: Dr. Mahon. Consulting Surgeon: Mr. W. S. Savory. Resident Medical Officer: Mr. H. F. Harvey.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, 54 Berners Street, Oxford Street.—Surgeons: Walter J. Coulson, W. F. Teevan. Assistant Surgeon: F. R. Heycock. Resident Medical Officer: A. S. Semon. Medical men and students are admitted to the practice of the hospital gratis. It contains 16 beds, and 138 in-patients were treated during the past year. The number of out-patients was 13,058, of whom 1,696 were new cases.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians: Drs. Leared, Cholmeley, Crucknell, Cooke, Bridges. Obstetric Physician: Dr. Gustavus C. P. Murray. Consulting Surgeons: Mr. F. Le Gros Clark, F.R.S. Surgeons: Messrs. Gay, W. Adams, W. Spencer Watson, W. H. Cripps, and J. Macready. Ophthalmic Surgeon: Dr. R. W. Lyall. Aural Surgeon: Mr. A. E. Cumberbatch. Dental Surgeon: Mr. C. J. Fox. Chloroformist: Mr. Eastes. House Surgeon: Mr. T. H. Gillam.

WEST LONDON HOSPITAL.—A well appointed hospital at the western extremity of the metropolis in the Hammersmith Road, containing 60 beds. Consulting Physician: Dr. Maudsley, Consulting Physician-Accoucheur: Dr. W. O. Priestley. Consulting Surgeons; Messrs. S. A. Lane and William Bird. Physicians: Drs. Goddard, Rogers, and Thorowgood. Physician for Diseases of Women: Dr Wiltshire. Surgeons: Messrs. W. F. Teevan and Alfred Cooper. Ophthalmic Surgeon: Mr. B. J. Vernon, Assistant Physicans: Drs. Fish, Fothergill, Vincent Harris. Assistant Surgeons: Messrs. H. T. Butlin. Keetley, and Otley. Surgeon-Dentist: Mr. Smale. Resident Medical Officers: Two House Surgeons, and an Apothecary. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. T. Alexander, at the hospital. The practice of this hospital is open to all students and practitioners.

BETHLEM HOSPITAL.—This hospital is open for the admission of two resident medical students, who have recently obtained their diplomas to practise Medicine and Surgery, for the acquisition of knowledge regarding the Insane. The next election takes place in October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

ROYAL FREE HOSPITAL, Gray's Inn Road.—This hospital contains 150 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. An arrangement has been made by which medical students from the School of Medicine for Women are enabled to attend their hospital courses at this institution. Physicians: Drs. Hassall, O'Connell, and Cockle. Surgeons: Messrs. J. Gant, and W. Rose. Secretary: Mr. J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained. Assistant Surgeon: Mr. W. H. Cripps. House Surgeon: Mr. R. Atkinson.

THE TEMPERANCE HOSPITAL.—The character of this institution is fully described by its title, and the non-alcoholic treatment is carried out in its entirety by an efficient staff. It is situated close to the University College in Gower Street.

SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich.—300 beds. For the reception of seamen of all nations who are received at all hours. Apartments are provided in the house of the surgeon for students and others who may be desirous of studying diseases incidental to tropical climates before entering the services or going abroad. Honorary Consulting Physicians: Drs. George Budd and Stephen H. Ward. Visiting Physicians: Dr. Charles Henry Ralfe and Mr. Harry Leach. Honorary Consulting Surgeon: Mr. Geo. Busk. Visiting Surgeon; Mr. N. Davies-Colley. Surgeon: Mr. W. Johnson Smith. House-Physician: Dr. de Fonmartin. House-Surgeon: Mr. P. Dunn. Secretary: Mr. Henry C. Burdett.

ENGLISH PROVINCIAL MEDICAL SCHOOL.

BIRMINGHAM: QUEEN'S COLLEGE.—Students are admitted—(1) as matriculated students who enter for their entire medical educa-

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tion; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox prize, value £20. Open to students who have completed their curriculum. Subjects:—Medicine, Surgery, and Midwifery. Two Ingleby scholarships for obstetric medicine and surgery and diseases of women. The Warden's prize, value £5 5s., for first year's students, for general proficiency. The Percy prize, value £5 5s., for German.

Fees.—College fees for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospital, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually:—Senior medical prize for third and fourth year's students, first prize £5 5s.; second prize £3 3s. Senior surgical prize, for third and fourth year's students, first prize £5 5s., second prize £3 3s. Junior medical prize, for second year's students, first prize £3 3s. second prize £2 2s. Junior surgical prize for second year's students, first prize £3 3s., second prize £2 2s. Midwifery prize £4. Medals and certificates are awarded in each class. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

BRISTOL SCHOOL OF MEDICINE (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals, the Royal Infirmary containing 264 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments and books are awarded annually. The certificates of this school are accepted by all the examining boards. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes are annually offered for competition amongst the students. The existing medical school forms a department of the College of Science and Literature.

Scholarships, Prizes, &c.—Prizes and certificates of honour are given in the medical school to first, second, and third year's students, and also in practical anatomy. At the Royal Infirmary.—Suple's medical prize, a gold medal and £7 7s.; Suple's surgical prize, as the medical; Clark prize (interest of £500) for third year's student; pathological prize, value £3 3s. At the General Hospital.—Martyn memorial scholarship, £20; Clarke scholarship (surgical), £15. Sander's scholarship (interest of £500), medicine and surgery; Lady Haberfield's prize (£1,000), for general proficiency.

Clinical lectures are given at both institutions, three and four times a week.

Fees.—School fees for unlimited attendance on all courses of lectures except comparative anatomy, 60 guineas.

LEEDS SCHOOL OF MEDICINE.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmic demonstrations and demonstrations of skin diseases are given in the Infirmary by the surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships Besides the Infirmary there is a large Dispensary and a fever hospital, both of which are open to students of the school. Students at this school have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on mental diseases. The systematic lectures are given at the school, and the clinical lectures at the asylum, which now accommodates 1,500 patients.

There is the Hardwicke scholarship in clinical medicine, value £10, the Thorp, in forensic medicine, value £10; three surgeons' clinical prizes, of £8, £5, and £3 respectively. Silver and bronze medals, books, and certificates of honour are awarded for proficiency in particular subjects.

The composition fee for attendance upon all the required courses of school lectures is £50 8s., to be paid on entrance; or £26 5s. on entrance, and a second sum of £26 5s. twelve months afterwards.

At the General Infirmary the perpetual fee for medical practice and clinical lectures is £26 5s. The same amount is charged for the perpetual attendance on the surgical practice and clinical lectures. These fees are not included in the composition fees for lectures, and are payable separately.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—The infirmary attached to this school, which contains 300 beds, with 40 special wards for the treatment of diseases of women, is perhaps second to none in England in its general appointments, and the facilities it offers to students for gaining practical knowledge.

A payment of 50 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months), entitles the student to attendance on all the necessary lectures and demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. During the year 1878 2,700 patients were admitted into the infirmary; the number of out-patients was 5,300. The Lock Hospital adjoining the infirmary contains 60 beds; during the past year 598 males and females were admitted as in-patients, the daily average number in the house being 41.

Two house-physicianships and three house-surgeonships, tenable for six months, and open to pupils of the school who have obtained a legal qualification; clinical clerks and dressers: post-mortem clerks.

Two Roger Lyon Jones scholarships, each of £21, for two years, one awarded as an entrance scholarship, and the other being open to students who have completed their second year; the Torr gold medal for anatomy and physiology; the Bligh gold medal for anatomy and physiology. School medals and certificates of honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for hospital practice is £33 12s., and may be paid in two equal instalments (one-half on entrance, and the remainder within twelve months).

MANCHESTER: OWENS COLLEGE SCHOOL OF MEDICINE.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a Faculty of science as well as of medicine, with departments of laws and arts. Since the amalgamation a new medical school has been built, on the most approved principles, at the western extremity of the college estate. On the ground-floor are two large lecture theatres, a library, and a museum. Over the lecture theatres is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs—those of anatomy, physiology, and chemistry—are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

Appointments.—Resident medical officer £250 per annum; resident medical officer at Cheadle, £150; resident medical officer at Monsall, £200; resident surgical officer, £150; eight house-surgeons, six months each; four house-physicians for six months each; a registrar; a pathological registrar, £100 each.

Scholarships, Prizes, &c.—Turner scholarship £25, for third year's men; Platt physiological scholarship, two, £50 each, five years; one annually for physiology. Platt exhibitions: Details of these will be forwarded early in the session on application. Dumville surgical prize, £20: examination takes place April 29 and 30, 1880. Prizes of books, instruments, &c., varying from £5 5s. to £3 3s., for third, second, and first year's students. Entrance scholarships.—Dauntesey medical scholarship: candidates not to be over 25 years of age; may be registered, but must not have studied at any medical school; value (about) £100, for one year; successful candidates must at once enter on full medical course in the Owens College. Examination commences October 1st, 1879. Subjects—General and comparative anatomy, physiological botany, chemistry, including practical work, and either mathematics or Latin. Gilchrist scholarships:—Three of £50 for three years. One is annually awarded to candidates standing highest at matriculation of London University in June (provided he be in the honours division); failing such, two of £25 to the two candidates standing highest in the first division; candidates must be between 16 and 20 years of age. There are also grammar school scholarships.

Fees.—Composition fee £63, or two sums of £31 10s. each. Hospital practice: composition fee £42, or two instalments of £22 each. Further information may be obtained of Professor Gamgee, Dean of the School, or of the Registrar, M. J. Holme Nicholson, Owens College, Manchester.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.—This school is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but with some parents and students this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 230 beds, and in which the required clinical lectures are delivered.

Fuller information of this college will be found under the heading University of Durham.

SHEFFIELD SCHOOL OF MEDICINE.—Students at this College obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 180 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpe-

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tual attendance are £15 15s. for medical and £21 for surgical practice; for twelve months medical and surgical practice, each £10 10s.; and for six months £6 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £42. Prizes to the value of £30 and certificates of honour are given annually. Some of the lecturers, and other local members of the profession, receive house pupils, which will be found far preferable to life in ordinary lodgings.

LIVERPOOL ROYAL SOUTHERN HOSPITAL.—This Institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, is recognised by all the examining boards. Inclusive fees—perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately on payment of half the above fees.

NOTE.—*Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of staff, &c., attached to the foregoing schools.*

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

(*For Names of Professors and Examiners see Advertisements.*)

THE Board of Trinity College, acting under the advice of their distinguished late Medical Registrar, now chairman of the committee of the Medical School, Professor Haughton, has steadily pursued a course which has raised the medical degrees of the University of Dublin to the highest rank—we might almost say—amongst the licensing authorities of the three kingdoms, and which merits the warm acknowledgments of all friends of priority of medical education.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.

Every student must be matriculated by the Senior Lecturer, for which a fee of 5s. is payable; but he need not attend any of the Arts courses unless he desire to obtain a licence or degree in medicine or surgery. No student can matriculate unless he has passed the Entrance Examination in Trinity College, in the Royal College of Surgeons of Ireland, or some other examination recognised by the General Medical Council. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENSES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy and physiology; practical anatomy; surgery; chemistry; practice of medicine; midwifery; practical histology.

Summer Courses.—Botany; materia medica and pharmacy; institutes of medicine; medical jurisprudence and comparative anatomy; heat, electricity, and magnetism.

Hospital attendance on a medico-chirurgical hospital during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months' practical midwifery. Six months' dissections and three months' laboratory instruction in chemistry are required.

The Courses may be attended at any recognised medical school.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A Doctor in Medicine must be M.B., or qualified to take that degree, for three years. He must also read a thesis before the Regius Professor of Physic.

Total fee for this degree, £13.

Bachelor in Surgery

must be a B.A., have spent four years in the study of surgery and anatomy, and passed the M.B. examination.

The curriculum comprises the following, in addition to the course for the M.B.:—

Theoretical and operative surgery ...	One course.
Dissection	Two courses.
Ophthalmic surgery	One course.

Candidates are required to perform operations on the dead subject.

Candidates for the B.Ch. who have already passed the M.B. will be examined in anatomy and surgery only.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the degree of Bachelor in Surgery, £5.

Master in Surgery

must be a B.Ch. of three years' standing, and must read a thesis.

Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science

(a Degree lately founded by order of the Board of T.C.D.).

A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce certificates of having completed the following curriculum:—

1. One Winter course in midwifery.
2. Six months' practice in a recognised lying-in hospital or maternity.
3. A Summer course in obstetric medicine and surgery.
4. Two months' practice in the Cow-pock Institution.

Graduates of medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4.

Fee for the degree of M.A.O., £5.

UNIVERSITY LICENCES.

Candidates for the licences in medicine or surgery must be matriculated in medicine, and must have completed *two years in Arts.*

Licentiate in Medicine.

The course and examination are the same as for the M.B.

An L.M. on proceeding to the degree of B.A. may become an M.B. on paying the fees without further examination.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the licence in medicine, £5.

Licentiate in Surgery.

The course and examination necessary for the Licence in surgery is the same as for the degree of Bachelor in surgery.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the licence in surgery, £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy and physiology, chemistry, materia medica, botany, experimental physics, and comparative anatomy.

Medical Schools Exhibitions.

The Professors of the University school give three Exhibitions annually, two senior, value £15 and £10, open to all students who have been three years attending the school, the subjects being—Practice of medicine, surgery, pathology, and forensic medicine; one junior, value £15, the time and subjects of examination being the same as those for the Medical Scholarship.

The board of Trinity College have recently passed orders—1. That three-fourths of the lectures must be attended. 2. that a daily roll be called by by each Professor.

Students entering for demonstrations and dissections are required to pay £8 8s. before November 25; dissections only, £5 5s.; demonstrations only, £3 3s.; fourth year's dissections, £2 2s.

QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

BY virtue of the Irish University Act of last session, the Queen's University has ceased to exist, and is merged in the new National University of Ireland. Its last examinations were held during the past week, and no degrees will in future be granted by the "Q.U.I." The regulations hitherto published in our Students' Number are therefore obsolete, and as those of the new University are not extant, we are unable to give them. The Queen's Colleges maintain their existence as affiliated Colleges of the new University, and we therefore give the needful information concerning them in another column. Communications respect-

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ing the Queen's University should be addressed to G. I. Stoney, Esq., F.R.S., Dublin Castle.

A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information, *will be found in the Advertisemenets* of this issue, and full details may be had on application to—

Belfast.—John Purser, M.A., Registrar.

Cork.—Alexander Jack, M.A.

Galway.—Arthur Hill Curtis, M.A., LL.D.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

LETTERS TESTIMONIAL, OR THE L.R.C.S.I.

The examination is divided into two parts, known as the first and second halves.

The junior class must produce certificates of—

a, Preliminary examination, including Greek; *b*, three courses of lectures on anatomy and physiology; *c*, three on practical anatomy, with dissections; *d*, two on chemistry; *e*, one on materia medica; *f*, one on botany; and *g*, one on forensic medicine. This class is examined in anatomy, histology, physiology, materia medica, and chemistry.

The senior class must produce certificates of—

a, Three courses on surgery; *b*, one on practice of medicine; and *c*, one on midwifery; also attendance on a recognised hospital for three winter and three summer sessions. This class is examined in surgery, operative surgery and appliances, practice of medicine, medical jurisprudence, and prescriptions.

The fees are: £5 5s. as registered pupil of the College; £5 5s. for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his second examination; £15 15s. for the Senior Class Examination—total £26 15s.

Pupils *who neglect registering themselves previous to going in for the preliminary examination*, must pay £1 1s. for that examination, to which, however, registered pupils, in addition to their other privileges, are free.

Every candidate rejected at the quarterly examination is required to pay to the College the sum of £2 2s. on applying for re-examination.

Method of Examination.—Candidates must lodge their fees and certificates one week before the day.

JUNIOR CLASS.—The candidates are examined in alphabetical order, and the examination occupies three days: 1st day, dissections; 2nd day, written examination on anatomy, physiology, histology, materia medica, and chemistry; 3rd day, *vivâ voce* examination on the same subject. No candidate can proceed to the second day who has not passed the first; or to the third, who has not passed the second.

SENIOR CLASS.—The examination occupies four days: 1st day, written examination on surgery, practice of medicine, medical jurisprudence, and prescriptions; 2nd day, *viva voce* examination on surgery and practice of medicine; 3rd day, clinical examination; 4th day, operative surgery.

No candidate can present himself for examination after the first day who has not satisfied his examiners upon the previous day; but all candidates who have passed any day's examination get credit for same. When presenting themselves upon a subsequent occasion, a former candidate is only required to present himself upon that portion of the examination in which he has failed.

Midwifery.—After passing the L.R.C.S., the student is admitted to examination for diploma in Midwifery upon producing a certificate of one course on Midwifery and Diseases of Women and Children; a certificate that he has attended a lying-in-hospital for six months; and a certificate that he has conducted thirty labour cases at least.

Candidates are examined on the Organisation of the Female, the Growth and Peculiarities of the Fœtus, the Practice of Midwifery, and the Diseases of Women and Children.

The candidate pays £1 6s. for the Midwifery diploma, provided he takes it out within one month from the date of his Letters Testimonial; after that date, £2 2s.

Official information may be had on application to Mr. J. Brennen, Royal College of Surgeons, Dublin.

DENTAL REGULATIONS.—During the past year the Council has under the authority of the Dentists Act created a new license in dental surgery. The examiners shall consist of three [illegible] of the College, three registered dentists, and the vice-president, or other member of the Council of [illegible] (summoned in rotation).

The board has the absolute power to refuse the application of any candidate.

The examinations, up to the first day of August, 1881, shall be of a practical character, embracing the anatomy, physiology, surgery, and pathology of the teeth, jaws, and surrounding parts, and mechanical dentistry; and shall be partly written and partly oral.

All candidates shall lodge at least one fortnight previous to each examination.

I.—A certificate of having attained the age of 21 years.

II.—Certificates from two fellows or licentiates of any College of Surgeons in the United Kingdom, and from two dentists of repute, testifying that the candidate is of good character, has been engaged in the practice of dentistry for at least five years, and has refrained from advertising or other unbecoming modes of attracting business for at least two years previously.

III.—Receipt for the fee of ten guineas.

After the 1st day of August, 1881, no candidate shall be admitted to examination who has not pursued the following curriculum, and lodged with the registrar of the College, at least a fortnight previous to examination.

I.—A certificate of having attained the age of 21 years.

II.—A certificate of having been engaged during four years in the acquirement of professional knowledge.

III.—Certificates of character as above.

IV.—A certificate of having passed the examination in preliminary education.

V.—A receipt for the fee of ten guineas.

VI.—Certificates of having attended in a recognised school—one course of lectures on anatomy and physiology, two courses of dissections, with demonstrations, one course of lectures on surgery, one course of lectures on chemistry, one course of practical chemistry and metallurgy, one course of lectures on materia medica, and two courses of lectures on dental surgery, including dental mechanics.

VII.—Certificates of having attended general hospital practice for two winter sessions; and the dental department of a general hospital, or a special dental hospital, for a further period of nine months.

VIII.—A certificate of having been engaged during, at least three years, in acquiring a practical knowledge of dentistry, under the instruction of a registered licentiate in dentistry of one of the licensing bodies.

The examinations shall include all the subjects of the foregoing curriculum, and shall be partly written and partly oral, preparations, microscopes, and other appliances being used.

N.B.—Every successful candidate, previous to receiving the license, shall declare that he will not advertise or pursue any other unbecoming mode of attracting business, so long as he holds the license in dentistry of the College.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RESPECTING LICENSES IN MEDICINE AND MIDWIFERY.

I.—EXAMINATIONS for the licenses of the college in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either license must return his name to the registrar, and lodge his certificate, bank receipt of fees, and his schedule, (*a*) at least *four* days before the first Friday in each month.

THE LICENSE IN MEDICINE.

Every candidate is required to produce satisfactory evidence:—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education, held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects, at recognised schools.

Practical Anatomy, two courses. Physiology or Institutes of Medicine, one course. Chemistry, one course. Practical Chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months, at a Medico-Chirurgical Hos-

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pital, in which clinical lectures and clinical instruction in medicine are given; and of nine months of a clinical hospital which contains wards for the treatment of the infectious fevers (*b*)—said nine months being included in the total period of twenty-seven months

6. Of having attended practical midwifery and diseases of women for six months at a recognised Lying-in Hospital, or Maternity; or, where such hospital attendance cannot have been obtained during any period of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less than twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts:—

First Part.—Anatomy, Physiology, Chemistry, and Materia Medica.

Second Part.—Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Midwifery, Hygiene, and Therapeutics.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

Each candidate shall be examined separately, and shall be required to recognise pathological specimens, and undergo such other practical tests as the examiners shall select.

THE LICENSE IN MIDWIFERY.

Candidates for the license in midwifery, who are not licentiates in medicine, may be admitted to examination on the following qualifications:—

(1) The degree or license from any University or College in the United Kingdom; (2) Testimonials as to character; (3) Certificates of having attended (*a*) a course of lectures on midwifery in a school, recognised by the College (see Rule III). (*b*) Practical midwifery and diseases of women, for six months, at a Lying-in Hospital, or Maternity recognised by the College; or where such hospital attendance cannot have been obtained during any period of the candidate's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding a public medical appointment,—the certificate, in either case, to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such license, may be admitted to examination for the license in midwifery on lodging their fees, and signifying their wish to the registrar a week at least before such examination.

X.—Any registered practititioner of *five* years' standing shall be admitted to examination for the license in midwifery, on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempeed from the examination by printed questions.

FEES FOR LICENSE AND EXAMINATIONS.

XI.—License in medicine, fifteen guineas, which may be divided as follows, viz.:—

For examination at the termination of the first period of study, five guineas.

For final examination for the license, ten guineas.

XII.—License in midwifery, three guineas.

XIII.—Fee for examination, of the licenses in medicine and midwifery, if obtained within the interval of a month, sixteen guineas—to be lodged in one sum. (*a*)

XIV.—Fee for special examination for the license in medicine, twenty guineas.

XV.—Fee for special examination for the license in midwifery, five guineas.

XVI.—Fee for examination for the license to practice as a midwife and nurse-tender, one guinea.

THE APOTHECARIES HALL, IRELAND.

THE ARTS EXAMINATIONS.

Will be held at the Hall four times in the year—viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock, noon.

The examination for *the License* is divided into two parts:—

The First Part comprehends Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy.

The Second—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held *quarterly*, on the first and second Monday in January, April, July, and October.

The First Part on the first Monday, at twelve o'clock, noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Chemistry and Botany, Monday; Anatomy and Physiology, Tuesday; Materia Medica and Pharmacy, Wednesday.

The Second Part, or Pass Examination, on the second Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Medicine and Surgery, Monday; Midwifery and Diseases of Women and Children, Tuesday, Forensic Medicine and Hygiene, Wednesday; Clinical Examination, Thursday.

The first two hours of each day will be devoted to writing answers, and after that, two hours to an oral and practical examination.

Candidates at the examination on Anatomy are liable to be called on to perform *dissections*; and at the examination on Surgery to perform one or more *operations* on the dead subject.

Doctors of Medicine and Licentiates of a College of Physians who have also spent twelve months at *Practical* Pharmacy, may obtain the License by undergoing an examination—the former in Pharmacy and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem*.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

THE above Society was instiuted by the Pharmacy Act (Ireland), in 1875, 38 & 39 Vict., cap. 57. In that Act it is stated that whereas a great deficiency existed throughout Ireland, of establishments for the sale of medicines and compounding of prescriptions, and that great inconvenience therefore arises to the public, it is expedient to amend the Act of 1791 (the Apothecaries Act). A president (Sir Dominic Corrigan) and vice-president (Dr. Aquilla Smith), with a council of twenty-one men, were named by the Government to carry out the provisions of the Act. In 1878 Sir Dominic Corrigan resigned the presidentship. The present president is Professor Tichborne, and the vice-president Dr. Aquilla Smith. The pharmaceutical chemist is not allowed to prescribe, but must strictly confine himself to the compounding of prescriptions. In this respect he differs from the apothecary. All persons who keep open shops for compounding of prescriptions must hold the license of the Pharmaceutical Society or the Apothecaries' Hall. The Society, according to their Calendar, which was corrected to the 21st December, 1878, had 154 licentiates. They hold evening meetings during the winter for the reading and discussing of pharmaceutical papers and scientific papers bearing on pharmacy. This Society has power under their Act to prosecute persons illegally compounding.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

THE Clinical Hospitals of Dublin are 10in number, exclusive of the Cork Street Fever Hospital, 2 Lying-in Hospitals, 2 Ophthalmic Hospital, the Children's Hospital in Pitt Street, and other special institutions. To some of the Clinical Hospitals Medical Schools are attached; others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each institution.

SCHOOL OF PHYSIC AND SIR PATRICK DUN'S HOSPITAL.—The Medical School of Trinity College is one of the largest and most important. It is especially frequented by those students who intend to take the Arts Curriculum of the University, but is freely open to, and largely availed of by

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other students. It is under the immediate supervision of a Committee of Professors with Rev. Prof. Haughton as Chairman, and the names of its Professors will be found appended to the advertisement in our journal. Two Medical Scholars are elected annually by the Board of Trinity College, at an examination held at the end of June. Each scholarship is worth £20 per annum, and is tenable for two years. The Professors of the School of Physic give three exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the Professors themselves.

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the Professors of that school. It was for many years a purely medical hospital, but is now a large medico-chirurgical hospital, with a Midwifery Maternity attached.

The ROYAL COLLEGE OF SURGEONS SCHOOL is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy. The dissecting-rooms have recently been much enlarged, and are lighted with gas for evening work.

The CITY OF DUBLIN HOSPITAL has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 130 beds, and accommodates about 1,300 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £30 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

The CATHOLIC UNIVERSITY SCHOOL is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its Professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University grants an Exhibition of £20, a gold medal, value £7, and class prizes. There is no residence for students.

ST. VINCENT'S HOSPITAL was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian Hospitals, after which it was modelled. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over 100 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the Convalescent Home at Lindon Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan.

A Special Ward for the treatment of the Diseases of Women has been opened under the care of Dr. J. A. Byrne, Gynæcologist to the Hospital.

The MATER MISERICORDIÆ HOSPITAL is the largest of the Dublin Hospitals, and is intended to be much extended. It is situated at the northern side of the town. The new wing is specially reserved for the admission of cases of fever and other contagious diseases. A special course on these subjects is given.

There are six resident pupils appointed during the Winter Session, and four during the Summer Session. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the Winter Session for the best reports on the cases under treatment in the hospital.

JERVIS STREET HOSPITAL is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Like St. Vincent's Hospital, its nursing arrangements are under the charge of a community of Sisters of Charity. The hospital, being found inadequate to the demands upon it, is in process of being rebuilt.

The LEDWICH SCHOOL was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed [illegible] in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, Vincent's, Coombe Lying-in-Hospital, and Mercer's Hospital, and in the same street with the Adelaide Hospital and the Carmichæl Medical School, and ten minutes' walk from the Catholic University School, the School of Physic, and the City of Dublin Hospital. An Introductory Lecture will be given at this school by Dr. Mason, on November 3rd.

MERCER'S HOSPITAL, William Street, founded A.D. 1750. —This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are opened at all hours for the reception of accidents and of acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous and infantile diseases. From the large number of accidents which from its position come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor surgery.

RICHMOND, WHITWORTH, and HARDWICKE HOSPITALS.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total, 312 beds.

These hospitals are visited each morning at nine o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, Clinical Lectures are delivered on the most important cases. Special instruction is also given on various branches of Medicine and Surgery.

The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic, aural, and dental dispensary, and the respective surgeons give instruction in these important subjects.

Eight resident clinical clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A House Surgeon for the Richmond Hospital is elected biennially, and receives a salary.

The RICHMOND LUNATIC ASYLUM, containing 1,000 beds, adjoins these hospitals.

The CARMICHÆL COLLEGE OF MEDICINE AND SURGERY has been removed from North Brunswick Street to its new premises in Aungier Street. The edifice is now rapidly approaching completion, and on the beginning of the session (1st October), everything will be ready for the reception of students. As the buildings are entirely new from their foundation, the directors have been able to provide all the most recent improvements, and they have spared no expense to render every department fully adequate to the requirements of the most advanced teaching of Medicine and Surgery.

The School is most conveniently situated, being in immediate proximity to the Meath, Adelaide, and Mercer's Hospitals, and it is connected by its teachers not only with these hospitals, but also with those of the House of Industry and the City of Dublin.

We would direct attention specially to the dissecting-rooms, and to the physiological laboratory. The former are spacious, well ventilated, and admirably lighted from the top as well as from the two sides; the latter is completely furnished with every requirement for the practical training of students in physiological and histological research.

Additional Lectures in Anatomy, Physiology, Materia Medica, &c., delivered in the *evening*, will be one of the new features in the school.

Two Scholarships, the "Mayne" and the "Carmichæl," each value £15, and prizes to the value of over £60 on the foundation of the late Mr. Carmichæl, are offered annually. The Carmichæl Scholarship is for students commencing their third year, and will be examined for in the last week in October. The examination for the "Mayne," and for the other prizes, will not be held until the close of the Session.

DR. STEEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

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There is accommodation for residence of seven surgical and four medical residents; besides whom the resident-surgeon receives house pupils. The fees payable for the privilege of residence are twenty-one guineas, winter; fifteen guineas summer six months. Students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

The examination for two Midwifery Assistants is held on the last Saturday in November. Salary £30.

Candidates must be in at least their second year, have attended Practical Midwifery in the Maternity Department, and be entered on the books of the school.

Gold medals will be awarded in each year's class.

As we have said, certain hospitals have no special affinity with any college or school. Of these are the Meath and Adelaide Hospitals.

The MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 125th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the side southern of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation-stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1770: this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-3 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Woodhouse.

The ADELAIDE HOSPITALS, recently much enlarged, are in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the Carmichæl Medical College of Surgeons and the University. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside, at the advertised hours.

There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instruction in the Diseases Peculiar to Women and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Three resident pupils are selected half yearly. Prize examinations are held at the termination of the Session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as minor Surgery and Dentistry.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, the National Eye and Ear Infirmary, and two Orthopœdic Hospitals.

COOMBE HOSPITAL.—This hospital has been rebuilt and refurnished, and has sixty-five beds, was founded in 1826, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 700 labour cases within its walls, while those attended as extern amount to more than double that number. Moreover, the chronic ward for the reception of cases of the diseases of females gives admission to about 80 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as intern pupil. During that period the student attends on given nights in each week, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. Two resident pupil midwifery assistantships, and a clinical clerkship, are obtainable annually, by competitive examination, for which all pupils who have obtained their midwifery diplomas are eligible.

The PITT STREET CHILDREN'S INFIRMARY, established 1821, is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of disease. Dr. Moore and Dr. Churchill are the medical officers.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—This is the oldest and largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Instruction is given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, from 11 to 1 o'clock, and operations are performed on Wednesdays and Saturdays from 11 to 1 o'clock. A surgeon resides in the institution, and receives a salary of £80, besides rooms, gas, coal, &c.

THE ROTUNDA HOSPITAL.—This well-known and time-honoured institution possesses a character as a School of Midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be, as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals, viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the Treatment of Diseases Peculiar to Women, into which some 500 patients are now annually admitted during the course of the year. The present master, Dr. Lombe Atthill, as is well known, devotes special attention to this department of the charity. There is also a large extern maternity in connection with the hospital. Every facility is afforded for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination.

The Clinical Clerkship, value £30 a year, tenable for six months, is adjudged, after open competitive examination, to any pupil who has attended the full course of instruction in the hospital, but who has not obtained a registerable qualification.

CORK STREET HOSPITAL is the only special fever hospital in Dublin, contains 200 beds, and is mainly supported by Government. One or more medical pupils are elected by the Governors for a six months' residence, for which a special certificate is given. Extern students are also admitted for the same term. Fee, three guineas. Further particulars of Dr. Atkins, Registrar and Resident Medical Officer.

NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL OF IRELAND for the treatment of Club-foot, Contractions and Distortions of the Limbs, Spinal and all other Bodily Deformities and Diseases Peculiar to Children, 7 Adelaide Road, Dublin.—Mr. Ormsby attends daily from 11 to 12 o'clock, and gives clinical instruction on the intern cases.

The hospital is capable of containing 36 beds, for the reception of several cases of deformity. There is a large general dispensary for extern patients held on Tuesday, Friday, and Saturday, 11 to 12. Operations performed on Fridays. Students and practitioners are allowed to attend the clinical instruction.

DUBLIN ORTHOPÆDIC HOSHITAL, 11 Usher's Island, contains 20 beds for the treatment of deformities, and an Infirmary for Contagious Disease should such occur. It is under the surgical management of Mr. Swan. Twelve beds are free.

THE DENTAL HOSPITAL IN DUBLIN.—This is the only hospital in Dublin solely devoted to the treatment of Diseases of the Teeth and Deformities of the Mouth, which will afford gratuitous relief to the suffering poor. It is open daily from 9 to 10 a.m.

CORK OPHTHALMIC AND AURAL HOSPITAL has a special throat department, it is the only special institution of the sort in the south of Ireland, and is under the care of Dr. H. Macnaughton Jones. It contains twenty-six beds, and has an average extern attendance of 1,700 patients. A Resident Pupil is chosen every three months, and Clinical Assistants are appointed by the Surgeon.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

School of Physic—None.
Royal College of Surgeons—Dr. Roe, Oct. 27th, 1 p.m.
Catholic University—Dr. Nixon, Nov. 3rd, 3 p.m.
Dr. Steevens' Hospital and School—None.
Meath Hospital—Dr. Moore, Nov. 3rd, 10 p.m.
City of Dublin Hospital—None
Sir Patrick Dun's Hospital—None.
Mercer's Hospital—None.
Richmond Hospital—Mr. McDowel, Oct. 30th, 10.30 a.m.
Mater Misericordiæ Hospital—Mr. Kilgariff, Nov. 4, 11 a.m.
Rotunda Hospital—Dr. Atthill, Nov. 5, 4 p.m.
Carmichael School—Dr. Gordon, Nov. 1, 11 a.m.
Ledwich School—Dr. Mason, Nov. 3, 12 a.m.
St. Vincent's Hospital—None.

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MEDICAL EDUCATION IN SCOTLAND.

THE UNIVERSITIES.

THE fees for the degrees in all four of the Scotch Universities are the same, viz.: M.B., £15 15s. (£5 5s., being payable at each of the three examinations); C.M., £2 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties of Theology and Law, equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects, viz.: Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees, medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other university entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extramural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions.

Every candidate for the degrees of M.B. and C.M. must give sufficient evidence by certificates—1. That he has studied each of the following departments of medical science, namely: Anatomy, Chemistry, Materia Medica, Institutes of Medicine or Physiology, Practice of Medicine, Surgery, Midwifery and the Diseases peculiar to Women and Children, and General Pathology, each during courses including not less than one hundred lectures; Practical Anatomy, a course of the same duration as those of not less than one hundred lectures; Practical Chemistry, three months; Practical Midwifery, three months at a midwifery hospital, or a certificate of attendance on six cases from a registered medical practitioner; Clinical Medicine, Clinical Surgery, courses of the same duration as those of not less than one hundred lectures, or two courses of three months' lectures, being given at least twice a week; Medical Jurisprudence, Botany, Natural History, (including Zoology), during courses including not less than fifty lectures. 2. That he has attended for at least two years the medical and surgical practice of a general hospital which accommodates not fewer than eighty patients, and possesses a distinct staff of physicians and surgeons. 3. That he has been engaged for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at the laboratory of a hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a member of the Pharmaceutical Society of Great Britain. 4. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of a hospital; or the practice of a dispensary, physician, surgeon, or member of the London or Dublin Society of Apothecaries.

UNIVERSITY OF ST. ANDREW'S.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities, viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

The degree of M.D, is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred under this section to a greater number than ten in any one year. The examinations are held yearly, towards the end of April. Candidates must lodge with the Dean of the Medical Faculty the following certificates, along with application for admission to examination:—1. A certificate of age, being a baptismal certificate or affidavit of age. 2. Holograph certificates from at least three medical men of acknowledged reputation in the medical profession, or in medical schools, recommending the candidate to the Senatus for the degree, and testifying to his professional skill and position. As only ten can graduate yearly, candidates will be selected whose service and certificates seem to the Medical Faculty to present the highest professional claims, and where these seem equal preference will be given to age and priority of application. 3. Candidates, when notified for examination, shall remit a portion of the graduation fee (viz., £15 15s.) This sum shall be forfeited should the candidate fail to appear, or to graduate at the time appointed. 4. A satisfactory examination, written and *vivâ voce*, must be passed in the following departments, viz., Materia Medica and General Therapeutics, Medical Jurisprudence, Practice of Medicine and Pathology, Surgery, Midwifery and Diseases of Women and Children.

UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two coures of 100 lectures each, or by one course of 100 lectures, and two of 50 each. Two preliminary examinations must be passed, one before commencing study, and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations. The hospital practice is attended chiefly at the Western Infirmary, to which several of the professors are physicians and surgeons. Numerous other medical institutions exist in the city, and the fact that hospital appointments in this city are virtually life ones, causes a reasonable and justifiable increase in their number from time to time. The University recognises several extramural lecturers.

Bursaries tenable by Medical Students.—The Brisbane Bursary, of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries, value £20 per annum each, open to medical students who have just completed the second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly, for three years, open to students of divinity, law, and medicine, who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the Preliminary Examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum tenable by a medical student for three years.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh, One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other university entitled to give the degree of M.D. With regard to fees, each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee, in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s., in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions. Perpetual fee for hospital practice is only £16. The professional examinations are held twice in each year; namely, in April and July, directly after the close of the winter and summer sessions.

THE COLLEGES.

Royal College of Physicians, Edinburgh.—This, like the

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Sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Edinburgh, this College grants a double qualification, and registerable as such. Each applicant for professional examination must previously have passed the preliminary examination prescribed by the General Medical Council. Exemption is made in the case of masters or bachelors of Arts of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will be at once admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on licentiates of the College, or graduates of a British or Irish University, with whose knowledge the College may be satisfied, and who has attained the age of twenty-four years.

The Licence.—The regulations are nearly the same as those for the joint examinatien for the Scotch double qualification.

The professional examination will be divided into two parts, according to the following arrangement of subjects: 1. Anatomy, physiology, chemistry. 2. Materia medica and pharmacy, pathology and pathological anatomy, practice of medicine, surgery, midwifery, medical jurisprudence, clinical medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing.

Qualification in Public Health.—The College now confers a certificate of competency in public health The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a licentiate is £10 10s. In the case of unsuccessful candidates the fee is returned, minus £4 2s., retained to defray the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of a member, he pays £21. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp duty, which amounts to £25. All candidates for fellowship or membership must lodge their fees, and the amount of stamp duty payable at the time to Government, with the treasurer, previously to presenting their petitions.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. Candidates already qualified are admitted on certain exceptional conditions.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Examination.—Candidates commencing professional study after September 16, 1886, must have been engaged, during four years after the preliminary general education, in professional study, which shall include not less than four winter sessions, or three winter and two summer sessions' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written. The first examination embraces anatomy, physiology, and chemistry. The second examination embraces surgery and surgical anatomy; also medicine, midwifery, materia medica, and medical jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians or Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The Licenses.—The regulations are almost the same as those for the joint examinations conducted by the Colleges of physicians and surgeons.

Dental Diploma.—Every candidate for the dental diploma must have attended the general lectures and courses of instruction required at a University or an established medical school, recognised by the College as qualifying for the diploma in surgery. The special courses of instruction may have been followed in a recognised dental hospital or school, or by teachers recognised by the College. The fee for the diploma is £10 10s. Certain exceptions are made in the examination of candidates who were in practice before the first day of August, 1878, or those not in practice, but who had commenced their apprenticeship as dentists before the first day of August, 1875.

In order to test more effectually the practical knowledge of candidates, recent dissections, anatomical specimens, and articles of the materia medica will be employed during the examinations; and all candidates will be required to write our formulæ of prescriptions. They will also be subjected to a practical clinical examinatlon in the surgical hospital, including the application of surgical apparatus, bandages, &c.

No candidate will be admissibe to examination who has been rejected by any other licensing board within the three months preceding his application to be examined.

Those candidates who have passed the first professional examination during the 31st December, 1878, will be required to pay, as under the old regulation, a fee of £6 for the second examination, providee they appear for that examination prior to 1st January, 1881; and in the event of being unsuccessfui £2 will be retaiued.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh. by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, after one series of examinations, a double qualification, two diplomas being given and registered under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. R.C.S. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Eac. Phys. and Surg., Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians take exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in surgery; while departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XIX., and those under consideration were sanctioned by the Medical Council, 7th Augst, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

In accordance with the statutes of the University of Edinburgh, any four of the medical classes required for graduation, or two complete *anni medici*, may be studied at this school, each of which may be constituted by attendance on two of the six-months' courses, or on one of these and two three-months' courses. It is always provided, however, that the fee for any class taken for graduation in the University of Edinburg shall be the same as that charged by the University for the corresponding class.

The whole of the education required for graduation at the University of London may be taken at this school. The minimum cost of the education of this School of Medicine for the double qualification of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons, including the fees for the joint examinations, is £85, which is payable by yearly instalments during the

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period of study; and the minimum cost for the single qualification of either Physician or Surgeon, including fees for examination, is £85.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and ordinary physicians and surgeons to the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £10; the annual fee, £5 5s.; half-yearly, £3 3s.; quarterly, £1 11s. 6d. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Glasgow Royal Infirmary School of Medicine.—The winter session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on practical physiology, operative surgery, aural surgery, dental surgery, and diseases of the eye. During the summer lectures on insanity are given by Dr. A. Robertson, and the City parochial asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 1s.; second winter session, £4 4s.; afterwards the fee for lectures and practical anatomy is £1 1s. per session. Lectures on Diseases of the Ear, £1 1s.; with clinique to those who are not students of the hospital, £2 2s. Clinique on dental surgery free to students of the hospital, to others £1 1s. Lectures on diseases of the eye, £1 1s.

Glasgow Royal Infirmary.—Number of beds, 570. In addition to the ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women, whilst diseases of the eye, ear, throat, and teeth are especially treated at the dispensary. Courses of clinical medicine and surgery are given by the physicians and surgeons, and post-mortem examinations are conducted in the pathological theatre by the pathologists, who also give practical instruction in pathological anatomy and histology.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants are selected from the students.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s., afterwards free. For six months, £6 6s.; three months, £4 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

Anderson's University, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education, instruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution, as already mentioned, are exceedingly moderate. Extensive opportunities for dissection are offered, under the guidance of the very talented lecturer on anatomy.

In connection with this College, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The following scholarships will be competed for at the commencement of winter session, 1878-79:—

(1.) A scholarship, value £20, for students of the College entering upon their *third* winter of medical study.

(2.) A scholarship, value £10, for students of the College entering upon their *second* winter of medical study.

The subjects of examination for the £20 scholarship will be Anatomy, Physiology, and Surgery. In Anatomy the examination will be limited to the following subjects, viz.:—The Joints, the Minute Anatomy of the Thoracic and Abdominal Viscera, Practical Examination on Recent Dissections. In Physiology the examination will be limited to the Cerebro-Spinal Nervous System. And in Surgery the examination will be limited to Hernia, Dislocations, Fractures, Diseases of the Bones, Aneurism, and Diseases of the Genito-Urinary Organs. The examination will be partly *viva voca* and partly written.

The subjects of examination for the £10 Scholarship will be Anatomy and Chemistry. In Anatomy the examination will be limited to the Bones, Joints, and Muscles. In Chemistry the written examination will be on some subject taken from the Chemistry of the Sugars and Alcohols (Text-book, Armstrong's "Organic Chemistry." The *viva voce* examination will embrace the Chemistry of the Non-Metallic Elements (Text-book, Wilson's or Williamson's "Chemistry.") There will also be a practical examination, embracing the analysis of a simple salt.

The examinations for the Scholarships will take place in the last week of November, 1879.

In addition to these scholarships, a prize of £5 will be awarded in the junior anatomy class at the close of the winter session, and one of similar value in the chemistry class for students of the first year.

Further particulars may be obtained on applying to Dr. A. M. Buchanan, Dean of the Medical Faculty.

NOTICE.—The Editor desires to thank the Deans of the various Medical Schools for supplying him with the information respecting the institutions with which they are connected. [As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools; and for those, who, having passed their curriculum, are about to enter the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred to next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.]

INDEX TO THE ADVERTISEMENTS OF MEDICAL COLLEGES, HOSPITALS, SCHOOLS, ETC.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 1, 1879.

CONTENTS.

Original Communications.

PSYCHOLOGY AND THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the National Hospital for the Epileptic and Paralysed, and to the London Hospital.

(*Continued from page* 241.)

I will now give examples of the confusion of the two things in medical writings, and I am ready to say that I can illustrate the confusion very well from my own writings. Thus in a paper on the Physiology of Language, 1868, I have used the expression "psychical movements." Now a movement, in the sense of there being a muscular contraction, or discharge of a motor centre, is no more psychical than retinal vibrations are colour. That term might be used, as I intend to use it, as a short expression for the psychical side of what is physically a discharge of motor centres slight or strong enough to produce contraction of muscles; in this sense words are psychical movements. But when writing the paper above quoted from, I did not use the term in this way, but wrote under a confusion of psychical with physical states, or with perhaps no clear thoughts on each of the two things.

In the "Royal London Ophthalmic Hospital Reports," vol. v., p. 14, I speak of the "mind" as being made up of sensory and motor phenomena; it should have been "the organ of mind."

I give another quotation and intercalate words rectifying the original blunders.

When speaking of convulsions (a clotted mass of movements) as being owing to discharges of *convolutions* ("Study of Convulsions," *St. Andrew's Medical Graduates' Transactions*, vol. iii., 1870), I say—"It is asserted by some that the cerebrum is the organ of mind, and that it is not a *motor* organ. Some think the cerebrum is to be likened to an instrumentalist, and the motor centres to the instrument—one part is for ideas, and the other for movements. It may, then, be asked, How can discharge of part of a *mental* organ produce *motor* symptoms only? I say motor symptoms only, because, to give sharpness to the argument, I will suppose a case in which there is unilateral spasm without loss of consciousness. *But of what 'substance' can the [organ of] mind be composed, unless of processes representing movements and impressions; and how can the convolutions differ from the inferior centres, except as parts representing more intricate co-ordinations of impressions and movements in time and space than they do?* Are we to believe that the hemisphere is built on a plan *fundamentally* different from that of the motor tract? What can [the anatomical substratum of] an 'idea'—say of a ball—be, except a process representing certain impressions of surface and particular *muscular adjustments?* What is recollection but [a mental state occurring during] a revivification of such processes, which, in the past, have become part of the organism itself? What is delirium, except [mentation occurring during] the *disorderly* revival of sensori-*motor* processes received in the past? What is [the physical process during] a mistake in a word, but a wrong *movement*—a chorea? Giddiness can [on its physical side] be but the temporary loss or disorder of certain relations in space, chiefly made up of muscular feelings. Surely the conclusion is irresistible, that [the physical conditions of] 'mental' symptoms from disease of the hemisphere are fundamentally like [those in] hemiplegia, chorea, and convulsions, however specially different. They must all be due to lack, or to disorderly development, of sensori-*motor* processes."

In the *Medical Times and Gazette*, November 17, 1868, p. 526, I write (italics in original), "*The psychical, like the physical processes of the nervous system, can only be functions of complex combinations of motor and sensory nerves.*"

This, which is vague in other ways, should be that the nervous arrangements which are the substrata of psychical states, are like all other nervous arrangements, sensori-motor.

I quote a more recent paper, and intercalate words rectifying the blunder.

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"We do not make enough use of cases of convulsions in our physiological studies of [the substrata of] mind.

These samples are enough to illustrate my blunders and leave me free to criticise such blunders more generally.

Now, for the sake of argument, let us grant for the moment that psychical states and nervous states *are* one and the same thing. Are not those who take this view as much bound as those who take any other to work at the problem of what particular parts of the body this mind—brain—represents, and of the order in which they come into activity, in ideation, perception, emotion, &c. To take the view mentioned is to hold that the nervous system, or its highest divisions, has two functions, one psychical and the other physical. As a physician I do not object to this view in the least, provided real anatomical and physiological work goes along with the psychological. Lewes holds that view, but as a physician, I say nothing critical of his opinion, because he takes the other steps which medical inquiry demands; he studies not only psychology, but gives very definitely and clearly an account of what he considers to be the physical nature of the nervous states which he believes to be only another aspect of psychical states. It is certain that the function of the nervous system is to "store up" and "to expend" energy, and if it have another—a psychical—function, would it not be at least convenient in investigating problems so difficult as epilepsy and insanity to keep the two functions distinct, as we do the glycogenic and the biliary functions of the liver? Suppose a man has, from activity of some part of his ideational centres, a particular idea; we have the mental state, the idea; but we are bound also to consider what parts of the organism the nervous arrangements in activity during that idea represent. *To give a materialistic or morphological explanation of mental states is not to give an anatomical one.* Suppose that for clinical purposes it matters nothing whether we believe (1) that conscious states are parallel with active states of nerve fibres and cells, the nature of the association being unknown, or (2) that mental states and nervous states are the very same thing, or (3) whether we believe that there is a soul acting through a mere mechanism. I wish to insist that to hold any one of these beliefs does not one whit justify us in omitting anatomy. Betwixt our morphology of the nervous system and our psychology there must be an anatomy and a physiology.

It will be assumed (1) that psychical states are always accompanied by physical states, (2) that the physical states are of sensori-motor arrangements—that is, of nervous arrangements representing impressions and movements; (3) that the nature of the connection betwixt the physical and psychical is unknown. Whether we take that view of the nature of the substrata of mind or be content with simply saying that the physical states are states of cells and fibres matters nothing. It makes the problem neither more nor less difficult if we add the words "representing impressions and movements" to the statement "that the substrata of mental states are nerve cells and fibres."

In a future article we shall try to show that the whole nervous system is made up of nervous arrangements representing the organism; that it is a series of more or less complex sensori-motor arrangements representing impressions and movements of all orders; that the lower centres are sensori-motor no one denies; that the higher and highest are so also, is in perfect harmony with the phenomena of epileptic seizures, *le petit mal*, *le grand mal*, epileptiform seizure.

I wish now briefly to show that the above made distinction betwixt the psychical and physical states is not a merely theoretical one; that its non-recognition, or if there be no such distinction its non-separation by artifice, leads to medical errors.

In the first place, its non-recognition leads to verbal explanations; thus hemiplegia has been said to be owing to loss of volition; this is only saying that the patient cannot move the parts paralysed. Chorea has been said to be owing to "disorder of volition." These explanations explain nothing. They appear to do so by harmonising with the popular fallacy that a man has A Will, outside, so to speak, his own mind, and as if there were some part of the nervous system which represented *the* Will. Again, a patient is said to be unable to speak because he has lost the memory of words, which is really only saying that he can't speak; yet it appears like an explanation, because it harmonises with the popular fallacy that we have words and also a memory of words, and thus that there is a centre for memory or ideas of words, and another for the words themselves. Similarly a patient is said to be unable to move because he has lost consciousness. This implies that there is a centre for consciousness which is tacked upon, and independent of the rest of the organism.

All these are explanations of physical conditions by psychical states. Will and memory are only different aspects of the highest and latest states of consciousness, attending energising of our highest cerebral centres.

Again, in some cases of nervous diseases we have classifications on a mixed psychological, and anatomico-physiological method; loss of memory for words, and loss of co-ordination for words. This on any view whatever cannot be correct.

Again, the confusion of states of sensory nerves with sensations leads to the wrong interpretation of one of the most critical symptoms in epilepsy—vertigo. The physical process in vertigo is an excitation of motor centres and because a sensation *attends it* (vertigo), it is put down to some excitation of a sensory nerve. Similarly nausea, pain, &c., are abnormal psychical states as those really admit who use the word feeling for them even when they call them physical.

The confusion of psychical states with physical (nervous) states leads to a wrong interpretation of symptoms. Thus, in acute brain disease, irregularity of the pulse, constipation, vomiting, &c., are often not thought to be dependent on disease of the brain, because the brain is the organ of mind, and is thought of as if it were the mind. But the physical basis of mind is a series of nervous arrangements, representing the circulalatory, respiratory, and digestive system, as well as the rest of the organism.

On the other hand, positive mental symptoms, as in the condition of delirium, are sometimes considered to be valuable evidence of acute primary disease of the brain, when, as a matter of fact, they are of next to no value towards that diagnosis.

We have two parallel studies—psychological and anatomico-physiological. It is manifest that we cannot study the substrata of mind without first knowing, something of mind. What Mill writes ("Comte and Positivism"), p. 66, illustrates this. He is speaking of the phrenological hypothesis.

"And even if that hypothesis were true, psychological observations would still be necessary; for how is it possible to ascertain the correspondence between two things by observation of only one of them? To establish a relation between mental functions and cerebral conformations, requires not only a parallel series of observation applied to each, but (as M. Comte himself, with some inconsistency, acknowledges) an analysis of the mental faculties. . . . ."—(Mill on "Comte and Positivism," p. 66.)

What is to come will be unintelligible, unless the reader bears in mind two things:—

(1) That it is assumed that all nervous centres, from the lowest spinal centres to the very highest cerebral centres (the substrata of consciousness) are made up of nothing other than nervous arrangements representing impressions and movement. The unit of composition throughout the nervous centres is sensori-motor. Of course, all nervous centres are admitted by everybody to be "motor," in the sense that the nervous tissues contain "stores" of molecular motion (are made up of molecules having the energy of position); but by "motor" I mean in this article representing movements of muscles, and some other processes, to be presently mentioned. The fact that movements are not produced by slight gal-

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vanic or Faradaic currents applied to the cortex beyond Hitzig and Ferrier's region, does not disprove the above assertion. It would be a most marvellous thing if the highest cerebral centres had a fundamentally different constitution from that of the lower.

2. That states of consciousness (ideas, perceptions, volitions, feelings, emotions, and whatever sort of psychical state we may have), although always parallel with nervous states, are utterly different from them.

The two statements are to be borne in mind. Referring to the first as if it were the sole one it may be said that movements do not enter into ideas. The reply is that that is just what is affirmed under No. 2. Referring to No. 2, it may be said that states of consciousness must have something to do with states of brain. That is exactly what is meant; they have something to do with it; for in our experience, psychical states occur along with nervous states.

(To be continued.)

THE ADVANTAGES OF CALOMEL IN THE DISEASES OF CHILDHOOD, WITH ESPECIAL REFERENCE TO TYPHOID FEVER.

By E. MARLETT BODDY, F.R.C.S., F.S.S., ETC.

(Continued from page 242.)

CALOMEL, by reason of its purgative properties, frequently causes green evacuations, and so does castor oil when the child is out of health, but this phenomenon of disease ceases the moment the child becomes well. Therefore the green stools are not by any means produced by the calomel, but are caused by some morbid action going on in the intestines. When the child is ill, the mother will almost invariably tell you that the evacuations are green and slimy. This assertion of the parent alone proves that calomel, when given, is not the originator of green stools, but that they are produced by some morbific influence. I think the colour is very probably caused by an over secretion of bile, which will to a certainty show itself independently of the calomel.

As there is no fear of mercurialisation arising from calomel, as it promotes the elimination of the over-secretion of bile, and as it restores the intestinal canal to its ordinary healthy tone, it is, without doubt, the best purgative we can possibly administer in *all* diseases appertaining to infancy, ignoring, to a certain extent, those of a congenital nature. Mercurialisation can only occur when the drug is allowed to remain and accumulate in the system, and to accomplish this, the best method is to follow the general rule, viz., the administration of the hydrargyrum cum creta; by so doing we shall be decidedly successful. But as this result is not desired, we shall be able to prevent such an untoward complication by administering calomel by itself, or combined with a small amount of sugar; this addition is not at all necessary—in fact, I do not see what advantage can be gained by combining the two. Calomel is quite as efficacious without sugar, therefore it can be well dispensed with.

Regarding a very recent sage discovery made by a certain *savant*, that by giving to an infant calomel and sugar we may very likely poison it through the formation of corrosive sublimate while the compound remains in the stomach, though chemically true, yet I must say it almost verges on puerility; no case of poisoning has, I believe, occurred through the combination of calomel and sugar, and, I dare say, never will. I think we may consider it as bordering on the absurd until a *bonâ fide* case of poisoning, resulting from the administration of calomel and sugar, is brought before the profession, and thoroughly substantiated as such. The discovery is ingenious, to say the least of it, but it is of no practical utility when one considers it in the abstract. However, it is not for this chemical change in the stomach that I am advocating the non-administration of calomel and sugar, but because I do not see what can be possibly gained from the combination of the two. In such matters we can only judge correctly by the relative value of the results obtained, and if calomel produces that which is to be desired by its own inherent qualities (which are not in the least enhanced or diminished by the sugar), then, in *all* cases, I say, of infantile disease, we may with safety and advantage administer it by itself. In dropsy, one of the sequelæ of scarlet fever, some compound jalap powder may be combined with it with advantage, though I have found that calomel alone is equally as efficacious, even supposing there is albuminous urine. Calomel may also be combined with santonin in cases of worms; but of this anon.

We have now ascertained conclusively, I think, that it is highly injudicious to give infants the hydrargyrum cum creta, owing to one ingredient stultifying, we may say, the action of the other, and that it may be left to discretion whether any gain may result from combining calomel with sugar; it now remains for us to determine how we may promote its action to a greater degree, and thereby accelerate a speedier return to health.

To obtain this end satisfactorily, I always make it an invariable rule to administer the calomel at night, and next morning to follow it up with some castor oil, which practice has always resulted by my expectations being realised. Sometimes, on account of the stubbornness of the bowels, owing to neglect, calomel is comparatively powerless as regards its purgative qualities; but it never fails when followed by the castor oil, which seems to stimulate it to fresh exertions, and entirely prevents, in children as well as in adults, the much-dreaded mercurialisation.

This mode of treatment is, as the reader may perceive, remarkably simple, and, consequently, by some may be impugned as being too much so; but simplicity, to my mind, is, or should be, the goal of all things. Complexity and abstruseness show undeniable and unmistakable ingenuity and tact, and great praise is due to those who can obtain the desired end through the media of such channels, but the great fundamental in the treatment of disease is simplicity, which if carried out successfully, is the acme of medical science and the perfection of medical skill.

Some seem to have a grudge and a determined ill will towards calomel; no words and terms are too strong for them to use when they denounce it—in fact, they abuse it with a hearty good-will, and many, I know, would prefer giving no medicine at all than be under the necessity of administering it. Some are truly fearful, and altogether refrain from using it, because so and so may happen; but what catastrophe, one cannot without great difficulty elicit from them; and, supposing we are successful in our endeavours, we find their objections and reasons very vague and unsatisfactory. Some will honestly tell you that to a certainty mercurialisation will occur, and that is the sole reason why they do not use it.

Assuming, for the sake of argument, the correctness of their objections, I do not see why such a result should necessarily occur if it be given with care. If a man chooses to cut his throat with a razor there is no reason why I should follow his example, for I may use the very same implement for other purposes. If a man chooses to poison himself with opium, the same drug, given by me may save another man's life. So it is with calomel; if a man administers it carelessly and injudiciously evil consequences may result; but I may give the very same drug, and good results will ensue.

This dislike to calomel is sheer prejudice, and in many instances approaches the whimsical. I remember being told by a great enemy to calomel that it should never be given save to a ploughman, and then only very gingerly; "Colocynth and hyoscyamus," said he, "for a lady, colocynth and jalap for a gentleman, but colocynth and calomel for a ploughman." This absurd injunction, I need hardly say, I very soon found to be the quintescence of erroneous treatment, besides it was entirely antagonistic to all common sense; for the intestines of a "ploughman" have not, as yet, been discovered to be dissimilar to the intestines of a "lady" or "gentleman." Perhaps, when he made the

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above remark he was under the impression that there did exist a dissimilarity, and, being of that opinion, considered that a different course of treatment was necessary to meet the various peculiarities of the several intestines.

This digression serves to show what a groundless, illogical abhorrence some have to calomel, for no reason at all except that something prejudicial to the patient may possibly occur, but of what nature they are entirely undetermined upon, unless it be mercurialisation, which is the only objection its opponents can reasonably urge against its administration.

In what diseases or morbid conditions of infancy is calomel indicated, and how should it be administered, whether alone or in combination? Infantile diseases are few in number when compared with those which attack the adult, for the following very cogent reasons:—The constitution of an infant or child has not gone through the wear and tear of life; the lungs have not yet been irritated through inhalation of infinitesimal carboniferous matter; the digestive powers have not yet been impaired through the ingestion of indigestible food; nor have the coats of the stomach been injured by the destructive properties of alcohol, which is regarded by a great majority as a necessary staple of nourishment, and neither is the liver disorganised by habitual drinking.

The most prevalent of all infantile diseases are convulsions, proceeding from either intestinal or cerebral irritation, or from dentition. Those arising from intestinal irritation are sometimes induced primarily from dentition, and in many instances one state is co-existent with the other; and the same may be said regarding those convulsive attacks which owe their origin to cerebral irritation, though the latter condition may exist singly and alone—in other words, we may find one state complicated with the other.

There are two kinds of intestinal irritation: that proceeding from fæcal contents, and that resulting from the presence of worms (which generally belong to the round variety, though sometimes the thread worms are also provocative of convulsions, but they are not of so severe a nature, and they are more common among children averaging from two years and upwards, but rarely found among infants at the breast). Those convulsions proceeding from irritation produced by the accumulation of fæcal matter are easily cured if treated correctly, but are simply aggravated if treated in the usual style, *i.e.*, two or three grains of the hydrargyrum cum creta administered three or four times during the day.

All that these infants require is a calomel powder at bed-time, followed the next morning by some castor oil, which must be continued till the alvine excreta resume their normal appearance, which is too well known—at least, I hope so—to my readers, to need specifying. However, as it is the generally-received opinion of the profession that calomel produces green stools, irrespective of the condition of the patient, I do not think I shall be erring on the wrong side when I tell them that when an infant is in health, the ejecta are as yellow as mustard, whether it is administered or otherwise.

When the convulsive attacks proceed from the presence of worms santonin should be combined with the calomel, and should always be given at night time, to be followed the next morning by some castor oil. This course should be perseveringly persisted in till the motions are natural, which will very soon occur after the expulsion of the parasites. There is not the slightest fear of mercurialisation; nor will the santonin cause retention of urine; and neither will the convulsive attacks be increased; for the very reason that the santonin has not sufficient time to resolve itself into xanthopsin, on account of its being eliminated by the castor oil.

If the convulsions proceed from the irritation produced by the oxyuris vermicularis, or the ascaris vermicularis, commonly known as the thread worm, the best treatment to pursue after the motions have become normal (which will by no means take place till the worms have been expelled), is to inject some infusion of quassia, or salt and water, into rectum. This is comparatively useless if the administration of calomel and its adjunct (if I may so term castor oil), is omitted; for though those minute parasites are supposed to infect the rectum only, they would no doubt be found, though perhaps fewer in number, in the sigmoid flexure and descending colon, if they were searched for on a favourable opportunity, which could only be in a post-mortem.

Depending simply upon an injection in those cases is really not of much benefit; if I may be allowed to make a comparison, it is like clearing out the lower part of a drain pipe, and leaving the upper portion foul and impure.

I have already mentioned the treatment which should be followed out during teething; and I think I have clearly demonstrated the disadvantages accruing from the administration of the hydrargyrum cum creta, and the advantages resulting from calomel; and the remarks I have made regarding them will also apply to nearly all the diseases which are prevalent in infancy.

I shall now pass on to consider those other complaints in which the administration of calomel is advisable. The most common after convulsions is diarrhœa, a medical bugbear, which, when once it commences, frightens the mother, and causes the medical man to resort immediately to a very silly mode of practice, but which at the present day is regarded as a very scientific procedure; and the antidote (presumed to be such), is to be found in the British Pharmacopœia, and accordingly it is given with great faith when diarrhœa shows its hideous presence, in the vain hope of—stopping it.

What is diarrhœa?; and what causes it? and why should we be in such consternation when it occurs? We will examine and answer these questions from a practical common sense point of view. First, what is diarrhœa? The answer is simple, and not at all difficult of comprehension; it is the endeavour of nature to get rid of an evil, and the evil is nothing more or less than a collection of fæcal matter in the intestinal canal. In the majority of cases what else can it be? If the coats, especially the muscular, of the intestines are weakened to any extent in an infant, there are very few chances of its ultimate recovery, because the weakness depends upon some organic mischief, which is not to be remedied by human means. Now if the diarrhœa originates from such a condition all the chalk mixture in the world will not stop it; and most probably, if the administration is too often repeated, the child rather succumbs to the pernicious effects of the astringent than to the diarrhœa.

Here, in these cases, by-the-bye, we administer chalk to stop the action of the bowels, and in other cases we combine chalk and mercury to open them; contradictory, there is no denying, but then it is accounted correct treatment.

Second—What causes diarrhœa? The contents of the intestinal canal and the efforts they make to get out—nothing else; they have done their duty, all nutriment has been extracted from them; they are therefore useless, and nothing else than an incumbrance, and consequently, the sooner they are ejected the better. Nature is of the same opinion, and accordingly sets to work, and would perform her duty alone and single-handed were the fæcal contents in their usual amount and normal condition; but it is not so; the infant, no doubt, has been previously stuffed, or rather overfed, by a too anxious parent. The intestinal canal is too full, and as a natural consequence diarrhœa results, which is the strenuous efforts of Nature to rid herself of an irritating load, which we scientifically endeavour to prevent by the prompt administration of an astringent in the shape of chalk mixture. In these cases Nature requires the helping hand to lift her over the difficulty; not to be thwarted or antagonised by the administration of drugs of an astringent tendency.

Such treatment is not only outrageous, but discreditable to medical science; and I regard it as such, however strongly, and indeed cleverly, it may be advocated by those who are thought more competent to decide than others, for the arguments they advance with such plausibility, are entirely based upon theoretical knowledge (or

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practical ignorance) rather than upon sound principles of practice, and careful investigation into the varied phenomena of health and disease. I am afraid that we regard the human organism as a piece of workmanship much more complex in its design and working than it really is; and, again, that we too frequently run our heads against the idea that we can mould it just as we please, forgetting that Nature is, on the average, able to conduct her own proceedings to a favourable termination without the aid of science, but is hindered, and, perhaps, completely impeded, by our somewhat too great a hastiness to adopt the so-called scientific treatment of the present day, and which, in infantile diarrhœa, is much more hurtful than otherwise.

One question now remains for our consideration: Why should we look upon the presence of diarrhœa with the eye of suspicion and apprehension? and why should we regard the efforts of Nature to relieve herself as indicative of danger? I think we can easily account for our groundless fears from the fact that we clothe simple diarrhœa in so many technicalities, that many who are either too indifferent, or too ready to take for granted the opinions of others, neglect investigating, and probing to the bottom, the origin of a condition which is quite the reverse of what we imagine to be prejudicial to health.

(To be continued.)

Special.

WORKHOUSE HOSPITAL STATISTICS ON THE ALCOHOL QUESTION.

St. George's Union Infirmary (London) has lately obtained an enviable prominence in the great question, regarding the administration of alcohol in workhouses. Dr. Webster has come in for his share of congratulations on his conversion to the temperance side; and lest any of our readers should not have heard of Dr. Webster's reports, we shall briefly mention what he has done. He has issued a report in which he states that in the St. George's Union Infirmary he has, at the request of the guardians, carried out his intention of limiting the consumption of alcohol in the Infirmary. He has brought down the expenditure for stimulants for one year to £8. He mentions "one or two facts" of a very extraordinary nature. He says: "Prior to their removal to St. George's Infirmary more than thirty old women had been bed-ridden for various spaces of time, ranging from one to seventeen years. They had all been supplied daily with either brandy or beer, or both. The whole are now able to leave their beds; many are able to walk about; some to work. Appetites have been developed for solid material, and an interest is once more taken in the surroundings. I am compelled to ascribe this amelioration of condition to the altered moral state, greater physical energy, and improved food assimilation, brought about by the withdrawal of alcohol."

Every teetotaler must have read these lines with heartfelt satisfaction, for seemingly nothing could be more convincing, or more truthful; and we have no doubt most of the guardians considered that the question was solved, by this authoritative and strong statement of their medical officer.

Unfortunately, there is a fly in the ointment, and there is another side to the question. Dr. Orme Dudfield has taken exception to Dr. Webster's report, and has written the following reply, which is worthy of a more extensive circulation and perusal than that afforded it by the *British Medical Journal*. His letter is hidden in the very small type of our contemporary's correspondence column. *Magna veritas et prevalebit.* The Temperance Movement cannot be bolstered up by half-truths, and we may venture to assert that temperance reform is impeded by "false facts." Dr. Dudfield writes: "In your article on the above subject, in the *Journal* of August 30th, you have properly given prominence to the only statement of 'fact' in Dr. Webster's report, by which he has endeavoured to prove that the withdrawal of alcohol from the aged or infirm inmates of St. George's Infirmary had been attended with beneficial results." We have quoted the passage above.

Dr. Dudfield continues: "Now, so far from these 'interesting words' as you describe them resting on a 'solid foundation of fact' as you suppose, I beg to assure you they are based on error from beginning to end; and as Dr. Webster's predecessor—viz., as medical officer of the old Infirmary of St. George's Union at Kensington for 16 years—I beg to supply that further explanation which you rightly decide ought to be forthcoming. I have seen the old women in question. I remember every one of them, and I affirm without hesitation that they were not bedridden prior to their removal to St. George's New Infirmary, though almost without exception they are very aged, many of them being paralysed or otherwise disabled, and some of them more or less imbecile. They were able to leave their beds when at Kensington; many were able to walk about then as now, and some to work—*i.e.*, some could do a few stitches occasionally when so minded, which the nurse now in charge of them informs me is the extent of the 'work' they do now. I admit it to be probable that the old women had all been supplied with beer daily, for I usually allowed the aged and infirm inmates half-a-pint daily—a quantity of 'alcohol' which Dr. Webster tells me he—though 'by no means' a total abstainer himself—considers sufficient to produce all the evil results from which the old women are supposed to have recovered. But I boldly affirm that not one of them had been supplied with brandy daily—spirits having always been prescribed by me with the strictest moderation, both as to time and quantity, and only in cases of necessity. I wished very much to bring Dr. Webster's statements with regard to the previous condition and the diet of the women to the test of the official records of the Kensington Infirmary, and with that object I obtained permission of the guardians to inspect the medical relief books of that defunct institution. Judge my surprise at being informed by Dr. Webster that all the said books had been destroyed, and that he had never seen them. I do not complain that Dr. Webster did not think it proper to consult me about persons who had been so long under my care, but I think it somewhat remarkable that (as I have ascertained) he did not even take the trouble of finding something about them from my nurses. He frankly admitted to me, however, that he did not pretend exactitude in the statements he had put forth, and that he had simply reported for what it was worth the information given him, long after date, by my poor old patients. Hence the unfortunate error into which he has fallen, which is the more to be regretted as the paragraph referred to (really the most salient in the report) has been very generally quoted by the papers which have dealt with the subject. The explanation of the matter appears to be that Dr. Webster, little dreaming of the importance the guardians would attach to his report, did not exercise that care in collecting his facts, which he would now desire. Writing far from home, I cannot pretend to deal with the other points raised in your article, but as reasons sufficient for asking your readers to suspend their judgment on the question at issue—viz., the value of alcohol in the treatment of disease, so far as it is affected by Dr. Webster's facts, I would beg permission to state that the cost of feeding the inmates of the new Infirmary appears to be considerably in excess of the cost of the old Infirmary; that the ratio of deaths to cases treated was considerably higher during the first year of its operations; and that the gross number of deaths among the indoor sick poor of the Union in 1878-79 was upwards of 20 per cent. more than in 1877-78—a fact to which I long ago called the attention of the guardians. But startling as it may appear to the medical mind, this fact made no impression on the guardians, and seems not to have been thought by them of importance sufficient to call for inquiry, or to need explanation."

This matter cannot rest in its present position, for this plain contradiction of Dr. Orme Dudfield must be sifted to the bottom, and the actual truth revealed. The interests at stake are too great to allow it to be slurred over, and we trust that Dr. Webster, for his own sake, will be able to offer some further explanations in support of his statements. We cannot allow doctored statistics to be used in this controversy. We are glad to notice the Local Government Board has had its attention directed to this question, and we hope that a thorough sifting investigation will be the consequence. We have one result already in the shape of the following report, from another poorhouse.

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Replying to a circular issued by the Local Government Board, calling attention to the report of Dr. Webster, Medical Officer of St. George's, Hanover Square, Infirmary, on the dis-use of alcoholic stimulants in the treatment of patients under his care, Dr. Charles Gross, Medical Officer of St. Saviour's Union Infirmary, has reported to his Board of Guardians, stating that during the year 1878 a sum of £954 6s. 1d. was spent in his Infirmary for wines, spirits, and beer. Of that amount, £132 7s. 6d. was for beer supplied to the officers as rations; £129 9s., extra diet for certain inmates employed on the labour of the house; £46 14s. 1d. for those employed in the laundry; leaving a sum of £646 5s. 7d. as spent on the sick. The sum of £646 5s. 7d., for stimulants supplied to the sick and infirm, compared most favourably with the amounts spent at other establishments. For instance, Poplar and Stepney Sick Asylums, with an average of 450 patients, spent £625, being £1 7s. 9d. per head; the Central London Sick Asylum, Cleveland Street (226 patients), £278, or £1 4s. 7d. per head; Chelsea Infirmary (240 patients), £349, or £1 9s. 1d. per head; Lambeth Infirmary (540 patients), £564, or £1 0s. 10½d. per head; Central London Sick Asylum, Highgate (446 patients), £613, or £1 7s. 5½d. per head; while at the St. Saviour's Infirmary they had an average of 830 patients, the cost of stimulants £646, or 15s. 6¾d. per head. Dr. Webster took credit in his report, that his low death-rate was owing to the dis-use of alcoholic stimulants, and gave figures to endeavour to prove that statement.

To controvert that the report stated that Poplar and Stepney Infirmary, with an average of 450 patients, had nearly the same proportionate expenditure as Highgate. According to Dr. Webster, they would expect the death-rate to be about the same; but the former had 19 per cent. of deaths; whilst Highgate had the lowest of any—10¼ per cent.

The death-rate in the St. Saviour's Infirmary during the year 1878 was 16 per cent., 3,108 persons being under treatment, with 508 deaths. They must look further, therefore, for a reason for the great differences in the death-rate of similar institutions. The reason was simply in the class of cases admitted into the different infirmaries from different neighbourhoods. In the St. Saviour's Infirmary they got some of the worst classes of disease from some of the worst districts in London, such as St. George's New Town, the Mint, and Lock's Fields. In that respect they resembled the Stepney and Poplar Sick Asylum, whose death-rate was 19 per cent., or 3 per cent. higher than St. Saviour's, where the number of hopeless cases admitted was very great. Many were so advanced in disease, and often so steeped in drink and debauchery, as to preclude all hopes of recovery. During the year 1878 no fewer than 57 persons died within 48 hours after admission. It was not necessary to enter into the general question of giving stimulants in the treatment of disease. A parish infirmary was not the place to begin experiments on the sick poor, as to how little stimulant they could possibly bear.

As long as the present system of medicine was in force—as long as they were taught in their text-books on medicine, and by practice in their hospitals and medical schools, that for certain conditions of disease, alcohol in some form was advisable, nay, necessary—so long was it their duty to use it. Nor was the class of persons whom they got as patients such as to render an innovation of that kind proper or advisable. Several of them were aged people, who had been accustomed for many years to some form of stimulant; and to many of them a little beer or spirit in sickness was not a luxury but a necessity.

The report concluded by stating that in the St. George's Union Infirmary the expenditure of such an unreasonable sum as £8 3s. 6d. for wine, spirits, and beer among 2,496 patients in one year represented a want of consideration for their comforts that amounted almost to hardship, and reflected little credit on the administration. With the ample material at our command, furnished by the numerous union infirmaries in England, it must be possible to arrive at an approximate and truthful estimation of the real value of alcohol in the treatment of pauper patients. We want some honest statistics, furnishing full particulars of the sex, age, occupation, and diseases of the patients; the average number of admissions, and age at death; with an account of the habits of the [illegible] antecedent to admission; and the amount of alcohol [illegible]ed, with an explanation of the principles upon which [illegible]ministered.

FOREIGN DEGREES, AND HOW TO OBTAIN THEM.

The graduating facilities in England are fewer than anywhere else in the world, and hence many young practitioners, who have completed their full curriculum without being able to comply with all the requirements of our British universities, resort to the Continent, and obtain a foreign degree. The diplomas obtained from foreign universities vary in value, some requiring a high standard of education, and a more stringent examination; but, as some of these degrees were conferred without any examination, they were valueless. Lately, foreign universities have refused the granting of degrees *in absentiâ*, or without examination, and, consequently, they have improved in professional estimation.

Our advice must always be for the student to attach himself to a university of repute in the United Kingdom, where he may be able to take his M.B. and M.D., as these will be of much greater assistance towards the attainment of official and Poor-law appointments. Foreign degrees are also almost valueless as stepping stones to appointments at our leading hospitals and medical schools. But to the practitioner, who cannot possibly devote the time necessary for British degrees, and who is anxious to place the magic initials M.D. after his name, either for personal ambition or to gratify the ignorant requirements of a certain section of the public, the foreign universities must *nolens volens* be acknowledged *faute de mieux*. A degree formerly was looked upon as an indication that the possessor was a man who had enjoyed a leisurely education, with unstraightened means, and it was thought that by residence at a university, like Oxford, Cambridge, or Dublin, and by the social contact with highly cultivated and refined minds, the professional aspirant acquired a higher cultus, and obtained a social prestige, which might be afterwards useful in the battle of life.

Unfortunately, this conservative idea seems to be fast disappearing. A M.D. is a M.D. to those people to whom "a primrose by a river's brim a simple primrose is, and nothing more," and whether a degree be obtained from Oxford, Cambridge, London, Dublin, Edinburgh, Paris, Louvain, Berlin, Heidelburg, or Pennsylvania, the public, as a rule, do not choose to ask.

We shall briefly point out the best foreign universities with requirements necessary for examination, and shall also give the best routes, and, in some cases, the probable outlay, both of journey and hotel expenses.

UNIVERSITY OF FRANCE.

Paris. — *Route* from London, *via* Newhaven and Dieppe, per London, Brighton, and South Coast Railway, is much the cheapest and the most pleasant.

The following conditions are necessary for the degree of doctor of medicine of this university:—The Minister of Public Instruction must be communicated with, and certificates showing the course of study undergone by the foreign candidate will have to be submitted to him. If satisfied, authorisation will be granted for the five final examinations for the doctorate.

The candidate must pay fees amounting to about £56 English money, and three months after the payment of all fees the examinations will take place.

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The examinations are divided as follows—

1. Anatomy and physiology.

2. Internal and external pathology, operative medicine, operations on the dead body.

3. Natural history in relation with medicine, physics and chemistry in relation with medicine, pharmacology.

4. Hygiene, legal medicine, materia medica and therapeutics.

5. Clinical medicine, surgery, and midwifery. The candidates have, moreover, to treat in French, some subject selected from the above.

A thesis must also be written on some subject selected by the candidate, and, moreover, he must verbally develop the subject of his thesis.

It is evident from the foregoing conditions that only those who have some time at their disposal, and who are acquainted with the French language, can undergo these examinations.

This degree of medicine is a high one, and confers on the possessor of it a corresponding status. Students without diplomas who desire to follow out completely the French course of studies will find full particulars in the "Guide aux Etudiants," obtainable in London of the publishers, Baillière, Tindall, and Cox, 20 King William Street, Strand.

THE GERMAN UNIVERSITIES.

The German Empire possesses twenty universities which confer degrees in medicine. They are far from being all equally important and equally frequented; as we may see from the following return of students for the year 1878. (a)

Berlin	260	Konigsberg ...	135
Bonn	140	Leipzig	365
Breslau	170	Marburg	105
Erlangen	100	Munich	341
Freiburg	147	Rostock	36
Gottingen	115	Strasbourg ...	150
Greifswald ...	225	Tübingen ...	220
Halle	110	Wurzburg	434
Heidelberg ...	79	Giessen	
Keil	80	Jena	

There is free trade in medicine in Germany, and quacks can practice, but they do so at their own peril and risk, and are liable not only to civil responsibility, but to penal enactments, for *malpraxis*. There are two forms of diplomas granted, one purely scientific by a university, the other after a state examination, and when the second diploma is obtained the possessor is protected from any civil action in case of malpraxis. Our English law, as we know, is very different from this.

We shall select a few of the German universities—

Berlin. — *Route*, London, Dover, Calais, Brussels, Paderborn, Berlin, Dover, Ostend, Malines, Berlin.

The University of Berlin enjoys a world-wide reputation, and its diploma is recognised as a high-class qualification.

The aspirant must be a good Latin or German scholar, and must be prepared, both practically and scientifically, for a searching examination. The following conditions are necessary—

1. The candidate must prove that he has studied medicine for at least four years at some duly recognised university.

2. He must matriculate, or give proof of matriculation.

3. After the presentation, to the Dean of the university, of the foregoing documents, a written and verbal preliminary examination has to be undergone. Over this the Dean presides alone, and, if satisfactory, permission is given by the Faculty for the next examination.

4. This examination is conducted by six professors, who each examine the candidate for a quarter of an hour on some subject of a theoretical and practical nature. If he passes this ordeal he has—

5. To present, in German or Latin, an original dissertation, on any subject in the whole range of medicine. The MSS. copy is submitted to the Faculty, and, if approved by them, the candidate must have it printed at his own expense, and a certain number of copies must be distributed amongst the professors.

6. The candidate must defend his thesis publicly, and, if satisfactory, the candidate is then promoted to the degree, after taking an oath and paying all fees, amounting altogether to about £22 10s. As a rule, this examination may be undergone in ten or twelve days.

Under exceptional circumstances, the Minister of Education may allow the English language to be used at the public disputation. There are about seventeen medical men in Great Britain who possess the M.D. of Berlin, four of whom are resident in Manchester.

Bonn.—*Route*, London, Calais, Brussels, Cologne, Bonn.

This famous university was founded by Frederick William III., and Bonn is a typical example of a German university town. As it is favoured by the Royal Family for the education of its princes, its degrees are looked upon with favour.

For the diploma in medicine the following conditions must be complied with—

1. Fees, amounting to about £15, must be paid to the Dean.

2. The candidate must undergo an examination in medicine and surgery, in the German language.

3. He must submit an original written scientific dissertation in German or Latin, and publicly defend it.

Erlangen.—*Route*, London, Calais, Brussels, Cologne, Frankfort-on-the-Maine, Wurzburg, Erlangen.

The requirements for the Erlangen degree are evidently more liberal than those of Bonn, for we believe there are about 25 possessors of the degree in England, whilst Bonn has only 2 representatives. The candidate must submit to the Dean the following documents—

1. Proof of preliminary general education.

2. Proof of a regular medical education at some recognised school of medicine.

3. An original scientific medical treatise.

4. He must undergo an examination in all branches of medicine and surgery, in the German language, and if this be satisfactory, after paying all fees, amounting to £15 10s. and delivering 150 copies of his thesis to the Faculty, the degree is granted.

Freiburg.—*Route*, Calais, Brussels, Cologne, Mayence, Carlsruhe; or London, Calais, Paris, Bale.

This university is not so well known or so frequented by English aspirants, though the conditions are easier.

The candidate must pay a fee of £15, give proof of pre-

(a) *Progrès Médical.*

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liminary and medical education, deliver a written or printed dissertation, and undergo a *viva voce* examination in all branches of medicine and surgery, in the German language.

GIESSEN.—*Route*, London, Dover, Calais, Cologne, Brussels, Denetz.

Judging by the number of medical men in Great Britain who have taken out this degree (about 22), it seems to be a favourite resort.

According to the regulations the candidate is required—

1. To pay a fee of £22 to the Quæstor.
2. To give proof of sufficient preliminary and medical education.
3. To submit a written or printed dissertation on some medical subject, written in either German or Latin.
4. To undergo a *viva voce* examination, of about two or three hours, in all branches of medicine.
5. To present a certain number of copies of the printed dissertation to the Faculty, when the degree is conferred.

GOTTINGEN. — *Route*, London, Calais, Brussels, Aix, Dusseldorff, Paderborn, Kreinsen, Gottingen.

The conditions are somewhat similar to the foregoing as regards essay, language in which examination is conducted, (German or Latin), *viva voce* test, and the fee is £22.

HALLE.—*Route*, London, Calais, Brussels, Paderborn, Norhausen, Halle.

This university has not a single representative in Great Britain; the conditions are somewhat similar to those of the University of Berlin. After complying with the rules as to evidence of education, and paying the fees (about £15), to the Dean, there is an examination held on two consecutive days. After passing which, a scientific treatise must be composed and delivered to the Dean, together with some subject for public discussion. 172 copies of this treatise must be distributed amongst the Faculty, when the candidate undergoes the public ordeal of defending his treatise and his thesis. If this is satisfactory, the doctoral oath is taken, and the diploma is given.

HEIDELBERG.—*Route*, London, Dover, Calais, Brussels, Aix, Cologne, Mayence, Worms, Mannheim.

This old and noted German university evidently suits the convenience of English practitioners, for we find that its diploma is possessed by about 45. The regulations vary a little from those adopted by the other universities, viz., there is no reference required as to past studies, the candidate being examined in all branches of medicine, and tested both *viva voce*, and by the usual treatise. No oath is administered, the Dean simply shakes hands with the successful candidate. The fees amount to £22. Language, either German or Latin.

JENA.—The candidate must matriculate at the university, and give certificates proving course of studies he has undergone. If satisfactory, after paying £22, he is permitted to the examination, which is conducted in German, and includes all the usual subjects in medicine. The other conditions are similar to those at other German universities as regards treatise, public disputation, &c.

KIEL.—*Route*, London, Hamburg, Kiel.

The regulations are simple—

1. There is a certificate required of medical studies, with curriculum, and payment of fees.
2. A scientific treatise.
3. A written examination.
4. A verbal examination. The language is German or Latin.

MARBURG.—The conditions are nearly the same as above, but the cost of diploma is less—£16 10s.

MUNICH. — *Route*, London, Dover, Calais, Brussels, Cologne, Frankfort-on-the-Maine.

This is one of the most famous towns in Germany, and its University enjoys a good reputation. For its degree the following requirements must be fulfilled—

1. The candidate must give proof of a satisfactory general education, and of a regular education of at least four years.
2. He must submit certificates showing that he has practically treated surgical and eye complaints, performed operations on the dead body, and attended midwifery.
3. He must then pass a two hours *viva voce* examination in all the branches of medicine.
4. There is the usual treatise or dissertation in Latin or German, but the printing is not an absolute necessity.
5. He must pay the fees, amounting to £15.

ROSTOCK.—*Route*, London, Hamburg, Lubeck, Rostock.

The requirements are as follows—

1. Certificates of a regular course of study, and of examination by some licensing body.
2. An original treatise, which must be printed, and of which 126 copies must be distributed.
3. A public defence of the essay.
4. Payment of £16 10s.

STRASBURG.—As is well known, Strasburg once belonged to France, the present university only dating from 1872. The language now used being German, the conditions are the same as those of Marburg, the fee being £15.

TUBINGEN.—This is a well-known university, and its degree is granted on the following conditions—

1. The candidate must send with his application a fee of £15, and produce certificates showing proficiency in medical and general education.
2. He must undergo a written examination in all the branches of medicine, and subsequently a *viva voce* examination.
3. He must compose a dissertation, 250 copies of which must be presented to the University. Authors who have already published may receive a dispensation from this test.

WURZBURG.—*Route*, Dover, Calais, Brussels, Cologne, Mayence, Frankfort-on-the-Maine, Wurzburg.

The regulations are slightly different for the degrees of this university.

1. The candidate must submit certificates as to character and course of study.
2. He must pay the fee of £15.
3. He must compose a scientific work, to be reported on by one of the examining professors.
4. If satisfactory, the candidate is examined orally in the various branches of medicine.

The requirements of all the other univerities are nearly

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similar to the foregoing, and we need not consequently give them in detail.

The leading feature of the German examination consists in the written examination, tested by means of a printed treatise which has to be publicly defended. This system necessarily leads to the production of a large number of pamphlets or essays, of which we may safely say with Martial—

Sunt bona, sunt quædam mediocria, sunt mala plura quæ legis.

In connection with German Universities are very large libraries. Thus, Munich possesses 500,000 volumes; Bonn, 150,000; Göttingen, 400,000; Strasburg, 200,000; Freiburg, 250,000; Giessen, 140,000; and Halle, 100,000. We need hardly wonder at the richness of the literature if the dissertation of every student finds a place on the bookshelves.

Another feature is, that candidates are examined in the language of the country, and hence an acquaintance with German and German medical literature is essential.

At one time German degrees were obtained *in absentia*, and there were agents in England who purchased for their clients, at fancy prices, worthless sheets of parchment. We are happy to say that this system has been put an end to, and we applauded in the *Medical Press and Circular*, Oct. 2, 1878, the action taken by the Dean of Tübingen, in reference to the granting of degrees *in absentia*.

German degrees may now be considered *bona fide* qualifications, and we trust the various Deans of the Faculties of Medicine will preserve the character of their universities, by faithfully adhering to their regulations, and by insisting on each candidate complying in full with their laws.

UNIVERSITIES OF AUSTRIA-HUNGARY.

In the Austria-Hungarian Empire there are nine universities possessing faculties in medicine and granting diplomas—viz.—

Agram.	Pesth.
Gratz.	Prague.
Inspruck.	Salzburg
Cracovia.	Vienna.
Lemberg.	

Candidates for the degree of doctor in medicine must undergo three examinations.

For the first examination the candidate must prove—

(*a*) That he has received a satisfactory preliminary education.

(*b*) That he has dissected for two sessions and attended the course of the faculty for four sessions.

(*c*) That he has undergone, before a university, an examination in botany, zoology, and mineralogy.

For the second examination he must have studied for five years and followed for four sessions the cliniques in medicine and surgery, and attended, for one session at least, a course of ophthalmology and midwifery.

The third examination comprises a theoretical and practical part. It takes place in presence of a Government official, and one examiner is nominated by the Government.

The expenses of the examinations are about £25.

The University of Vienna enjoys a good reputation, possessing a staff of 56 professors and 70 unattached professors.

Vienna is one of the handsomest cities in Europe, and is famous for the beauty of its public buildings. Some of the cliniques are famous.

UNIVERSITIES OF SWITZERLAND.

Switzerland possesses four universities—viz.—Bale, Berne, Geneva, and Zurich.

BALE.—*Route*, London, Paris, Troyes, Chaumont, Mulhouse.

The conditions for this degree are so national that few English practitioners would think of fulfilling them, as they require matriculation and attendance on a course of lectures at some of the Swiss schools, though the other regulations are somewhat similar to those adopted by the German universities.

BERNE.—*Route*, London, Paris, Dijon, Neufchatel, Berne.

This university, we believe, looks favourably on lady doctors, and hence we find some English ladies have resorted to it for a degree in medicine, especially as the conditions are comparatively easy of fulfilment. The examination is conducted in either French or German, and the candidate must undergo a written and oral examination. The written portion comprises a manuscript treatise, and the oral, a three or four hours' examination in all the branches of medicine and surgery.

GENEVA.—The Geneva faculty is also very liberal in its requirements, whilst the fee is extremely small. The following conditions are required—

1. The candidate must pay a fee of 40 frs., and give proof that he is either a bachelor of science, or that he has undergone some equivalent examination.

2. He must undergo an examination divided into five portions—

(*a*) Anatomy, physiology, histology, pathological anatomy, general pathology, an autopsy (for which one hour is allowed), and an anatomical preparation (for which four hours are allowed).

(*b*) Internal pathology, external pathology, operative medicine, three operations, and the application of bandages.

(*c*) Hygiene, therapeutics, materia medica, pharmacology, legal medicine, a medico-legal report upon a case given.

(*d*) Examination of two complaints of internal clinical medicine, examination of two complaints of external clinical medicine, examination of a case of midwifery. For each case fifteen minutes are allowed. Operative midwifery on the "mannequin." Discussions upon each of the foregoing cases: Written essay about one case of external, and one of internal, clinical medicine, for which two hours are allowed.

(*e*) Defence of a dissertation in the French language upon any subject of medical science chosen by the candidate, and which has been previously communicated to the Faculty; on the completion of which a further fee of 100 frs. has to be paid.

ZURICH also looks favourably on the cause of women-doctors, and as we mentioned in the *Medical Press and*

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Circular, Aug. 6, 1879, Prof. Hermann has a lady for his assistant in physiology, whilst Prof. Rose does not disclaim similar assistance in his *rôle* of surgery; so that the lady students of St. Mary's need not have any fear of turning their steps to this famous university.

The conditions are, however, stricter than those of Berne or Geneva. The candidate must apply to the Dean, enclosing certificates of attendance, on lectures on chemistry, physics, botany, zoology, and a dissertation. If required, the treatise must be printed.

The first examination is written, and the candidate has to answer questions on anatomy, physiology, pathology, therapeutics, surgery, and midwifery. The *viva voca* examination extends over the other branches of medicine.

The next step consists in sending 200 copies of the dissertation to the university, and undergoing a public examination on some thesis submitted by the candidate.

The fees amount to 360 francs.

UNIVERSITIES OF ITALY.

Degrees are granted by the Universities of Bologna, Catania, Padua, Palermo, Pavia, Pisa, Rome, Sienna, and Turin. The language used is either Latin or Italian, and the conditions of all the universities are somewhat similar to those of the University of France.

UNIVERSITIES OF BELGIUM.

Belgium possesses three Universities, Brussels, Liège, and Louvain.

BRUSSELS.—*Route*, London, Dover, Calais, Brussels.

This university seems to offer to English practitioners every facility for obtaining its degrees, and there has been for the last few years a regular exodus from England to its examinations. It is quite evident that there is a great desire on the part of medical men who are settled in practice, and who have English licenses in surgery or medicine, to obtain the degree of M.D., and it is well-worthy of consideration, whether some facility should be afforded by our English universities to meet this want, or England will be flooded with Belgium M.D.'s.

At the annual meeting of the South-Eastern Branch of the British Medical Association, Dr. Robert Bowles, President of the Branch, has exhaustively treated the subject (vide *British Medical Journal*, Aug. 2, 1879), and we need not dilate upon it. The regulations of the University of Brussels are as follows—

1. The examinations are conducted in English or in French, and extend nearly over one week.

Candidates must attend in person, and subscribe their names after exhibiting their qualifications or diplomas. After paying a fee of £21 4s., the candidate must undergo three examinations as follows—

(*a*) General therapeutics, including pharmacy, dynamics (proportion of doses), special pathology and therapeutics of internal diseases, general pathology, and pathological anatomy.

(*b*) Surgical pathology, theory of midwifery, public and private hygiene, medical jurisprudence (forensic medicine).

(*c*) Examination, at the hospital, of one or two patients under medical and surgical treatment; examination in midwifery, consisting in obstretrical operations on the mannequin (model of pelvis); examination in operative surgery, consisting in some of the usual operations on the dead subject, such as amputattion, ligature of an artery, &c.

Before starting for Belgium the candidate should write to the Dean of the Faculty to make arrangements as to the time of examination.

LIEGE.—Liège has not yet adopted the lesson in political economy, taught by its sister at Brussels, the law of supply and demand for the making of honest money.

Its degree can only be obtained after passing three examinations in French as follows—

1. General chemistry, logic, moral philosophy, experimental physics, psychology, elements of zoology, botany, geology, and mineralogy.

2. Elements of comparative anatomy, descriptive and regional anatomy, human physiology, and pharmacologia.

3. General pathology, pathological anatomy, special pathology and therapeutics, mental maladies, general therapeutics, surgical pathology and ophthalmoscopy, theory and practice of midwifery (including operations), public hygiene, legal medicine, clinical medicine, clinical surgery, surgical operations. The fee is only £15.

LOUVAIN.—Louvain is the seat of one of the most once-famed university in Europe, which numbered its students by thousands. It has always been distinguished by its perfect orthodoxy. For its degrees there are two stages—that of candidate and that of doctor. For the first, two years of study is required, and the possession of the title of candidate in science before an examination is undergone; and for the second, an additional two years, and proof of having passed the first stage.

The examinations are held in French, and embrace the natural sciences and all the branches of medicine. There is also a thesis or dissertation required, which must be publicly defended either in French or Latin.

The total fees amount to about £12 in English money.

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	Dover, Calais, Brussels, Cologne	8 3 0	5 19 0
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THE
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Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 1, 1879.

MEDICAL EDUCATION.

AT the present a number of teachers of some branch of medical study are preparing or delivering opening addresses at the different schools of medicine—metropolitan and provincial. In discussing the subject of medical education we do not desire to be supposed to dictate to them what subjects they should discuss; but rather we wish to suggest some matters for their consideration. A medical education is a matter of considerable moment from various points of view.

In the first place, most medical students are the children of persons who cannot afford the money to first give them a university education; and then a special medical education. Their means will only admit of a certain expenditure; and the medical curriculum perhaps entails a good deal of self-denial on the part of the family of the student. Then there is the public, of whom some, sooner or later, will have to come under the treatment of each student, and who will be the better or the worse for his knowledge or want of it. For after all, the treatment of disease, and the alleviation of suffering are the great ends of a doctor; the prevention of disease being really the duty of the public to themselves, and yet they throw all the burden of trouble on their medical men, and obstruct and thwart their health officers as much as they can. Whether it is cheaper to have disease, death, and doctors' bills, than to wash and be clean, is a matter which fortunately we are not called upon to decide. A patient does not call in a medical man in order that the latter may have the opportunity of observing the interesting details of his malady. He likes to see pains taken in his examination, and feels that this is the proper way in which to arrive at an exact knowledge of his ailment; but after all, his great aim is to seek cure or relief. In return for his money he wishes to get something which he can regard as "value received." How often he gets nothing of the kind—in fact, how often it would have been wiser to throw the money into a river, and leave his trouble to Nature's curative powers; it would be invidious to say. The question may be asked, Is the present form of medical education the best possible to enable a student to be of service to his fellow men? The gravest possible doubts may be entertained on this subject!

Of course the teacher's duty, to his pupil and his school alike, is to enable his pupil to pass the requisite examinations for the acquiring of a diploma. And the object held up to the student's gaze almost invariably is the "pass." Whether he possesses any real information which will be of service to his fellow creatures or not, the examiners are supposed to find out. And a pretty extensive acquaintance with medical men puts us in a position to say that there are, in the ranks of our profession, a considerable number of men who are simply frauds. They may have got up their anatomy well; and prepared themselves for the performance of grave surgical operations, which not one in a hundred will ever have the opportunity of performing, and not one in a thousand is fit to perform when the opportunity comes to him—as all the anatomical minutiæ requisite for its successful performance have long since passed out of his memory. He is taught to know the points which indicate a cavity in the lung; but it may be doubted if he is ever taught to look at the phthisical patient's tongue, or to investigate the condition of his assimilative organs, on which, however, the future of the case essentially turns. He is instructed how to boil urine in a test tube, but neither he nor his teachers can, in many instances, tell whether the albumen, when found, is the indication of serious disease, or a mere fact of little or no importance. Again, he finds sugar in the urine, and proceeds at once to diet the patient, and sometimes nearly kills him as the consequence of the treatment adopted: as occurred in one case at least which came under our notice lately, and where the patient had to take back to a farinaceous and saccharine dietary to save his life—and on which for twelve years he has been well and active, though his urine contains sugar to an extent which is unprecedented in our experience, and almost incredible. He is taught to wield a clinical thermometer; but, a sa rule, he is utterly unenlightened as to the proper treatment of pyrexia with a moist skin, and a dry skin; and yet there is an essential difference in the two. In fact, he is crammed to pass an examination, not educated to think and reason about actual disease; and he leaves his college with a diploma in his pocket; and learns something of disease at the bedside, and at the expense of the people who are so unfortunate as to be his first patients. He thinks he knows everything; and is too profoundly ignorant to have any rational conception of how very little he does actually know: and would not thank anybody to undeceive him.

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He is often about as complete a fraud as can well be imagined.

And yet the Anglo-Saxon race is eminently practical; and has, as Kingsley puts it, "a strange willingness to learn." How comes then so unfortunate, so deplorable a result? It is evident that there is something radically wrong somewhere. Are the examiners indifferent, or incapable of testing a man's information? it may be asked, but *quis custodiet ipsos custodes!* It may be questioned very gravely, whether the time occupied by a medical education is spent to the greatest advantage or not; whether the student is taught the kind of information best calculated to be of service to him and others in his chosen vocation? Students often bitterly complain that they cannot see of what avail certain knowledge, which they must get up for a pass, is to be to them in after life. They would give their minds far more thoroughly to their studies if it could be demonstrated to them how they will bear on actual practice. Who but an anatomical teacher ever remembers how many bones there are in the wrist, except it be the surgeon who is about to perform an operation on that joint; to say nothing of being able to discriminate them from each other, after he has been five years in practice. Who ever remembers about the annulus of Vieussens, or ever learns anything about it afterwards? unless his physiological inquiries have interested him in the relations of the vaso-motor nerves of the liver to the occipital portion of the cerebrum supplied with blood by the vertebral arteries. What student has ever been taught to look at the chemical composition of the bile acids as indicating their origin in the albuminoids of our food; and the practical value of this knowledge in the treatment of biliousness? Students have to grind up the anatomy of the sympathetic nerve; but how many are ever taught to discriminate betwixt primary gastric dyspepsia and the far more common reflex form which is caused by irritation in the ovary, or displacement of the uterus: and yet how such information would stimulate them in their anatomical studies! He is familiar with the fact that vomiting is common in the early months of pregnancy; perhaps he has had pointed out to him in the wards of the hospital, that severe vomiting is a common symptom of calculus in the kidney; but who has ever thought of giving him definite ideas about reflex disturbances generally? No one! Not a syllable does he ever hear about reflex disturbances. The still waters of his mind are never disturbed by any suggestion that in far-away irritation will he often find the first departure from health in many of the maladies he is most commonly called upon to treat.

And, of course, his treatment is simple blundering, which interests the patient, makes a bill, it is to be feared, but that is all. He is taught much about physical signs—can detect a cavity—or more probably persuade himself he can, and a moist râle here and there; but he is profoundly ignorant how to approach the treatment of a case of early phthisis; nor is he ever reminded by the composition of perspiration of the importance of checking the "night sweats" which drain the body of its salts. He is taught to detect a cardiac murmur; but how to appraise its significance he has no more idea than had the Zulu at Rorke's Drift, who thought he was all safe when he held on to the muzzle of a rifle, of the mechanism of the breech loader which blew out his confiding brains. He is launched into practice about as dangerous a member of society as can well be conceived: an ignorant solicitor may cause his client much pecuniary loss, but an ignorant medical man my kill his patient outright. How much time is devoted to dissection; and how little to the study of physiology? A man is kept dissecting for three winters, who may pass his lifetime in harness without ever being called upon to cut down and tie an artery. Yet every day of his life he has cases which call for some accurate notions about the functions of the liver, and the assimilation and destination of the albuminoids after they have been swallowed; and yet, how many of the men who every year are passed into the ranks of the profession, or rather how few, have a rational idea on the subject? What is taught in an educational course is something which will be of value in after-life: or something which is valuable as training the mind, as educating the intellect to inquire and instruct itself on other topics. The mathematical knowledge insisted upon at the two great English universities is of itself of value to but a very small percentage of graduates; but it is insisted upon that it is a useful matter for training the youthful mind. Well, we do not deny that it may so be useful; but we do feel inclined to ask if some other knowledge could not be substituted for it, which would be equally useful for the training of the mind; and which might be of more value in after life. The question of useful knowledge has been recently entertained by Mr. Henry Power, in his opening address in the Physiological Section of the British Medical Association, at its recent annual meeting at Cork, in reference to medical education. What he has to say is entitled to the greatest respect; and what he says is put in an incisive manner. We quote it in full: "No doubt can be entertained that a better and more thorough knowledge of physiology should be possessed by the younger members of our profession than at present prevails. In my opinion, and I have had large opportunities of observation, I think, that considering the time at the disposal of the student, too many anatomical details are required in most examinations; whilst physiological knowledge is not only essential for the due and safe practice of the profession, but that it is a very important means of education: that it is the one thing which is properly taught; the one thing that is well known in the preparation for the medical profession. Whilst admitting its value in this respect, and acknowledging the difficulty of drawing any hard and fast line defining what should and should not be known, I cannot but think that the candidates for most of our examinations are asked points in anatomy which, when known, are utterly valueless; whilst if the same time and labour had been bestowed upon physiology, valuable information of a practical nature would have been acquired. Many candidates for our ordinary examinations are able to describe the course and relations of minute branches of nerves and arteries, a knowledge of which they will most probably never have any occasion to apply, or, if they have, they will have forgotten them; whilst in regard to such important practical points as the nature and digestibility of different kinds of foods, or the more important phenomena of the circulation and respira-

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tion, they can give no intelligible account." And yet it would appear that a competent knowledge of the circulation, and of arterial tension, for instance, would be of service every day in the practitioner's work of life; while the relations of minute arterial twigs can only be of service to him on the rarest possible occasions. It is in so far that physiology makes anatomical knowledge useful, that the chief utility of the latter lies. Without physiological knowledge anatomy is only useful from its regional aspect, that is surgically or diagnostically in examining the viscera, or following out neuralgia. It is the light which physiological investigation is throwing upon anatomical details, that is giving them importance and practical value to the student; provided he is instructed with regard to the requirements of actual practice.

THE DUBLIN SANITARY COMMISSION.

THE long-promised inquiry into Dublin sanitation was to have commenced its sitting yesterday (Tuesday), nearly a year and a-half having elapsed since the Chief Secretary gave the promise that the investigation should take place, and many months having gone by since the commission was actually appointed. The public announcement sets forth that—

Mr. Robert Rawlinson, C.B., Chief Engineering Inspector to the Local Government Board, and Dr. Frederick Xavier MacCabe, Inspector to the Local Government Board for Ireland, have been appointed her Majesty's Commissioners, "empowered and authorised to make and institute an inquiry touching and concerning the present system of sewerage and drainage in the city of Dublin, in so far as such sewerage and drainage affect the sanitary condition of the said city, and the state of the river Liffey which flows therein, and to inquire whether such system is directly or indirectly prejudicial to the public health, and whether any and what changes are necessary therein, with a view to sanitary improvement."

We have, of course, no feeling other than satisfaction that the Government has, even so tardily, yielded to the public demand for this inquiry, and we have complete confidence that the gentlemen who have been nominated as judges will, "without fear, favour, affection, or envy," give expression to what they believe to be the exact truth of the matter, and do their best to ascertain where that truth lies.

We must, however, at once, express our dissatisfaction at the terms in which the advertisement of the inquiry is framed, and our apprehension lest, after all, its results may be absolutely valueless as an explanation of the unwholesomeness of Dublin. We are told by the announcement that the committee is "to institute inquiry touching the present system of sewerage and drainage in so far as such sewerage and drainage affect the sanitary condition of said city . . . and whether any and what changes are necessary therein, with a view to sanitary improvement." On the other hand, we hear it said that the commission is at liberty to hear evidence respecting any and all of the causes of the unhealthiness of Dublin. If the latter be true we are satisfied, and we strenuously urge the Sanitary Association to be up and stirring, and to bring before the notice of the commissioners without delay the overwhelming proofs which are at hand that simple dirt and universal disregard of sanitary law are the principal and actual causes of the great mortality within the city. But, if we are justified in our apprehension that the commission is to hold an engineering inquiry into the cleansing of the Liffey and the cost of it, we at once protest that such an investigation will be totally unsatisfactory, will be of little use, and will give confidence to no one. Every one who knows anything of the sanitary condition of Dublin—even the Public Health Committee of the corporation itself and its officers—knows well that the lower classes of Dublin die as they do because they live from their first breath to their last in abominable dens, unfit for swine, from which wealthy tenement-farmers make large profits, by never spending on sanitary improvement a shilling they can help. Every one believes that, if the death-rate of Dublin is ever to come down, it must be brought down by a thorough overhauling of these places by a really active and earnest house-to-house examination of them, and by a rigid and impartial enforcement of the law, not only against the miserable tenants, but against the well-to-do and influential owners. What we need from a commission is an authoritative declaration whether or not this is so; and if they have no power to make the requisite inquiry, or to give expression to an opinion on this subject, they might as well never have been appointed.

Are the commissioners aware that in the past week the death-rate of Dublin was 24·3 per 1,000 of the population, while that of smoky, overcrowded Glasgow was 16·6; that it was largely in excess of the ten years average of Dublin city; that the number of new admissions to hospital for small-pox was 42, being 25 above the number for the previous week! Have the commissioners read the following public statement from Mr. Exham, Q.C., the Magistrate of the South Dublin Police District:—

He (Mr. Exham) considered it his duty to go and see the place himself. Having inspected the premises, he now stated it was a perfect disgrace to any civilised city, and if there are many houses in a similar condition he did not wonder at the death-rate of Dublin being so high He believed were he to stand in the hall for half-an-hour he would become sick. The ceilings were all in smash, and had evidently been so for years; broken panes of glass were numerous, but this was probably fortunate for the wretched tenants as a means of ventilation, when he remembered the foul, obnoxious smell that came from the yard, and indeed from portions of the house itself. The skirtings one would expect to find at the stairs are broken away; and in ascending the stairs, a foul and filthy mass of liquid matter is observable within the four walls of the house. The sergeant begged him not to enter the yard, or to go up stairs, he assumed because they were in a terrible condition, and as the owner did not invite him to inspect them, he did not do so. He assumed that the owner had no objection to receive rents for this abominable hole, and he now stated publicly it was unfit to contain a single human being for one night.

We assert, without fear of proof to the contrary, that not a few, but a large proportion, of the houses in which the Dublin poor live are no whit better than this; and that they have remained so, and unless the Commission does something, are likely to remain so as long as there is no more effective check upon tenement-farming than that of the corporation.

It is but a few days since that one of these places fell down from their rottenness, and we hear that since then a number of others have been condemned, and yet these

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houses remained under the toleration of the corporatiou and its officials, and might have remained for ever if the laws of Nature did not prevent their continuance.

While these things are so we assert that, if the commissioners could make the Liffey a limpid brook, and its bed a spotless rivulet, they would do nothing real towards a remedy for Dublin insanitation, and we can see no better result of their labour than to saddle the citizens with the payment of half a million of money, and to make the fortunes of half-a-dozen contractors.

Notes on Current Topics.

Baby Murder.

The frequent recurrence of the horrors typified most recently by the Tranmere baby-farming case indicates the necessity that exists for some prompt and energetic action that will have for its result the prevention of such crimes as this last one. There are about the Banks' performances so many professional details of exceptionally revolting kind, that it has served more than any other recent exposure to stir a general feeling of determination to do once for all what shall prove deterrent to intending successors in the same line. It cannot be doubted that at the very best, and putting the matter in the mildest possible light, whoever accepts the charge of a number of infants, and knowingly and wilfully neglects to afford them so much nourishment, and of such kind as they require to be supplied with, is thereby consciously acting detrimentally to the welfare of the infant. And when, as in the case of the two unfortunate infants who have succumbed at Tranmere, death sooner or later supervenes on the continued course of neglect and insufficient food, it can never be questioned that murder, wilful murder, and murder of a dastard sort has been wittingly committed. The medical man who countenances practices inimical to the well-being, be it only of an infant life, is, moreover, culpably in fault with the actual perpetrator of the crime; and we fail to see any excuse that can be urged to defend any registered practitioner who, at the first suggestion of wrongful treatment of children, many, or few, omits to take such measures as are in his power to stop the further infliction of hideous cruelty. No child, soever, can be buried unless the death certificate, duly signed, be produced. This simple measure should, in our opinion, be enough in itself to render impossible the continuance of baby-farming atrocities. This not being so, the mode in which the regulations relating to the filling and granting of death-certificates are carried out, calls for interrogation, and the inspection ought at once, in the interests of justice, to be made.

Poisoned Sweets.

One might almost think that the age in which people submitted unmurmuringly to be poisoned to death by the attractive coloured sweets and sweetmeats had gone by. Such, however, would seem not to be the case, the South Shield's magistrates having had before them, on Friday last, a confectioner on whom, for selling sweets coloured with chromate of lead, they felt themselves constrained to pass sentence of two month's imprisonment, or a fine of £5. It is not so very long since the first agitation against poisoned toffy was set afoot; and many may remember that Dr. Thorpe, then Assistant Lecturer on Chemistry at Anderson's University, made frequent sallies into the "tuck" shops in search of the poison-bearing "goodies." More, however, than we think, fall victims to the by no means uncommon use of lead bichromate in sugar-boiling establishments; and many general practitioners, puzzled to assign any adequate cause for the symptoms exhibited by their younger patients, will often do well to make very searching inquiries as to the amount and nature of the sweets consumed within the twenty-and-four hours preceding his professional call. It is worthy of note that the *Northern Evening Express*, reporting the case, carefully adds that chromate of lead *was* a poison on the medical authority of Dr. Spear.

Broken Pledges.

Those who expected much from a Government programme, which proclaimed sanitary legislation as one of its leading features, have doubtless, by this, been grievously disappointed, and we have repeatedly had to dwell on the vaccillating policy which has marked the English Local Government Board in its dealings with sanitary reform and sanitary authorities.

In our issue of Sept. 10, 1879, under the heading "An Incredible Story," we narrated a mass of facts illustrating the want of comprehensive management showed by the Local Government Board, and we have again to point out the faults of our central sanitary authority.

When combined sanitary districts were first formed, we hoped that the country would be mapped out into large areas under the sanitary supervision of medical officers of health, who would be unfettered in their action, fearless and independent, and who would thus be in a position to carry out true sanitary reform.

It is needless to repeat the advantages of having combined districts; but the English Local Government Board do not seem to appreciate the importance of preserving existing combinations, or of extending their influence, or rather their compulsory powers, in preventing the disintegration of the only efficient means by which sanitary laws can be enforced. Another instance has just cropped up.

Dr. Cornelius Fox is known as an active, earnest, and intelligent pioneer in the work of sanitary reform. Through his efficiency he has become a martyr; for the combined district to which he was medical officer, has not preserved its integrity, and one of the districts has seceded for the ostensible reason of economy, but in reality, to get rid of an officer who was determined that if drainage was defective it should be remedied, that if the sanitary surroundings of the villages in the Billericay Rural Sanitary Authority were imperfect, they should be made perfect, or in other words, that he would make his office not a sinecure, or a sham, but a reality.

Dr. Fox has resigned, in preference to continuing with a diminished salary and a diminished district, as he felt that he was not supported by the Local Government Board, and that, unless he were willing to hold his appointment, subject to the caprice of

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the members of his Local Boards, he could not, with dignity or conscientiously, discharge his duties. Dr. Fox is thus a martyr to principle. The resignation of his appointment must entail pecuniary loss, and he will have to return to routine practice again, from which he was attracted by the professions of the Government, in the hope that there would be fixity of tenure, for all efficient medical officers of health who held large combined districts.

The sanitary service attracted a number of able men, most of whom have been deceived. It is the old, old, story, "Put not your trust in Princes," or in the heads of departments. The War Office has taught the profession a lesson, by which it has profited; candidates will not enter now. The sanitary service is being taught another lesson, *væ victis*.

The Lost Art of Prescribing.

PRESCRIBING as an art seems to be on the decline, and the reasons for this, probably are, that students are either not taught the principles, or that routine or pocket formulæ are much more convenient, whilst patent medicines offer a simple substitute for original prescribing. In nearly all modern works on medicine, there is, at the end, a copious formulary from which prescriptions can be selected, thus saving the expense of thinking, of arrangement, and even a knowledge of materia medica, and should the practitioner not be satisfied with these formulas, he can resort to Naphey's "Modern Medical Therapeutics," or Beasley's "Pocket Formulary" for a further selection.

Given a certain disease, there is to hand a ready-made formula; the trouble of thinking is even saved. Patent medicines, as Eno's fruit salt, Freidrichshall, Hunyadi-János, pearl-coated pills, concentrated mixtures, &c., &c., are also destructive of the art of prescribing. We know that physicians in large practice, have recourse to patent medicines, and in place of ordering or writing out a long prescription, they save time, and encourage the patent medicine trade, by advising the use of such and such an article.

Any chemist in large towns, doing an extensive compounding practice, will confirm this statement. It is a matter of regret that the materia medica professorship is not considered of more importance, and that the majority of students leave College ignorant of the art of prescribing.

Hard Times.

FROM every part of the United Kingdom we hear news of stagnation in trade, and, consequent upon this, lower wages and hardship pressing upon every class of society. The landlord cannot get his rents because the farmer is unable to make his land pay; the manufacturer cannot run his mills except at a loss, and in many cases either stops his machinery or runs half time, thus directly affecting his operatives; the professional man who lives by the other money-earning classes cannot obtain a settlement of his accounts, and we have a long chain of cause and effect springing from bad trade. When wages were high, when trade was good, and the country in the highest state of prosperity, the doctor's bill was always the last to be paid, and the long period of credit given by the majority of practitioners fostered the idea that medical men, as they had such large profits, could afford to wait for their money. Now that trade is bad, medical men are suffering very severely, and in many towns there is a positive difficulty amongst practitioners who are doing large practices, to make even ends meet. Patients are as numerous as ever, population goes on increasing, despite of financial difficulties, but money is scarce.

Who is to blame? The answer is a difficult one. The operative might have saved more from the high wages he received in better times, and medical practitioners would also have been better off, if they had insisted on shorter terms of payment, and not given such long credit. We are waiting for the lifting of the cloud, also hoping that hard times will teach a salutary lesson.

Holiday Time for English Poor-law Medical Officers.

WE do not know of any section of the profession who are more deserving of rest from their labours, or who require a holiday more than our over-worked poor-law medical officers, and we are quite certain that it is to the interests of their patients that their medical officers should, for a time, have change of air and scene. As a rule, we believe there is in England no difficulty about leave of absence, the custom being for the medical officer to notify his intention of taking a holiday, and to find at his own expense a legally qualified deputy.

We notice in the *South London Press*, September 13, 1879, a little paragraph written, certainly not in the spirit in which the lay press, as a rule, writes about medical men—and evidently the work of some one unacquainted with the usual routine adopted by medical officers who want a holiday.

We cannot object to such paragraphs any more than we can object to the buzzing of a gadfly, and though they may be annoying to those immediately concerned, the better plan in such cases is to take no notice of them. In the present instance the medical officer in question, Dr. Kelly, wrote to the St. Olave's Guardians informing them of his intended absence of a couple of weeks, naming at the same time his customary substitute, and receiving no reply either of dissent or approval, he thought he might fairly leave his patients in the hands of his deputy.

According to the *South London Press* he is accused of taking "French leave," and it is said that the guardians do not like this, and a query is put—probably intended as a joke—"Did they ask Dr. Kelly to turn over a new leave?"

Now we interpret this in another way. We hope the St. Olave's Guardians will grant their hard-worked and useful medical officer a new *leave*, and find *at their own expense* a deputy for him whilst he is away.

THE following epigram on Professor Allman's Presidential Address is credited to Mr. Evans, F.R.S.:—

From life to consciousness the chasm
Cannot be bridged by protoplasm.
All flesh is grass, but chlorophyll
Can all man's duties not fulfill.

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The Dublin Orthopædic Hospital.

Several correspondents have indignantly called our attention to newspaper articles published recently in the Dublin papers in reference to this institution; to the never-ending recurrence of these effusions, to the interlarding of them with details of the astonishing feats of surgery said to be performed therein, and finally, to a long letter from a "grateful patient," gushingly laudatory of a surgeon connected with the institution, whom the writer names. We are solemnly assured that the surgeon referred to had neither cognisance nor part in this publication, and we therefore withhold the censure which such a method of notoriety would deserve if approved by any professional man. We are, however, bound, in deference to the call of our correspondents, to say that in our opinion the puffing of this institution has in Dublin come to be a nuisance and a scandal, that it has outstepped all the necessities of the charity and all the proprieties of hospital etiquette, and, if persisted in, will deprive the Dublin Orthopædic Hospital of all claim on the sympathy of the profession. Moreover, we do not think that medical officers of an hospital who would remain silent and inactive under the free use of their names and their surgical achievements by lecturers, ladies' committees, or penny-a-liners, and who might omit to make their disapproval fully understood, would be doing all the profession expects to disassociate themselves from such bare faced puffery. We certainly expect that the medical staff of this hospital will not again permit the managers of the concern to tout for public sympathy on the strength of their names and their professional standing.

Dublin Inquests.

The proceedings of the Dublin Coroners' Court must have become somewhat notorious through the agency of our columns. We have had occasion to notice, from time to time, the illegal system of paying salary to a medical witness, the salary job perpetrated by the Corporation in favour of the present coroner, and recently, the proceedings of that functionary on the occasion of the inquest on Mr. Michæl Angelo Hayes. A report of an inquest on the body of a man, who died in the Dublin police office while waiting to be sworn as a dangerous lunatic, again calls on us for public notice. The post-mortem examination revealed that the case was one of meningitis, whether alcoholic or not remains to be shown.

Our criticism is, that the coroner, Dr. Whyte, considered it consistent with his judicial functions to act as public prosecutor of the hospital porter who was in charge of the deceased, and of the surgeon who had sent him out of hospital, and that the coroner occupied the greater part of the sitting in the endeavour to force his views into the heads of the jury, and to catch evidence in support of them from the witnesses.

When the surgeon who had been in charge of the case presented himself voluntarily, the coroner refused or omitted to call him as a witness or to put him on his oath, and the testimony of this, the most important witness, as to the cause of death, was received as an unsworn statement, for which there was no legal verification. We cannot give space to the further details of this investigation (?) but refer those of our readers who desire to know more of the matter to the *Irish Times* of September 23rd. We refer to the subject solely in order to record our opinion that it is the business of a coroner impartially to investigate the causes of a death, and to endeavour to control his own preconceptions on the subject; that in the discharge of that duty it is his business to call every witness who may be able to instruct the jury as to the cause of death; and that it is distinctly *not* his function either to bully witnesses into an apparent support of his own theory, or to permit the most important testimony to be put to the jury as a voluntary and irresponsible statement.

The Appointment of Dr. Grimshaw as Registrar-General for Ireland.

At a meeting of the Executive of the Irish Medical Association, held on Tuesday, the 16th of September, at the Royal College of Surgeons, Dublin, Dr. Speedy, Chairman of the Council, in the Chair, it was moved by Dr. J. W. Moore, seconded by Dr. Pollock, and unanimously resolved—"That the Council of the Irish Medical Association have heard with the liveliest satisfaction of the appointment of Dr. T. W. Grimshaw as Registrar-General for Ireland, and hereby convey to him this expression of their gratification at his well-merited promotion to such a responsible and important position under Her Majesty's Government."

At the same time the Council feel much regret in accepting the unavoidable resignation of Dr. Grimshaw as a member of the Executive of the Association, and desire to express their grateful thanks to him for his inestimable and unwearying services to the Association, and to the profession at large.

Liverpool Seamen's Dispensary.

From an interesting article in the *Nautical Magazine* entitled "Our Sick Seamen Abroad and at Home," we learn that this useful dispensary is doing good work. It was established by the Committee of the Liverpool Sailors' Home for the purpose of providing seamen with medical attendance and medicines at the lowest cost, "and thus protecting them from the numerous advertising quacks who infest Liverpool as well as most large towns." It has now been in full working order for two years and a half, during which time it has given relief to 2,310 patients. The practice of the dispensary has been from the first limited to venereal diseases, as not only is the provision made in Liverpool for the treatment of these complaints very inadequate, but sailors don't like attending at general dispensaries where they are kept waiting in the company of women and children. Hence this dispensary supplied a great want, and we hope with the writer of the article referred to, that similar institutions will spring up wherever they are likely to be useful.

The Ennystimon (co. Clare) Board of Guardians have decided to reduce the salary of their sanitary officers by one-fourth, and have forwarded to the Local Government Board a resolution declaring that the appointments of such officers were "mere sinecures."

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The New Army Medical Warrant.

We have been favoured with an official notification from the War Office that the examination for the Army Medical Department, which was announced to be held in September, has been postponed, pending the consideration by the Treasury of the New Warrant.

It is hoped by the War Office authorities that the Treasury decision may be given in time for an examination to be held before the next session of the Army Medical School at Netley.

The Drug Nomenclature of the Unwashed.

Among some original specimens the *Chemist and Druggist* gives the following :—"Balocks and Hunney," "parragrack," "holoways," "extract hyoxyemus," "antyburlas pills," "Loddoni," "sotne withen" (stone whiting). Another chemist is asked to prescribe for a child "sick and no apletight," for another troubled with "a dredful roaring in his inside;" some one wants "a bottle of scent for diarrhœa in his head." Other requirements are "combination soda" (carbonate), "commode for the hair" (pomade), "bitter alice," "asissik assik" (acetic acid), "brucks" (borax), "fires of balsam," &c.

Vaccination by Unqualified Assistants.

The Huddersfield Board of Guardians have resolved that certain of their public vaccinators be called upon for a written explanation of irregularities committed by them in deputing their duties to assistants who were not qualified medical practitioners, and in signing on the vaccination registers their own names as having performed the operation, when the assistants had in fact vaccinated children. This action on the part of the Board was taken in consequence of a letter being received from the Local Government Board complaining of the practice.

Case of Hydrophobia.

At Ballyedmundduff, in the co. Dublin, a case of hydrophobia has occurred. About a month since, a little girl had been bitten by a rabid dog, and on Tuesday week she exhibited symptoms of the above disease. Last Friday the infant sufferer was in a state of great agony and died on Saturday. The father of the child and another man were afterwards bitten by the same animal, which was then destroyed by an old shepherd. Fortunately, the teeth did not enter beyond the surface.

Litholapoxy—Rapid Lithotrity.

This operation was recently performed by Mr. William Stokes in the Richmond Surgical Hospital, Dublin, and with complete success. The patient was an elderly man, who had been suffering acutely from stone in the bladder for the last two years. The calculus was removed in one sitting. This is, we believe, the first time Prof. Bigelow's operation has been performed in Ireland. We hope shortly to get full details of the case.

A boy, æt. 13, named John Thomas C. Jepson, son of a night watchman, died at the Leeds Infirmary, last week, from hydrophobia, caused by the bite of a dog.

Mortality amongst Homœopaths.

We give the following statement *quantum valeat* :—

There is a homœopathic life insurance office in New York which takes homœopathists at lower rates than others. Dr. Neville Wood, writing in the *Homœopathic Review*, gives the following as the "mortuary experience of 10 years" of this office, certified by the Government auditor :—7,927 policies to homœopaths, 84 deaths, 1·059 per cent.; 2,258 policies to non-homœopaths, 56 deaths, 2·92 per cent.

Fraudulent Drugs.

The *Pharmaceutical Journal* says, that at the drug sales in London there has been noticed this month some spurious matico, with an aromatic odour between that of aniseed and sassafras, and another kind with leaves extremely similar to those of matico, but quite inodorous.

A couple of weeks ago a shopkeeper at Armley was summoned for selling ¼ lb. of sweet spirits of nitre, which, according to the borough analyst's report, contained "scarcely any nitrous ether, on which the medicinal value of the liquid chiefly depended." The Town Clerk, who prosecuted, said, it was much to be regretted that persons who traded in these articles should not take the precaution to get a warranty from the wholesale dealers. The Corporation would proceed against the wholesale dealers if they could. The defendant said he sold the article in exactly the same state as he purchased it. The bench inflicted a penalty of 2s. 6d. and costs.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—In Calcutta 22, Bombay 39, Madras 36; Paris 24; Brussels 31; Amsterdam 17, Rotterdam 22; The Hague 22; Copenhagen 29; Stockholm 22; Christiania 17; St. Petersburgh 34; Berlin 29, Hamburg 25, Dresden 29, Breslau 35, Munich 30, Vienna 24, Buda-Pesth 38; Rome 26; Turin 25; Alexandria 42; New York 23; Brooklyn 23, Philadelphia 18, and Baltimore 19 per 1,000 of the population. Small-pox caused 6 deaths in Paris, and 11 in St. Petersburgh.

The individual who has been variously styled in the newspapers as Dr. Hammond, Mr. F. J. Hammond, F.R.C.S., but whose name does not, we are happy to say, appear either in the Medical Register, or the "Medical Directory," was brought up last week at the Central Criminal Court, under commitment for trial, on the charge of attempting to procure abortion in the person of Ellen Saunders, with whom he cohabited. The judge characterised it as a very serious offence, and he was sentenced to ten years' penal servitude.

The death-rate still continues very low throughout the United Kingdom—last week the mortality per 1,000 of the population in the principal large towns were—Portsmouth 11, Norwich 12, Edinburgh 14, Wolverhampton 15, Nottingham 16, Bradford 16, Plymouth 16, Birmingham 17, Glasgow 17, Bristol 17, Hull 17, Sheffield 18, Oldham 19, Leeds 20, London 20, Manchester 20, Sunder-

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land 20, Leicester 21, Salford 23, Dublin 24, Newcastle-upon-Tyne 25, and the highest rate 26 in Liverpool.

Alstonia constricta is an Australian bark used in Queensland as a substitute for quinine, and is now coming into use in the United States. It is also known under the name of Queensland Fever Bark. It is quite different in appearance from Dita bark, which is used for dysentery rather than for fever.

THE subject selected for competition for the Fothergillian Gold Medal of the Medical Society of London in March, 1880, is "The Pathology and Treatment of Dysmenorrhœa;" for March, 1881, on "The Relative Value of the various Antiseptics in the application to Medicine and Surgery." Its value is 20 guineas.

THE resignation of Professor Attfield as Senior General Secretary of the Pharmaceutical Conference was announced at the termination of the Sheffield meeting, Professor Attfield has consented to hold office for one more year. A committee of members has been formed whose object is to raise funds for a testimonial in recognition of the devoted services which Professor Attfield has rendered to the Conference during its sixteen years of existence.

THE English Pharmaceutical Society has prosecuted a village grocer for selling laudanum not bearing a label with his name and address. The laudanum sold bore the name of "J. H. Elmitt, chemist, Horncastle," and also, it was said, bore a patent medicine stamp. But neither of these evasions availed, and defendant was fined £2 10s. and £2 12s. 6d. costs, an amount which he declared he was unable to raise.

DIARRHŒA, which has never shown a high death-rate this year, is still further declining; it was most prevalent in London, Liverpool, Salford, Leeds, and Leicester last week. Scarlet fever was somewhat excessive in Liverpool and Sunderland. Small-pox caused 5 deaths in Dublin, 1 in London, not another being reported from any other part of the United Kingdom.

BY Dr. Sedgwick Saunders' report it appears that during the fortnight ending the 20th ult., seven and a half tons of meat had been condemned in the City of London, as unfit for human consumption, and nearly three tons of putrid bacon, hams, and tongues, stated to have been sold to a soap-boiler, had been seized.

IN proof of the increasing popularity of the medical school attached to the London Hospital, we may mention that workmen have been engaged for some time on the enlargement of the dissecting-room, laboratories, library, &c., most of which is expected to be finished this week.

THE Government manufacture of quinine in India yielded last year a net profit of 42,412 rupees, or 4½ per cent. on the capital.

CHOLERA has again made its appearance amongst our troops in Afghanistan.

THERE were thirty-one deaths from yellow fever in Memphis last week—a smaller amount than for many weeks past.

UNIVERSITY COLLEGE HOSPITAL.

THE North London or University College Hospital is again opened, after being closed for important alterations, which have greatly increased its capacity and improved its organisation. The enlargement of space, for a considerable addition to the number of beds, has been gained by appropriating rooms on the top storey, heretofore chiefly used as sleeping apartments for the nurses. That no loss of necessary accommodation should follow this arrangement, certain houses in University Street have been brought into requisition, two of these tenements adjoining the main building; and besides the convenient lodgings which they afford for the Sisters of All Saints, Margaret Street, and their large and efficient staff of bedside attendants, additional chambers for special operations and treatment in connection with the wards for female patients have thus been gained. The changes have been effected at a total cost of not more than £3,500. There is no part of the establishment which has not shared the benefit of the moderate out-lay; new drainage works have banished the old brick-barrel drains, and a system of out-door pipes has been introduced. The walls, formed of a composition which has a marble smoothness of surface texture, called "Parian," have been coated with silicate paint. A simple dado character of decoration, with a warm, reddish chocolate for the lower ground, has been generally adopted. There is a separate ward for erysipelas in the highest floor of the north wing, and the sister and nurses attending the erysipelas ward are forbidden access to the other parts of the institution.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending the 20th ult., the deaths in Edinburgh were 59 in number, and the death-rate was 14 per 1,000. The zymotic mortality was low; only one death from fever was reported, and that was a child in the Old Town. Of the 140 births, 9 were illegitimate.

HEALTH OF GLASGOW.—The death-rate of Glasgow for the week ending the 20th ult., was 17 per 1,000, as compared with 18 in the previous week. In the corresponding periods of 1878, 1877, and 1876, the rates stood at 19, 19, and 20 per 1,000 respectively. This shows an exceptionally good condition of the public health, and one now long-continued.

PAISLEY—THE PROPOSED NEW FEVER HOSPITAL.—The proposal to erect at Paisley a new fever hospital for Johnstone, Neilston, and the landward portion of the Abbey parish, is meeting with vigorous opposition from the townspeople of Paisley. On the 22nd ult. a requisition, intended for the Board of Supervision, against the proposal was numerously and influentially sigend. It is promoted by the five Paisley members of the Abbey Board's Sanitary Committee, who voted in the minority at a former meeting, against the scheme. A public meeting is talked of.

REGISTRAR-GENERAL'S RETURNS.—The weekly returns of births, deaths, and marriages, in the eight principal towns of Scotland, for the week ending Saturday, September 20th, says: "The death-rate in the eight principal towns during the week ending Saturday the 20th September, 1879, was 16·9 per 1,000 of estimated population. This rate is 2·2 under under that for the corresponding week of last year, and 0·1 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 11·7, and the highest in Leith, viz., 27·3. The mortality from the seven most familiar zymotic diseases was at the rate of 2·9 per 1,000, being the same as the rate for the previous week. Diarrhœa and diphtheria (under which croup is included) were the leading epidemics. Fifty-two deaths were caused by acute diseases of the chest, being 17 less than the number recorded during the previous week.

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OUTBREAK OF FEVER IN KINNING PARK.—Several cases of fever have occurred within the past few days in Smith Street, Kinning Park, the affected persons being immediately removed to the joint hospital. A great many cases of typhus, typhoid, and scarlatina, are at present under treatment in several of the streets of the district of Plantation, and also in the joint hospital, from the same quarter.

ANDERSON'S MEDICAL SCHOOL.—AURAL SURGERY.—The managers of this school having resolved on appointing a lecturer on aural surgery, applications for the position are now invited. In the interests of professional propriety, we would beg to suggest to the managers that the successful candidate be prohibited from publicly reading the same paper on "Aural Surgery" more than six times, or at more than four different places; and that once published, such paper be regarded as sufficiently *aided* thereby, and not be re-read *ad nauseam*.

THREE CHILDREN POISONED AT AYR.—A singular occurrence, involving the death of three children, was brought to light at Ayr on the 25th ult. From information in possession of the police authorities, it appears that a little boy, aged three years, named Matthew McHarg, took ill about eight o'clock on the Sunday morning previous, and died at four o'clock on the following Tuesday. Another little boy, belonging to the same family, aged five years, took ill on Monday night, and also died on Tuesday morning about ten o'clock. A third boy, also a member of the family, aged seven years, took ill on Wednesday and died on the 25th ult., about noon. The three boys had all the same symptoms, being seized with violent vomiting and purging, and the medical man who attended them is of opinion that they had eaten something by which they had been poisoned. The father states that the boys had potatoes and herrings for their supper on Saturday night, just a few hours before the first boy, who died, was seized with the vomiting and purging. He also states that previous to Sunday they were all strong healthy children. The opinion of three local medical men is, that the symptoms exhibited were those of poisoning due to the use of unsound fish.

EDINBURGH NEW SCHOOL OF MEDICINE.—The new Minto House School adjoining both the Museum and the University, is now complete in all its departments. The teachers of the school have introduced a noteworthy feature—that is, the tutorial classes, in which a *resumé* of the preceding week or fortnight's work is given by the lecturers, and the more abstruse details explained. The certificates acquired at this institution are accepted by the University of Edinburgh.

Literary Notes and Gossip.

IN consequence of the illness of Prof. von Ziemssen, who has undertaken personally to write the volume on "Diseases of the Skin," vol. 9, of "Ziemssen's Cyclopædia," Messrs. Wood and Co., the publishers, have issued a notice to subscribers that it is probable that this volume will be delayed for some time to come.

* * *

AS there is no volume in "Ziemssen's Cyclopædia" devoted to Hygiene and Public Health, the publishers have thought that those who possess that valuable work would like to have added to it the "New Treatise on Hygiene and Public Health," edited by A. H. Buck, M.D.; they have had copies of it bound to match the various styles of the Cyclopædia.

* * *

IT would appear that dentists are not satisfied to receive their professional journals but once a month, consequently the publishers of the *British Journal of Dental Science* (Messrs. J. and A. Churchill), announce that in future it will appear fortnightly, which we presume is the commencement of a sliding scale towards a weekly issue. The publishers having done their part, the editor might, we think do his, by making the journal brighter and more attractive; it is entirely in his power to obliterate the chances of an opposition journal being started, which has been talked of lately.

* * *

As an outcome of the recent official inquiry on the prevalence of colour-blindness amongst sailors, signal men, and others, to whom an exact perception of colour is so absolutely necessary on account of the thousands of lives whose safety is placed in their keeping, Dr. Joy Jeffries, a well-known American author, has just published a work "On Colour Blindness, its Dangers and its Detection." In this work a good deal of research is evident, and though the author has produced nothing new or startling, he has nevertheless collated much valuable matter, and has succeeded in getting a good many facts and figures from members of the profession in this country. The novelty in binding is likely to remain so, very few, we opine, will be induced to copy our author's wrapper in three colours, scarlet, green, and violet; as a rough and ready test for colour-blindness, it disarms criticism.

* * *

A VERY useful little pamphlet has just been issued by Messrs. Ingram and Royle, under the title of "Natural Mineral Waters, their Properties and Uses." Owing to the wonderful success of the Apollinaris, Vichy, Friedrichshall, and one or two other waters, quite a multitude have been introduced from time to time, each claiming to be the best, purest, most efficacious, and most necessary, until the practitioner has become almost bewildered which to prescribe. This little pamphlet gives an analysis of all the known waters (about one hundred), their history, doses, and uses, arranged in alphabetical order, so that the reader has but to turn to the water about which he has any doubt, to obtain the required information. We may add that gratuitous copies will be sent to qualified practitioners, on applying by letter to Messrs. Ingram and Royle, 119 Queen Victoria Street, London, E.C.

* * *

ONE of the most popularly known medical authors has just passed away in the person of Mr. Pye Chavasse, F.R.C.S., of Birmingham, from cerebro-spinal sclerosis. We say *popularly known*, because his works were written for the general public, and were probably more widely read by them than any other medical works in the English language. And although the profession is apt to look upon popular medicine books with a considerable amount of suspicion; this much could be said of Chavasse's efforts, that they were such as popular works should be, aids to the profession, in teaching young mothers how best to take care of themselves and their offspring; not "how best to do without a doctor." Some of these books have gone through several editions: "Advice to a Mother" is in its thirteenth, "Advice to a Wife," twelfth, "Counsel to a Mother," third," and "Aphorisms," the second edition.

* * *

MESSRS. COLE & SONS, the well-known manufacturers of pathological specimens for the microscope, have prepared a new series of organic aromatic bodies derived from the coal tar, crystallised for the micro-polariscope and paroboloid. They may be taken as a good exercise for philologists and phonologists. The following is the list:—Metanitraniline, paranitraniline, sulphanilic acid, calcic sulphanilate, diphenylamine, diphenylnitrosamine, mononitrodiphenylnitrosamine, orthodinitrodiphenylamine, paradinitrodiphenylamine, dibromodinitrodiphenylamine, dimethylamidoazobenzene, diphenylthiourea, tropæoline, picramic acid, dinitrobenzene, diacetylphenylenediamine, paranitrotoluol, phtalic acid, phtalimide, naphtalenetetrachloride, diimidonaphtol, tropæoline, anthracene, anthraquinone.

* * *

THE new English Dictionary of the Philological Society, projected twenty years ago, is now at length, under the auspices of the Oxford University Press, about to be completed; and an appeal has been put forth by the Dictionary Committee of the Society for volunteer assistance in reading and extracting the numerous books not yet examined for the purpose. Between 300 and 400 volunteers are at present "reading" for the dictionary; up to the end of August they had completed 221 books representing some 300 volumes, which had yielded 81,600 quotation slips; while 485 books were in process, representing twice as many more quotations. Much interest in the matter has been awakened in the United States, where the articles on the subject in the English literary and other journals have been quoted and commended to attention by the newspapers in all parts of the country.

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Obituary.

JAMES CHARLESWORTH COPLAND.

THE profession has suffered a severe loss in the death of this able man. He was educated at Middlesex Hospital, and after taking his diploma he served in the Osmanli Irregular Cavalry during the Crimean War. He soon afterwards entered into general practice, but he was never calculated to succeed as such; and it was not to be wondered at that he withdrew almost altogether from practice, and devoted his time to literary work. He was almost solely the author of the abridged edition of "Copland's Medical Dictionary," and of very many able leaders which have appeared in the *Medical Press and Circular*. For many years he has been a member of the Court of Examiners of the Apothecaries' Hall. Mr. Copland was a great classical scholar, and throughout life has been a great reader. His companionship was eagerly sought, for his large general knowledge made his conversation instructive. His writings were those of a deep thinker—elegant, clear, and powerful. His knowledge of medicine was extensive, and he had great discrimination in the diagnosis of disease; and there is no doubt that had he in early life been able to wait his time for consulting practice, he would have taken a very high position in the profession. His courteous manners had endeared him to a large circle of friends, and his early death will be universally regretted, and by none more than ourselves for the loss of a most able colleague and amiable friend. Five days before he died he was taken with the most painful cramps in the bowels, accompanied by obstruction, tympanitis, and stercoraceous coffee ground vomiting, and other signs of valvulus, the probable cause of death.

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. C. R.—Paragraph to hand: see our Current Topics.

DR. FOOTE, Dublin.—We believe that Youatt wrote a special treatise on canine madness.

ARMY MEDICAL SERVICE.—Our attention has been directed to the letter. You know the old saying that "As the pipers play so the people dance," and in this case subordinates dance to the tune set by the War Office.

DR. L.—The best guides you can have are the following: Wood and Bache—"United States Dispensatory;" Egleston—"Table of Weights and Measures;" Eggleswaith—"The Metric System explained in a Nut-shell;" Browne—"The Metric System for Physicians;" Mann—"Manual of Prescription Writing;" Seguin—"Prescription and Clinic Record," xxiii. xxiv. ed. We have no doubt they can be obtained of the foreign publishing houses in London.

MARTIN'S BANDAGES.—The original bandages were, and are still, made by Krohne and Sesemann. Other firms now manufacture them.

ZULULAND—The Cape was a good field for the emigrant doctor. The Zulus will require doctors when they are civilised. You might aid in the work. They have not the character of liking "cold missionaries."

MR. C. L. HENDERSON, Kokomo, Indiana.—Our last number will give you every information with respect to the various universities and medical schools in the United Kingdom; the present issue, that for other European universities. It is contrary to our custom to recommend any particular school.

DR. GRIFFITH.—Your paper is not forgotten; it will appear in rotation with others received before it.

THE IRISH COLLEGE OF PHYSICIANS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Kindly inform a reader if the Privy Council have approved of the new bye-laws of the King and Queen's College of Physicians, and if a licentiate can now be admitted to the membership, and oblige

Yours, &c.,

Sept. 18, 1879. 1879.

[On inquiry we are informed that no confirmation of the new bye-laws has reached the College officially, and, therefore, the provisions are not yet in force.—Ed.]

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Cases: "Cholera in the New-born," by Dr. Lucas. Papers: "Deficient Development of the Uterus, Atresion of the Os Externum, Atrophy of the Ovaries," by Mr. Alban Doran; "Case of Congenital Inguino-Ovarian Hernia (double); Operation," by Dr. Chambers; Report of Sub-committee on the specimens removed.

DR. SEGUIN, New York.—Letter and papers received, and shall have our best attention.

SURGEON-MAJOR W. CURRAN.—We shall be happy to accept your papers for publication if you can summarise the results now contained in tabular form (too large for our pages) in paragraphs. As it at present stands it would be impossible to give the necessary space.

DR. THOROWGOOD.—Letter will appear in our next.

O. J. CARAHER.—Letter received when we were at press.

VACANCIES.

Brompton Consumption Hospital.—Resident Medical Officer. Salary, £200, with board. Applications to the Secretary before Oct. 8.

Fareham Union, Hants.—Medical Officer for the Titchfield District. Salary, £100, with usual extra fees. Immediate applications to the Clerk of the Board.

Leicester Infirmary.—Physician on the Staff. Honorary. Applications to the Secretary before Oct. 6.

North Shields Dispensary.—House Surgeon. Salary, £120. Immediate application to the Hon. Sec.

Oakham Union.—Medical Officer for Workhouse and District. Salary, £80, with usual extra fees. Applications to the Clerk before Oct. 14.

West End Hospital for Paralysis.—Assistant Physician. Honorary. Applications to the Hon. Sec., 93 Welbeck Street, London, W.

APPOINTMENTS.

ADAMS, J. E., F.R.C.S.E., a Surgeon to the London Hospital.

BENTHALL, W., M.R.C.S.E., a Resident Clinical Assistant to the East London Hospital for Children.

CARLISLE, J., L.F.P.S.G. & L.M., Certifying Factory Surgeon for the District of Crossgar, co Down.

CHAPLIN, S., F.R.C.S.I., Medical Officer (*pro tem*) to the Kildare Dispensary, Naas Union.

COATES, E., L.F.P.S. Glasg., Medical Officer to the Portumna Dispensary, Portumna Union.

COYNE, F. K., L.R.C.S.I., Medical Officer (*pro tem*) to the Ballyroan Dispensary, Abbeyleix Union.

DENNING, F., L.R.C.S.I., Apothecary to the Sligo Dispensary.

FULLER, L. H., M.R.C.S.E., House Surgeon and Secretary to the Royal Hants County Hospital, Winchester.

HUGHES, W. L., M.R.C.S.E., Medical Officer for the No. 1 District and the Workhouse of the Carmarthen Union.

LENTAIGNE, J. V., L.R.C.S.I., Resident Surgeon to the Richmond Hospital, Dublin.

MILLER, Surgeon-Major O. B., Deputy Lieutenant for co. Mayo.

ROGERS, T. W., L.R.C.S.I., Medical Officer for the Hacketstown and Coolkenna Dispensary District, Shillelagh Union.

TREVES, F., F.R.C.S.E., an Assistant Surgeon to the London Hospital.

Births.

BARRY.—On September 22, at 3 Glentworth Street, Limerick, the wife of Robert Barry, L.R.C.S.I., of a daughter.

DAVIS.—On September 21, at Newbridge, co. Kildare, the wife of Surgeon-Major J. Norman Davis, Army Medical Department, of a daughter.

NELIGAN.—On September 22, at Tralee, co. Kerry, the wife of J. W. Neligan, M.B., of a son.

Marriages.

ATKINSON—BERRIDGE.—On September 25, at Sibbertoft Parish Church, Joseph Atkinson, L.R.C.S.I., L.K.Q.C.P., of Eggleston, to Elizabeth, youngest daughter of William Berridge, of Sibbertoft.

BRUNTON—STOPFORD.—On September 29, at St. Peter's Church, Dublin, Thomas Lauder Brunton, M.D., F.R.S., of London, to Louisa Jane, youngest daughter of the late Venerable Edward Alderley Stopford, LL.D., Archdeacon of Meath.

Deaths.

BENNETT.—On September 3, at Leatherhead, William Bennett, M.R.C.S.E., aged 69.

CHAVASSE.—On September 20, at Hagley Mont, Hagley Road, Pye Henry Chavasse, F.R.C.S., in his 70th year.

COPLAND.—On September 18, at Coniston Lodge, Ealing (suddenly), J. Charlesworth Copland, M.R.C.S., some years sub-editor (English Department) *Medical Press and Circular*. Editor of "Copland's Dictionary of Medicine." Aged 48. Sincerely regretted by his colleagues and friends.

GAYE.—On September 8, at Newton Abbott, Charles Gaye, M.R.S.E., aged 84.

HENDERSON.—On September 9, at Ferryhill, Alexander Henderson, Surgeon.

KELLY.—On September 3, in the massacre at Cabul, Ambrose Hamilton Kelly, L.K.Q.C.P.I., Medical Officer to the British Embassy.

LAUGHLIN.—On September 17, at Gortin, Alexander Laughlin, M.R.C.S.Eng., late Surgeon R.N., aged 88 years.

MONTGOMERIE.—On September 26, at Edinburgh, Mary Campbell, widow of James Montgomerie, M.D.

OGILVIE.—On September 21, at Walmer, John Forbes Ogilvie, M.D., of Norwood.

RITTERBRANDT.—On September 26, at Kensington, Louis Antoinette Ritterbrandt, M.D., aged 71.

SIDNEY.—On September 23, at 19 Herbert Street, Dublin, Frederick John Sidney, LL.D., Secretary to the Royal College of Science for Ireland.

WICKHAM.—On September 20, at Holloway Road, London, N., Edward Wickham, M.R.C.S.E., aged 84.

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IRISH POOR-LAW INTELLIGENCE.

REMUNERATION OF MEDICAL OFFICERS OF HEALTH.

THE following letter has been sent by the Irish Medical Association to the Local Government Board :—

Irish Medical Association,
Royal College of Surgeons, Dublin,
Sept. 17th, 1879.

TO THE SECRETARY, LOCAL GOVERNMENT BOARD.

SIR,—The Council of the Irish Medical Association having learned that the Local Government Board have issued a circular calling attention upon the Local Sanitary Authorities to furnish a return showing the amount of salary paid to each dispensary medical officer for his services as medical sanitary officer under the repealed "Public Health (Ireland) Act, 1874," and also the amount of salary proposed to be given to each medical officer of health under the new Public Health Act, I am directed by the Council to express their decided opinion that unless the medical officers of health are awarded salaries commensurate with the duties imposed, it cannot be expected that those duties will be fully and efficiently discharged.

The Council are aware that for some little time after the passing of the Public Health Act of 1874 considerable zeal was manifested by many of the medical sanitary officers (as proved by the Parliamentary return made to the House of Commons upon the motion of Dr. O'Leary, M.P.), and there can be no doubt that that energy was exercised in expectation that their services would soon be appreciated, and that the salaries appointed—which, as a rule, were utterly disproportionate to the nature and extent of the duties—would thereupon be increased.

However, the medical officers soon found that the scale fixed, as directed by that Act, precluded the possibility of equitable remuneration being allowed for efficient services, and that their interests as medical practitioners were very seriously and prejudicially affected by the faithful discharge of their duties, and in consequence of the evident discouragement shown by the Sanitary Authorities to anything like efficient service, the result was a marked falling off in the efforts of the medical officers which, eventually greatly diminished.

Ever since the new Public Health Act was passed the newly-appointed medical officers of health have been waiting to see how their services would be valued before entering upon the duties with that ardour which is so essential to the well-being of the public; but in consequence of the small amount of work recently performed by the medical officers, the Council fear that the Local Sanitary Authorities may avail themselves of this as a pretext for either not proposing an increase in the amount of the former salary, or even possibly of suggesting that it should be diminished, though it is inconceivable that they could fall into the error of supposing that the amount of work which due regard for the public health requires to be done is insignificant.

The Council confidently expect that the Local Government Board will not confirm the allotment of any salary to a medical officer of health which is not equitable remuneration for efficient service; and if this expectation be realised, there will be no excuse for omission to discharge the duties imposed.

The Council observe that by the new Act, and also by the recently-issued sanitary orders, additional duties have been assigned to the medical officers, which it is expected will not be overlooked as entitling them to still further remuneration.

I am directed to remark that unless, and until, reasonable and equitable remuneration is allowed to the medical officers of health, it is futile to imagine that the provisions of the Public Health Act can come into effectual operation; and further that the past work done by those officers cannot be considered to indicate the amount of remuneration that should now be allowed, but that, on the contrary, the amount of the salary will to a great extent regulate not only the manner in which the duties will be performed, but also the extent of them which will be voluntarily undertaken; and in the absence of any provision for supervision, this appears to be a very important consideration.

As the delay in fixing the salaries to be paid under the new Act did not result from any fault or omission on the part of the medical officers of health, or of the Irish Medical Association, as the representative body of the profession in Ireland, the Council expect that the new salaries will be paid from the date of the commencement of the new Act.

The Council, also, as a body ever mindful of the public interests, trust that an assurance will be given to the medical officers of health that the amount of their salaries will be subject to reconsideration from time to time; zealous and efficient services, as well as the extent of them, being duly recognised, as the justice of such an arrangement is beyond question.

The repealed Act was authoritatively alleged to be "merely a *tentative* measure;" but as the new Act is an *amending* one, it cannot be so considered. It is therefore to be assumed that its provisions are meant to be carried out thoroughly, and that none of them are intended to be inoperative; but it cannot be supposed that Parliament, in compelling the dispensary medical officers, without option of refusal, to be the medical officers of health, meant or intended that their services should not be fully and adequately remunerated; indeed, the justice of the claims of the medical officers to more liberal remuneration than hitherto allowed, was admitted not only by the Government, but also by Parliament, as evidenced by the withdrawal of the fixed scale.

To the Local Government Board, therefore, the Council earnestly commend the consideration of this very import-

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ant subject in all its bearings, it being but reasonable to expect that the work done will only be proportionate to the salaries paid; and as the success of the measure depends chiefly upon the exertions of the medical officers of health, the responsibility of another failure in this direction will therefore, to a great extent, rest upon the action in this matter which the Local Government Board may decide upon adopting—the question of the amount of success to be obtained resolving itself into one of proportion between work and payment.

The Council, though most anxious to facilitate and insure the completely successful operation of the provisions of the new Act, nevertheless cannot approve of supporting any arrangement which, whilst compelling the medical officers of health to hold office and discharge onerous and important public duties, would not afford them adequate remuneration; and in this view they feel confident they will meet with the hearty support of Parliament, the public, and the medical profession.

I am, Sir, your obedient servant,

JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to the Council.

40 Fitzwilliam Square West,
Dublin.

REDUCTION OF SANITARY SALARIES.

THE following letter has been addressed to the Local Government Board by the Medical Officers of the Carrickmacross Union:—

TO THE LOCAL GOVERNMENT BOARD FOR IRELAND.

GENTLEMEN,—We, the dispensary medical officers of the Carrickmacross Union, are again reluctantly compelled to draw your attention to the action of the Carrickmacross Board of Guardians on the 23rd inst. in adhering to their resolution of the 9th inst., reducing our salaries under the Public Health Act from £15 to £10 a year, notwithstanding the fact that the Local Government Board, in refusing to sanction the reduction, pointed out that our duties were increased by the Act of 1878.

In the resolution passed at the board on the 23rd inst., we have failed to discover a single well-founded argument in favour of the proposed reduction, but it contains statements which are not strictly in accordance with facts. It states that our salaries were increased £20 a year each on the plea that the expense of living had increased.

Our salaries were not increased on any such plea, and in two of the districts, namely, Carrickmacross and Donamogue, the salaries were not (properly speaking), increased at all. It is true that Dr. Clarke's salary was increased several years ago from £80 to £100 a year. The late Dr. Duffy, as medical officer of Donamogue, had £100 a year, and after his death the salary was reduced to £80, at which Dr. Garland was appointed; but soon after his appointment the salary was restored to the sum paid to Dr. Duffy, namely, £100. Dr. Tagert, as medical officer of Carrickmacross district, had £120 a year, and when he resigned, the salary was reduced to £100, at which Dr. McKenna was appointed. Dr. McKenna's salary was soon afterwards restored to £120, the amount paid to Dr. Tagert. It will be seen from these facts that our salaries were not increased on the plea of increased expense of living as stated in the resolution of the guardians.

As to the cost of living being less now than formerly, as insinuated in the resolution of the board, we assert without fear of contradiction, that every necessary of life is quite as dear now as ever.

The reasons given in the resolution for reducing the salaries are, the depressed state of the times, and the fact that by the new Vaccination Act our fees are doubled. We consider that such reasons require no comment from us. There is one paragraph in the resolution of which we confess we cannot see the meaning. It commences, "Some medical officers seem to ignore, &c."

We are not aware that we have ignored the board of guardians, unless our protest to the Local Government Board against the unjust reduction proposed be considered as ignoring them.

As to the tone of our letter, we do not think the remarks made in the resolution are at all called for, as there was nothing whatever disrespectful to the guardians, or to any one else.

The guardians state they are of opinion that £10 a year is sufficient remuneration for our duties under the Public Health Act. If the medical officers of health carry out the provisions of the Act (and we are, and always have been, willing and anxious to do so), £10 as salary is simply ridiculous.

Under all the circumstances we trust the Local Government Board will now see the necessity of complying with our letter of the 10th inst., and that they will themselves fix our salaries at a reasonable amount.

We are, gentlemen,
Your obedient servants,

ARNOLD BLAKE, M.D.,
CHARLES GARLAND, L.K.Q.C.P.I., &c.,
WM. KENNA, L.R.C.S.I., &c.

Carrickmacross, Sept. 24, 1879.

The resolution referred to was proposed by Thomas Phelan, and seconded by Thomas McCabe, and is as follows:—

"The Guardians wish to state that considering the duties performed by the sanitary officers under the Public Health Act, coupled with the depressed state of the times, they were, and are still, of opinion that the sums proposed are sufficient remuneration for the duties they have to perform. Many of the guardians have been of opinion that a revision of the salaries of many of the officials should be made with a view of reducing them, but owing to the disinclination of the Local Government Board to consent to a reduction under almost any circumstances, they hesitated to move in the matter, but now that new salaries have come to be fixed they think this a proper opportunity to deal with it. Having regard to the fact that the salaries of the medical officers were increased £20 each on the plea that the expense of living had considerably increased; now as this plea can be no longer maintained, and as the remuneration of those officers under the Vaccination Act has been doubled, we think they have very little reason to complain. Then again, that the performance of their duties under the Public Health Act is calculated to injure their private practice. In this we cannot agree with them, as we find from our experience that the class of persons reported to us as not complying with the sanitary laws are of the class that are not likely to consult a doctor except under the Medical Charities Act. Some medical officers seem inclined to ignore the existence of the guardians, and relying on the sympathy of the Local Government Board, seem determined to have things pretty much as they like, as is evidenced by the tone of the three medical officers in this case. We do not think that encouragement of a line of conduct which is calculated to lower in public estimation the status of representative bodies is likely to tend to the public good. It was not expected that a word would be said in favour of maintaining the office of consulting sanitary officer as it had become a perfect sinecure. There were only three or four consultations during the whole time the office existed, and the information required could have been obtained from the sanitary officer of the district; yet those officers would try to perpetrate what is not only an anomaly, but a glaring waste of public money. However, should the duties of the officers of health be found to be considerable, the guardians will not hesitate to take the matter again into consideration with the view of increasing the remuneration as they did on former occasions when they increased the salaries for dispensary duties."

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CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In these hard times there are none who feel more the general depression than the dispensary medical officers. My number of visiting increased within the last six months to an alarming extent. A man, the proprietor of two farms of sixty acres each, presented me with a scarlet runner some days ago to visit his son, in fever. Feeling a bit nettled at this treatment, I asked him how long since he qualified for a "pauper's ticket." I have been called to order by my committee, and informed that if the like occurred again, I would be reported to the Local Government Board.

Now, Sir, I ask you what would be the consequence if I were reported to the Local Government Board? What written or unwritten laws have I transgressed?

Faithfully yours,
A DISPENSARY HACK.

19th September, 1879.

[Our correspondent's inquiry of the farmer was quite reasonable under the circumstances, but there is not much to be gained by showing one's teeth without the power to bite. The Local Government Board would probably disapprove of any expression of annoyance, but could not do more than reprimand. Our correspondent ought to have remonstrated on paper, and applied to the Committee to cancel the ticket, appealing to the Local Government Board for redress if they refused to do so. This would have annoyed the farmer much more, and protected our correspondent more effectually.—ED. M. P. & C.]

MEDICAL ATTENDANCE ON ROYAL IRISH CONSTABULARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think that it is unfair to the "medical attendants" on the Royal Irish Constabulary, that the allowance for attendance on the married men is not paid for whatsoever portion or entire of a month, by which they are absent from their barrack on duty, or otherwise, although their wives and children still remain under the charge of the "medical attendant," and it is unnecessary for me to state that the families require much more attendance than the men. For instance, a married man is ordered on duty from Delvin Barrack to the north of Ireland, he leaves his wife and children behind him at Delvin; during his absence the "medical attendant" at Delvin does not receive any payment for whatever attendance, &c., which may be required and given to his family. It is a question for consideration whether medical attendance ought to be given in such cases, when the allowance is stopped. Hoping that I shall not be trespassing on the space of your valuable journal by asking you to insert this, in the hope that the grievance may be remedied.

I am, &c.,
WILLIAM CARLETON, M.D. T.C.D., &c.

Delvin, 22nd September, 1879.

LIMERICK SANITARY BOARD.

SALE OF FOOD AND DRUGS AMENDMENT ACT.

Read, the following letter:—

"16th September.

"SIR,—The Local Government Board for Ireland forward to you herewith for the information of the sanitary authority a copy of the Act last sessions for the amendment of the Sale of Food and Drugs Act, 1875. The provisions of the Act, 1875, which prescribe the mode of providing to obtain analysis and a certificate of the result of such analysis, upon which, if an offence had been committed against any of the provisions of the Act, proceedings might be taken when communicated to the sanitary authority in the Board's circular letter of the 3rd November, 1875.

"By order of the Board,
"B. BANKS, Sec."

Marked "read."

A letter was read from the Sec. of the Local Government Board stating that he had been directed to acknowledge receipt of minutes of proceedings of the Limerick Urban Sanitary Authority at their meeting of the 9th inst., and with reference to the minute postponing the erection of a disinfecting chamber, I am to state that there can be no doubt of the advantage which would be derived from the use of such a structure, and without it the Sanitary Authority can hardly discharge their duty under sec. 137 and 139 of the Public Health Act. The use of such a chamber is one of the means within the power of the sanitary authority for ameliorating the unhealthy condition of the city, and it should no longer be neglected. The expense is moderate, and full particulars can be had at the union workhouse, where one has been erected. The board requested that the sanitary authority would have the goodness to take the matter again into consideration.

Ald. Myles suggested to have the letter marked read, which was accordingly done, and the matter dropped.

SALARIES OF MEDICAL AUTHORITIES.

Mr. Corbett read a letter from the Local Government Board regarding the increase of the salaries of the medical officers. He said that it was proposed by Mr. Hosford on the 11th March last that the salaries of the medical officers be increased from £15 to £25 under the conditions that the doctors would supply all the required statistics, and any extra duties that the board would put upon them under the Sanitary Act.

Ald. Myles asked to have a copy of the resolution sent to the Local Government Board, and see what they had to say to the matter.

Mr. Corbett said the Treasury approved of the increase that the medical officers under the Sanitary Board asked.

Ald. Myles—But was a copy of the resolution forwarded to the Local Government Board?

Mr. Corbett said that he was not ordered.

After some further discussion it was decided that the resolution passed by Mr. Hosford, which was approved of by the Board, be rescinded. The Board now decline to grant any further increase of the salaries of the medical officers.

ABSTRACT OF REPORT ON THE DISTRICT, CRIMINAL, AND PRIVATE LUNATIC ASYLUMS IN IRELAND

(Continued.)

Under existing circumstances it is clear, as suggested by the resident physician, that additional provision against growing pressure may soon be urgently needed at the Dundrum asylum, as nothing could be more detrimental to such an institution than a deficiency of means for classification and a due supervision. There appear to us only two alternatives to meet exigencies, and at the same time obviate an enlargement of the buildings, one having regard to the ages of the inmates, there being in it patients old, decrepit, harmless, and inoffensive, some of whom, if not guilty of homicide or crimes of a grave character, might be pardoned, discharged, and disposed of locally—government paying for their maintenance elsewhere, and thereby saving fully £16 a year per head during their lives; the other, by adopting a suggestion at one time mooted by us, which has found favour in various American States, particularly in Pennsylvania, where, as Dr. Kirkbride says, "Settle the matter as we may, part of a prison must be converted into an hospital for insane, or part of an hospital into a prison; it needs no argument to show that the first is more desirable, injuring no one, and scarcely depriving any one of a single important advan-

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tage." If then at any existing or future depôt, in a wholesome locality, with ample ground around it, a small portion of the premises could be allocated to convict prisoners attacked, while under confinement, with actual or pretended mania, the expense of structural additions at Durham, where the amount of land is restricted, would be avoided.

We ourselves have long felt that "the stimulation of madness exercises a baneful influence on prisoners, inducing them to attempt a similar course in the hope of removal to an asylum, where restraint being less, the chances of escape become greater.

Of the present inmates in the Central asylum—numbering 140 males and 37 females—69 are entered as homicides—57 males and 12 females; while of persons charged with assaults endangering life, and with others of an aggravated character, there are no less than 41; 4 only being of the female sex. There are 11 individuals convicted of burglary in the house—all males; the difference, making up a total of 177, is composed of minor offenders under confinement, in equal proportion as to sex. There were seven discharges in the year just expired—the period of imprisonment having terminated in each case; they were relegated to their native district asylums; 6 died from natural causes. No accident nor attempt to escape occurred.

As regards education, 54 per cent. of the inmates are utterly uninstructed, while 70 per cent of those in ordinary asylums can read or write. The unmarried stand fully as 3 to 1 in proportion to the married and widowed. Somewhat more than half of the males belong to the farming and labouring classes; 11 were soldiers or members of the police force. The remainder had been engaged in various trades, or were employed in domestic occupations.

Classified as to their mental condition, 10 are only recognised as being of sound mind; 18 are probably cureable, who, in the event of recovery, will be duly brought by us under the notice of the executive; 149 labour under various types of insanity. As a rule, we are happy to report that the inmates of the Dundrum asylum are well disposed and orderly—very many of them industriously employed; for example, 72 men on an average are daily occupied on the farm, within doors, in ordinary domestic, or artisan works; and 24 women in the laundry or in assisting the attendants.

Religious observauces are not neglected—there being two very neat and separate chapels (Protestant and Catholic) where clergymen regularly perform divine service.

The fullest liberty compatible with the safety of the patients, and that freedom from an undue restraint observable in well-regulated asylums, continue to characterise the management of this institution.

The capitation rate, a few shillings less than in the preceding year, amounted to £35 in 1878, as calculated on expenditure and the daily average under treatment

Subjoined is the report of Dr. Ashe, Resident Physician:—

"Central Asylum, Dundrum,
13*th May*, 1879.

"Gentlemen,—I have the honour herewith to submit to you my report on the asylum for the ysar ended 31st December, 1878, to accompany the statistical tables for the same period.

"I am happy to be able to give a favourable report regarding the health of the inmates during the year. The deaths have been only four males and two females, making a total percentage of less than 3·5 on the daily average number of patients—viz., 172. One of the male patients died from typhoid fever, with severe pulmonary complications: the other deaths were due to the usual chronic and senile diseases commonly to be found among asylum patients. No death occurred through violence or suicide, and no serious accident took place within the period referred to, neither did any escape occur. The admissions were 23, and the discharges 7, leaving the number of inmates increased by 10, as the result of the change of population during the year. The pressure on our space, already too limited, has thus become much more inconvenient, alike in dormitories, dayrooms, and dining-hall.

"The expenditure for the calendar year 1878, under the Treasury sub-heads, amounted to £,300 2s. 2d., and that on the farm and garden to £423 9s. 4d., making a total outlay of £6,723 11s. 6d. Against this must be set off on the credit side the proceeds of the farm and garden being valued at £699 8i. 2d., which, with Exchequer extra receipts, £2 16s. 6d., and the small sum of 17s. 6d. fines, makes a credit tota of £703 2s. 2d., leaving an annual cost of æ6,20 9s. 4d., or exactly £35 per head on the average number of patients resident. The farm produce, it must be again observed, is, according to Treasury instructiocs, estimated at the lowest possible figure, so as in each financial year only just to cover the actual expenditure under this sub-head. If valued according to market prices it would considerably exceed the sum named. The moral condittion of the inmates has been satisfactory during past twelvemonth'; seclusion has rarely been necessary, and mechanical restraint has only been used in two cases. One of these was a demented male patient, who was in the habit of suddenly and without any provocation knocking down on the flags any aged or feeble patient who might happen to be near him. His intelligence not being capable of apprehending either remonstrance or confinement, I determined to try and break this dangerous habit; and accordingly I confined his hands merely by a belt and straps. This treatment, persevered in for three months, was, as I had hoped, completely successful in curing him of his dangerous propensity. The other case was a female, liable to sudden and violent outbursts of homicidal mania. Deeming it essential to adopt some means of protecting patients and attendants alike against her violence, and finding prolonged seclusion injurious to her health, I allow her to go about with a loose but strong canvas camosile over her dress, her hands being free inside; she thus enjoys a good deal of liberty without danger to others.

"The contract provisions and clothing supplied during the year have been in most cases satisfactory. I have, however, been occasionally dissatisfied with the bread supplied, as being inferior to the sample furnished. Samples of such provisions unfortunately cannot be kept for comparison.

"I have to advert to the difficulties arising in the management of the house, and indeed the danger incurred by patients and attendants alike, as also the chances of escape of the patients in consequence of the fact that at present no authority empowers me to engage temporary attendants on the staff while a vacancy is being permanently filled. It has more than once happened in consequence that, the staff being, from various causes, reduced in numbers, there has been, at particular times of the day, but one attendant who could be placed on duty to watch an entire division. I trust this matter may receive your earnest consideration; and that I may receive authority to engage at any moment a temporary *employé* to fill for the time being a casual vacancy on the staff.

"I am, gentlemen,
"Your obedient servant,
"Isaac Ashe, M.D. T.C.D.

"The Inspectors, Asylums Office."

(*To be continued.*)

TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medica Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin offices of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 8, 1879.

CONTENTS.

Original Communications.

THE ADVANTAGES OF CALOMEL IN THE DISEASES OF CHILDHOOD, WITH ESPECIAL REFERENCE TO TYPHOID FEVER.

By E. MARLETT BODDY, F.R.C.S., F.S.S., etc.

(*Continued from page* 285.)

It would be useless to call the reader's attention to the numerous names which are given to the supposed different forms of diarrhœa, whether in infancy, or amongst adults, because they are, no doubt, too well-known to require enumerating; and neither will I mention the various drugs which are in vogue, for their name is legion, besides they are all given with one intent, viz., to obviate the attack, whether it springs from one cause or another. Such a proceeding as this, to my mind, is not conducive to the advance of medical science; because, if there are so many different forms of diarrhœa, each particular phase of it must, of necessity, require a different mode of treatment; but if we reduce all to one main spring or origin, then one method of treatment is all that we may pursue, and which we shall find, to a certainty, will meet all our requirements, especially if we view the matter totally apart from mystifying technicalities and intricate theories.

The multiplicity of names, when one would suffice for all rational purposes, naturally perplexes and leads many at once to presume that diarrhœa, instead of being a simple effort of nature, is an occurrence highly dangerous and indicative of mischief of some kind or other; and which must therefore be met, not as a friend to health, but as an enemy full of sinister designs and dark intentions.

I cannot but help thinking that we are more apt to do harm than good by having so many divisions and subdivisions of one condition. Abnormal states of the human system cannot possibly be rectified if we resort to, and depend upon terms which are not only questionable as regards the correctness of their definitions, but are very likely to cause the unthinking to diverge altogether from the object which it is desirable to attain.

The proceeding sufficiently demonstrates, I think, the various reasons why diarrhœa is regarded as such a dangerous condition, and also fully accounts for the erroneous treatment which is decidedly inimical to a thorough restoration of the functions of the intestinal tract, and which is so strongly advocated by the great majority of the medical profession.

The remarks I have made regarding the administration of calomel in convulsions, teething and diarrhœa, are equally applicable in other diseases which are incidental to infancy, whether they be cerebral, thoracic, abdominal, or zymotic; because in all these abnormal conditions the bowels are to a certainty either confined or relaxed, or as some would term it diarrhœic, and the colour and odour of the alvine excreta are totally different to what they present in health, to the peculiarities of which I have already adverted.

However, there is one great fact which shows the vast importance of attending to, and regulating the action of, the intestines, for they are always in an abnormal condition, whether the child is suffering from hydrocephalus, bronchitis, tabes mesenterica, or scarlet fever, and as a consequence, the administration of purgatives must not be omitted if we wish the child to recover thoroughly and speedily, for though the viscititudes of the attack may be frequent, so as to render it necessary to vary the treatment, yet as concerns the alvine excreta, there will be no variation nor change during the disease; therefore it is really important and imperative that more than ordinary attention should be paid to the intestinal canal.

I have asserted at the commencement of my paper that 90 per cent. of infants and children suffer from some derangement of the bowels arising either from dentition, convulsions, cerebral lesion, or zymotic disease; that 5 per cent. suffer from diseases of an hereditary nature, and the other five from some lesion of the respiratory organs. If this view of mine is correct (and my own observations certainly lead me to this conclusion), it shows

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us how highly important it is to give the closest attention towards getting the bowels into working order compatible with health.

I have mentioned the various popular objections against calomel; the superior advantages we derive from it in comparison to the hydrargyrum cum creta; the inestimable utility of it in infantile disease; the groundless fallacy greater as regards mercurialisation resulting from it; and the likelihood of the latter occurring from the administration of its presumed superior substitute, viz., hydrargyrum cum creta. I have also drawn the reader's attention to the advantages accruing from its combination with santonin in intestinal parasitical irritation, and I have mentioned the discovery of the formation of corrosive sublimate resulting from its being combined with sugar, and the presumed danger; and I shall now make a few remarks on the advisability of administering calomel in diseases which are specially *peculiar* to infany, such as scarlet fever, measles, and others of a zymotic type.

In all the zymotic or examthematous fevers, there is the accompanying eruption or rash, as it is usually called, which, when it has thoroughly exhausted itself, or in other words, when it has finally disappeared, and the desquamation of the cuticle has commenced, then is the time to direct our attention to the alimentary canal, for we shall invariably find after, as well as during the attack, that the alvine excreta are in a most filthy and unhealthy condition, in fact, almost approaching a poisonous character, and, as some believe, contain an element highly infectious to the last degree, and especially when the patient is suffering from typhoid fever. Regarding these infectious, or non-infectious characteristics, I have nothing to do, but, parenthetically I may say, they develop gases, exceedingly offensive and injurious if inadvertently inhaled: they must therefore be extremely detrimental to the recovery of the sufferer, for if they are poisonous when ejected or exposed to atmospheric influences, what must they be when allowed to remain in the intestines, pent up in a confined space with the mucous membrane absorbing the impurities resulting from the effects of the fever, besides the impure liquid portion of the fæces; what must be the result, I say—a protracted recovery, or a certain death?

Therefore it behoves us immediately on the disappearance of the rash to administer purgatives till we have eliminated the fever poison which has been germinating and stagnating in the fæcal contents of the intestinal canal, and the only purgative which is at all capable of thoroughly cleansing out the intestines is calomel; for, owing to its dual properties, it not only purges the patient, but by virtue of its chologogic action, it cleanses out the human cesspool, viz., the liver, which, in all fevers, is a reservoir for everything impure and unhealthy.

If we do not pursue this course, the inevitable result is diarrhœa, which, instead of being regarded as a good omen, as indicating that Nature requires assistance, and that she is trying to accommodate herself to the force of circumstances, we go diametrically opposite to her, and regard the efforts of Nature as significant of approaching evil; and so we resort *instanter* to astringents, and if that is not sufficient (and it very seldom is), we inject up the rectum certain astringent compounds which is as unscientific as the insertion of a cork would be; we know, or can guess the result—the child dies, presumably from the fever, though I cannot but help thinking that the child succumbs to the deleterious action of the astringents.

Is not this method of practice almost akin to folly? Can we imagine anything more opposed to common sense? We confess that the alvine excreta are poisonous and infectious; and yet we strive might and main to enclose them in the intestines, and prevent them being jected; instead of endeavouring to eliminate the poison as quickly as possible, we take measures to prevent such a beneficial result; purgative, in my opinion, is a safety valve when the human system is struggling with disease, and especially when it presents certain characteristics indicative of intestinal deragements.

I have already adverted to this practice at some length in another part of my paper, and I shall not recapitulate it, as my remarks hold good in all the supposed different forms of diarrhœa, whether it be symptomatic or idiopathic, or resulting from dentition, convulsions, or from one of the zymotic fevers. It is all the same, in the long run, for there is the diarrhœa, or the efforts of Nature to relieve herself, whether we call it by one name or by another, whether the alvine excreta are crowded by microscopic organisms of disease, or whether they are absent. The only treatment which is at all beneficial in these abnormal conditions is the administration of such purgatives as calomel or castor oil, for by so doing we are befriending Mature by eliminating those organisms from the system, and by promoting the ejection of offensive and poisonous fæces from the intestinal tract.

It is all very well to expatiate upon the etiology of zymotic or exanthematous disease; to affirm that scarlet fever or typhoid fever can *only* arise from one particular *contagium virum*, and that the fever spreads from contagious particles which have originated from higher organisms, whether it occurs through spontaneous generation, or whether the contagia spring from ancestors after the fashion of ordinary animals; to argue upon the infectious or non-infectious nature of the excreta, and to discover certain organisms called *bacteriæ* in the blood, which appear or disappear as the disease advances or recedes in severity: we are face-to-face with one broad fact totally independent of these minutiæ, and which is generally, nay, almost invariably, present in the exanthemata, and that is diarrhœa, the turning point or crisis, which if we tamper with or treat incorrectly, all our knowledge and investigation regarding the why and the wherefore of the disease is as useless as can well be imagined: to cure the patient is our sole aim; investigating the cause of the attack should be subsidiary. But I am afraid we have unfortunately reversed this in our eager and fruitless efforts to eradicate disease, which will always be indissolubly associated with human nature.

As these minute investigations are made with the sole intent of endeavouring to stamp out disease, we can but concur in the praiseworthy efforts of those who are so engaged; but still we should exercise our powers therein with a certain amount of discretion, and not allow our knowledge to degenerate into scientific credulity, thereby mystifying our understanding, and causing us unwittingly to lose sight of the main and important object, viz., the cure of our patient. There is no doubt but that disease will last as long as the world endures, and the most scientific, sanitary, and hygienic precautions to stamp it out will be as futile as the vain endeavours of the alchemists of old to discover the philosopher's stone. We never shall, notwithstanding all our efforts, arrive at such a pitch of perfection as some hygienic dreamers long for, and prognosticate with such certainty. We must (if we wish to afford our suffering fellow creatures some palpable and certain relief, which they, in the end, will duly realise and appreciate) give greater attention towards arresting and overcoming the effects of disease, rather than devote all our energies towards discovering certain dark and incomprehensible phenomena which will never be satisfactorily elucidated; for they only give origin to specious unpractical theories, which, after occupying the minds of the ingenious for a short period, give place to others, even, perhaps, more complex and mystifying. Vain theoretical speculations do for the subtle casuist; but, matter-of-fact, truisms must be the goal of all those who wish to arrive at the perfection of medical science, and the only roads leading to it are simplicity of treatment, accuracy of observation, and by discarding certain far-fetched hygienic and pathological hypotheses, which confuse and mislead those who are too credulous to doubt, or too indolent to investigate.

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We have thus seen that in all fevers the most important part of the treatment is the administration of purgatives, though I am aware that this is not the received opinion of the present day. However, there is one fever belonging to the zymotic class, about the treatment of which there is not such a great diversity of opinion as there is regarding its origin and contagious character, and that is, typhoid, or as it is sometimes called, enteric fever.

I do not intend discussing the much vexed question of its origin, whether it arises from milk or excreta, whether it is contagious or non-contagious; my object is to see if we cannot arrive at some definite and practical mode of treatment, and especially regarding the administration of calomel.

In the premonitory stage of typhoid fever, we have the usual symptoms indicative of a febrile condition, which we very often see in patients who are suffering from the pernicious effects of prolonged constipation through overeating, inactive habits, and inattention to the bowels. I have noticed this marked similarity of symptoms frequently, and I am sure that some of my patients (when the diarrhœa had commenced owing to the inability of the intestines to contain their contents) would infallably have dropped into that condition called typhoid fever, had the administration of calomel not been resorted to.

We find that the premonitory symptoms are chilliness, offensive breath, a dry furred tongue, loss of appetite and nausea, bowels constipated and irregular, and the urine loaded with phosphates; and there is also a pain in the back. These are the principal symptoms which are quite sufficient for our purpose, pointing decidedly to bowel disorder, and would be speedlly rectified by the administration of such a purgative as calomel. This simple treatment, however, is overlooked, and consequently, the patient gets worse, and by reason of this abnormal condition of the bowels being unattended to, the patient sooner or later, according to the degree of strength he possesses, succumbs, and typhoid fever results, which very likely is ascribed to invisible germs, to milk, or to some infectious excreta, or to something else equally difficult to disprove. However, it is easy to see, as I have said before, that the symptoms point to bowel complication, and we shall find further on that they increase in intensity, owing to the fact that the administration of purgatives is entirely neglected. In the first week (for this fever is divided into different stages) there is great nervous depression, the pulse increases in frequency, there is extreme thirst and heat, the patient complains of pain in the head, accompanied with giddiness, and now the diarrhœa commences, and we get the famous typhoid stools; the abdomen feels full, and in some cases tense and painful, and we become aware, on pressing the right iliac region, of a gurgling sensation which is communicated to the finger.

Now we have got at the root of matter, and, in my opinion, to the origin of the fever: first, we have constipation, turbid urine, foul tongue, offensive breath, and very frequently, the pain in the back, indicative of an overloaded transverse colon; secondly, we get thirst, nervous depression, great heat, pain in the head and giddiness; and finally, diarrhœa, or the efforts of Nature to relieve herself: also there is a gurgling near the ileo-cæcal valve which is detected on pressure.

(To be continued.)

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were—Oldham 13, Edinburgh 14, Norwich 15, Sheffield 16, Leicester 16, Glasgow 16, Bristol 17, Portsmouth 17, London 17, Newcastle-on-Tyne 17, Bradford 17, Plymouth 18, Birmingham 18, Hull 19, Wolverhampton 19, Sunderland 20, Leeds 20, Salford 22, Dublin 24, and the highest rate 26 in Nottingham, Brighton, Manchester and Liverpool.

Clinical Records.

MERCER'S HOSPITAL.

Some cases under the care of Mr. F. ALCOCK NIXON,

Fellow of the Royal College of Surgeons; Lecturer on Surgical Anatomy in the Ledwich School, Peter Street; Surgeon to the Hospital.

Primary Amputation of Leg immediately below the Knee by a Long Posterior Flap.

J. K———, æt. 20, conductor of a tram-car, while on duty for the first time, slipped off the front step of the car, both wheels of which passed over his leg, cutting off the entire skin on its antero-lateral aspect from the tubercle of the tibia to the ankle, lacerating the muscles and vessels, and severely comminuting the bones. When seen a short time after his admission he was in a state of collapse, his features pinched, his eyes sunken, the surface of the body covered with a cold clammy sweat (indicating the effect of the injury on the sympathetic system), shallow respiration, moaning, and restlessness, with relaxation of the sphincters pointing to the sympathy of the cerebro-spinal axis. From this condition he was rallied by the internal administration of ammonia, hot jars in the axillæ, mustard sinapisms over the heart, and on consultation with my colleague, Mr. O'Grady, who kindly saw the case for me before I reached the hospital, amputation was determined upon in the ward, the patient being too weak to be moved into the theatre.

When under the influence of chloroform, a straight incision was made across the limb below the tubercle of the tibia. The skin below that point, as already mentioned, having been removed by the wheels, and a long posterior flap was made by transfixion, the fibula and tibia were divided, the edge of the latter bone was carefully rounded, the periosteum having been previously pushed up, considerable difficulty was experienced in securing the posterior tibial and peroneal vessels, owing to their retraction into the soft tissues, and partially to the fact of the operation having been performed by candle-light. A strip of lint steeped in carbolic lotion having been placed in the wound for drainage, the parts were secured by carbolised cat-gut suture, and an opiate administered. The patient passed a restless night. In the morning he was greatly flushed. The secretions were vitiated, and partially arrested. Temp., 104·5 F.; pulse, 120, very full and bounding, pointing clearly to the danger of intermediate or reactionary hæmorrhage, to guard him against which he was ordered 5 minims of tinct. aconitæ, and minim doses every ten minutes for two hours, at the end of which time the pulse was less full and frequent, and the temperature lower. Occasional doses were administered during the day by the Resident Medical Officer, Surgeon Canton, as he thought necessary. The pyrexial condition gradually passed off, and his convalescence, though slow, was fairly steady, it was delayed by a sharp feverish attack, due, I believe, to erysipelatous poison germs floating through the ward; also by slight necrosis of the anterior part of the tibia and protrusion of the fibula through the posterior flap (the protruding part was subsequently removed), as well as by the fact that there was a large surface in front to heal by granulations. The motion of the knee-joint is in no way impaired by its long inaction, and the patient has been discharged from hospital after a residence of more than four months. A lengthy period, no doubt, but all things considered, not excessively so.

The case was an unpromising one, statistics of amputations performed under similar circumstances showing a high mortality. It was impossible to operate by the circular incision, so the method adopted was on the principle of "cutting a coat according to the cloth," the object being to preserve, if possible, the knee-joint, no matter how tedious the convalescence might prove.

A Large Number of Polypi (Fibro-Myxomas) obstructing both Nostrils.

J. D———, æt. 22, came to hospital with well-marked symptoms of nasal polypi. She noticed some time before that she was very liable to catch cold. She suffered considerably from catarrhal symptoms, sneezing, &c.; later on the nasal respiration became considerably obstructed, her eyes, as

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she expressed it, "watered." On examination. a puffiness was noticed at either inner canthus, especially the right, and the tears flowed—symptoms due to pressure of one of the polypi on the nasal duct, and which disappeared upon its removal. The respiration was almost altogether oral; tumours of a white starch-like appearance presented themselves at either nostril, and occasionally, the girl said, came down in damp weather; her voice had acquired a peculiar nasal tone, and there was considerable lateral displacement of the nasal bones producing the well-known frog-like appearance of the face. The tumours grew principally from the inferior and middle spongy bones; some small ones were attached to the roof, but the septum as usual was free. The application of powdered tannin having produced no result, some of those which were pedunculated were snared and slowly twisted off; others sessile, were removed with a long curved flat-bladed forceps; in one instance, a larger one covered with thickened mucous membrane, with several small ones, transparent, of a yellowish colour, clustered round it, was removed with the portion of the bone from which it grew. There were from time to time sixteen large polypi removed; they were myxomas with a fine fibrous stroma, the epithelium on their surface was of the ciliated variety; the fibrous stroma was found in some instances directly continuous with periosteum of the bone, a fact which shows that the removal of a portion of bone with the polypus is rather advantageous than otherwise, and tends to prevent its recurrence.

The patient was discharged with each nostril free. She was to have returned if she felt any further inconvenience, but has not since been heard of.

Excision of Elbow-joint.

J. B———, æt. 14, a weakly lad with cicatrices of strumous abscesses in the neck, and other evidences of delicacy, was admitted to hospital with a small cold abscess over the external condyle of the humerus and slight stiffness of the joint. There was no definite history of injury. The abscess, in spite of treatment, "pointed," and was opened, discharging a straw-coloured fluid, with curd-like flakes floating in it. The wound did not heal kindly, the skin sloughed, leaving an unhealthy ulcer. A prominent exuberant granulation shortly presenting on its surface, a probe passed down the sinus which it marked struck dead bone, all efforts to procure exfoliation, of which, by natural processes, proved useless. The joint became puffy, of a dull white colour, doughy, or semi-elastic to the touch, and stiff on active or passive motion, owing principally to rigidity of the neighbouring muscles. The disease commencing in the bone had evidently spread to the synovial membrane; so the total disorganisation of the joint was merely a matter of time, and as it was manifest that any attempt to remove the sequestrum, even if successful, would result in ankylosis, excision was determined on. The boy having been brought under the influence of chloroform, a straight incision, about 5 inches long, was made over the inner side of the olecranon process; the soft tissues, with the ulnar nerve, which did not come into view, were worked over the internal condyle; the ligaments were divided, and the joint, which contained a slight excess of synovial fluid, laid open; the synovial membrane was found thickened and injected. The olecranon process and head of the radius, with their cartilages of incrustation, though healthy, were removed; the end of the humerus was cut above the infra-condyloid line; the limb was put up in the straight position with an anterior splint, and as repair went on it was gradually flexed, passive motion being set up at an early period. He got up with his arm bent in a sling six days after the operation. The wounds are healing rapidly, and the patient promises to have every motion of the joint complete—a result due in a great measure to the care bestowed upon the case by Mr. O'Grady, who was good enough to take charge of it during my absence from Dublin.

An examination of the lower end of the humerus showed the part of the epiphysis, which goes to form the external, to be the seat of cario-necrosis, the disease had passed downwards and implicated the cartilage covering it, inducing granular degeneration of it. It is therefore evident that no other treatment but excision would have been of any avail.

Extensive Syphilitic Disease of the Nasal Cavity.

M. S———, æt. 35, contracted syphilis from her husband nine years ago. Within a year she gave birth to twins (still-born). From her account of her illness, she appears to have suffered from syphilitic fever about seven weeks after noticing the primary sore, and on examination on admission was found to be the subject of visceral syphilis. She had copper-coloured stains on the skin and some patches of psoriasis, cicatrices of phagedænic ulceration on the tonsils and soft palate, periosteal thickening of shafts of some of the long bones. Some of the superficial vessels were atheromatous; there was slight hepatic enlargement, and she had lost flesh, and suffered from other symptoms of syphilitic cachexia. She had well-marked ozæna, the lining membrane of the nose was extensively ulcerated, the hard palate was fissured, the spongy bones were attacked by periostitis, and gradually came away, the nasal bones and the superior maxillary (its nasal process) were similarly affected, and became flattened. The syphilitic inflammation travelled up the nasal duct, implicated the lachrymal sac, and caused an overflow of tears which produced excoriation of the cheek; the alæ nasi were inflamed, of a glazed-red colour, and ulcerated. She was treated with nasal douches of weak solutions of carbolic acid and Condy's fluid as there was great fœtor, and the local application of calomel dusted into the nose off a camel's-hair brush; this, one morning, caused sneezing, and the discharge of the vomer. She was ordered internally—

Hydrarg. perchloridi, gr. i.;
Pot. iodidi, ʒij.;
Tr. calumbæ et syrupi aurantii aa ʒj.;
Inf. calumbæ, ad ʒviij. M. h. v.

A tablespoonful three times a day.

But when commencing the second bottle of the mixture she was profusely salivated. She was then ordered pot. chloral and bark, beef-tea, and port wine, under which treatment the effects of the mercury passed off, and her health improved considerably, and she was advised to go to the country for change of air.

The case appeared worth noticing from the fact of salivation being produced so rapidly by so small a quantity of mercury, showing how thoroughly her system must have been previously saturated (though she stated she had not been under treatment for months), and also how readily a broken mucous surface will absorb a substance which may, with impunity, be applied to it in its healthy condition,

Special.

PAUPERISM AND COMPULSORY PROVIDENCE.

I.

THERE is a well-known story of a Frenchman who, on being asked by some one in authority, why he had written a certain infamous lampoon, replied: "*Monseigneur, il faut vivre!*" to which the great man retorted: "*Je n'en vois pas la necessité!*" Monseigneur could not understand why the Parisian should not starve, or even die; there would be no loss to the country by the death of a wretched lampooner. But the hack evidently did not see matters in the same light as the great Minister of State; and so he wrote, in order that he might live.

At the present time there are a great number who believe there is no necessity for pauperism, and we heartily wish that they were right, and that our poorhouses, and out-door relief, our charity organisation societies, and our hospitals, our clothing clubs, and the rest of such pauperising media, could be all done away with, and pauperism could be swept from the land. Can we extract sunbeams from cucumbers? A philosopher thought such a thing was possible. It has not yet been accomplished. Can we sweep indigence from off the earth? An economist of the present day thinks such a scheme feasible. But looking at the world as we find it, we fear that we shall have to wait for the first cucumber-sunbeam before we shall see the realisation of the dream of the modern economist. We, however, wish him God speed; and for that purpose we shall introduce his scheme to our readers, as they are largely interested in pauperism and its effects.

Our existing Poor-laws were condemned by Malthus, who declared (v. ii., p. 149) that they had not only failed in their object, but that they have been productive of much

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more wretchedness than would have existed without them; though they may have alleviated a little the intensity of individual misfortune, they have spread the evil over a larger surface. Our experience of the Poor-law system would go far to confirm Malthus' position. Pauperism is more widely spread than ever, and our poor rates are swelled to meet the excessive demands of the indigent, but unfortunately, both the deserving and the undeserving reap the benefits of the Poor-law provisions, for in our so-called workhouses they are herded together indiscriminately. The agricultural labourer who, from his scanty wages, cannot save a pittance for his old age, when he is past the age for work, is shut up with the vagrant and the ne'er-do-well; and similarly with the mill operative. A pauper's grave marks without distinction the remains of Giles Chawbacon, who for over forty years helped to advance the agricultural interests of England; of Simon Yarn, who also for thirty or forty years, as a spinner, helped to swell the manufacturer's profits; and of Reuben Spendall, who never worked as long as he could beg. All are condemned to the same ward in life, and the same narrow six feet of earth in death, thus enforcing the lesson of the preacher —*vanitas vanitatum*. It is difficult to alter this. Most economists say that the man who has saved up nothing when young is not entitled to an annuity when old. Can the ordinary labourer save, for destitution in sickness, and for old age? If a man has paid poor rates for thirty or forty years to support other people, is he not entitled to throw himself on other people's poor rates when he is old, and no longer able to pay rates or to keep himself? Do the labourer's wages really represent the value of his labour to society?

These few questions will at once show how difficult the question is, and from how many sides it may be considered. At present we need not linger on them, but shall at once proceed to Mr. Blackley's suggested remedy.

In 1878 Mr. Blackley published an essay under the title of "National Insurance," in which he indicated a possible means of vastly diminishing our poor rates and the pauperism, which they promote as well as relieve, by making every unit of the population, at a reasonable cost and by a reasonable method, personally independent of parish relief in the time of sickness and old age. This he proposed to accomplish by means of a National Benefit Club. In other words, his plan amounts to this, that every unit of the nation shall make his own provision, *with his own money*, against destitution, and shall make it in such a way that every man for the same sum secures the same provision for himself as every other man; the whole function of the State in the matter being to act, by consent of the nation, as collector of each man's own insurance fund, and as banker of that fund when once collected.

In the July number of the *Contemporary Review*, 1879, he has defended his scheme against a number of objections which have been raised against it. One class of objectors say Government should not incur so much additional responsibility; this would be a poll tax or a poor rate under another name. To which Mr. Blackley replies, Government will have no money responsibility; but he denies the analogy between his system and the Poor-rate, defining the Poor-rate as a compulsory provision by the provident or by the provided party for the improvident and unprovided party; whilst the National Club would be a compulsory provision by every unit of the community, *for his own needs*, not for other people's destitution.

Other opponents of his system urge that the National Fund would be created mainly by compulsory contributions from persons having no right to share in it; to which Mr. Blackley is ready with the answer that this is an entire mistake, for the person entitled to receive it need not be destitute at all. He might own a house, or half-a-dozen, have money in the bank, and money in his pocket; and still, as a wage earner, be able to claim his own full pay. He differs thus from a pauper, as he is self-provided and independent—thanks to his own, or rather to compulsory, providence.

Another objection is conveyed in the old-world formula, so familiar to those who are interested in Sir Wilfrid Lawson's measure. It is thus conveyed: People cannot be made good by Act of Parliament. Compulsory thrift! How can it exist? There is no virtue in a man saving against his will. Thrift and providence will be made disgusting to those disposed towards them; and as for those averse to them, greater harm will be done. These worthless arguments are disposed of by Mr. Blackley, who well replies: Whether people can be made good by Act of Parliament has nothing to do with the question; he never said they could. Whether compulsory thrift can exist is equally irrelevant. He speaks of compulsory providence, which is a different thing, and which can exist. Whether there be virtue in a man saving against his will he need not answer, as he never said there was; and as regards the latter assumption, that thrift would become disgusting to the already thriftily disposed, he challenges the assumption as absurd. He quotes a favourable statement from the proprietor of a provincial paper, to show how his proposal was received by working men. The writer says: "You will be pleased to that learn our article on your plan sold nearly 1,000 extra copies of the ——— last week, and that the principal purchasers were Oddfellows and Foresters. My friends here are all delighted with the project." Another charge against his system is thus formularised. The scheme would lead people to look to the State to do for them what they should do for themselves. Mr. Blackley exclaims: Heaven forbid! that is exactly what they are doing now. It is the iniquity against which I protest, claiming that the law should make people do for themselves what they now expect the State to do for them. Another objection is couched in these terms. The very simplicity of the scheme arouses suspicion. Mr. Blackley has little difficulty in disposing of this objection. He says: "The thing is so simple to me that I never thought of making it complex to other people. As a wise school-boy when being caned rushes into his master's arms to get the minimum of hurt, I come to close quarters with this unexpected objection, which I certainly cannot refute, and simply say the suspiciousness is a reason for examination, not for rejection; and that the simplicity, so far as it goes, makes altogether in favour of the scheme."

Space prevents us at present entering on further objections, to which we shall devote another article. We shall conclude with a citation from another critic, who thus expresses himself, so that Mr. Blackley may congratulate himself on having at least one favourable and hopeful critic:—

"If the scheme has its difficulties and drawbacks, on the other hand, it has its advantages. These consist in its simplicity, economy, and the directness with which it effects the object. As a remedy against adult pauperism it is well-nigh perfect, as it is obvious that you have only to provide for a man in the helpless times of sickness and old age; and you have done all that could be done for him, by even the most indulgent of poor-laws."

Department of Lunacy.

COMMISSIONERS IN LUNACY ON PRIVATE ASYLUMS.

THERE are few subjects which have caused so much discussion during the year as private asylums. Various Bills have been brought before Parliament relating to insanity, having as their basis the abolition of these institutions either by purchase by the Government or by total annihilation. It may be fairly asked on what grounds the clamour for this has been made. This question is easily answered. It is in consequence of a certain class of society who are biassed by false reports and rumours and garbled statements relating to private asylums, but which are quite unsupportable and unauthenticated, and made by some *would-be* reformers in lunacy. The public mind has been severely prejudiced by these reports, and it is a great satisfaction for us to read the remarks of the Commissioners in Lunacy on the subject, and we accept them as coming from the only persons who are entitled to speak with any authority on the question. We read as follows: 'A system which places the insane

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in charge of persons who derive profit from their detention, is no doubt objectionable in theory; and in practice (like many other things) may be open to abuse. But so far as regards the licensed houses in England and Wales, which alone come under our observation, we are convinced that, under the strict supervision and the safeguards which the Lunacy Acts provide, no such abuses are possible as have been in some quarters seriously alleged, such as the 'incarceration' of sane persons, or the prolonged detention for corrupt motives of insane persons who have entirely recovered their reason. Nor are the proprietors of licensed houses open to the sweeping charges of dishonesty and self-seeking which have been brought against them as a body. It should not be forgotten that these persons to some extent are competing with each other and with the hospitals in a business which, to be remunerative, must be conducted on principles of ordinary prudence and common honesty." This is a contrast to what a contemporary styled proprietors of asylums, such as "adventurers," men without any feelings for honesty or humanity, individuals whose sole desire is to get what they can out of those mentally afflicted without endeavouring to "minister to a mind diseased," and persons practising in a dishonourable calling.

We have so frequently given the statement as to the "alleged detention after recovery" a denial, that it is satisfactory to find our testimony is substantiated by the Commissioners. We also read that "the licensed houses supply a social want," and that their abolition "would assuredly multiply cases of illegal charge and consequent neglect and ill-treatment of lunatics." The Commissioners cannot endorse the suggestion of erection of private asylums at the public cost, and quote the conclusions arrived at by the Lunacy Committee as bearing on the point: the number of metropolitan asylums is thirty-nine, and provincial sixty, all licensed for the reception of private patients. The Commissioners appear to have taken considerable pains to ascertain the amount paid for the inmates confined in private licensed houses. We find that in thirty-two of these houses receiving about 1,300 patients, the average payments are at the rate of £100 per annum; in twenty-two private asylums, which receive about 750 patients, the average cost is from £100 to £150 per annum; in the remaining thirty-five houses the charges are higher, ranging from £150 to £470, including carriage exercise and other luxuries. We know as a positive fact, that in many instances the actual payment made does not cover the expenditure of the patient. The Commissioners also draw attention to the circumstance that in many asylums relatives of the patients reside, and this is considered by them a very desirable move, and one to be encouraged.

In a subsequent article we shall allude to the remarks made in the Commissioner's Report on the "Lunacy Laws."

A BUST of the President of the Queen's College, Belfast, has been placed in the consulting-room of the Samaritan Hospital for Diseases of Women, Belfast, being the gift of a former student of the College.

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MEDICAL PRESS AND CIRCULAR

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 8, 1879.

THE OPENING ADDRESSES.

THE Medical Session, 1879-80, was opened on the 1st inst. by addresses at several schools; Guy's and the London following the example of St. Bartholomews by refraining therefrom. What may be their reasons for this we do not profess to know; nor is it a matter of much interest. The bulk of the metropolitan schools have adhered to what has now become customary. Certainly it may be urged that the formal opening of a school brings old students and their teachers together; and admits of the freshman seeing who are going to be their instructors, and of what manner of men their *collaborateurs* are. The opportunity is a favourable one for addressing words of counsel and advice to those who are commencing their studies; often with very slender acquaintance with what they will have to learn, and how to systematically start about their studies. Mr. Keightley's pamphlet will be more or less familiar to many of them; but probably others have not seen it, and the introductory address is the first formal announcement to them of what they must do, and how they may best set about doing it. However little novelty any lecturer may be able to throw about his address, a certain amount of solid and valuable advice can thus be given to the newcomers. Nor need their seniors necessarily feel bored by listening thereto. Probably many feel that if they, in the early years of their studies, had followed more eagerly the advice tendered to them, they would have been all the better, and none the worse, of it. Perhaps if they had

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accepted the advice some troubles might have been avoided.

The addresses, after this stock matter has been disposed of, moved in various directions. At King's College, Dr. Duffin went into the question of the pathology of pyæmia, and then with natural pride in his school, referred to what Professor Lister had done in the way of its prevention and treatment. The reception which greeted Professor Lister at the recent International Medical Congress at Amsterdam, quite justified Dr. Duffin's eulogy of his colleague. Some old practitioners will, however, read the statement made about pyæmia—that we are "now in the position of victors over this dreaded foe, the fearful ravages of which long since became a matter of national importance, and had proved the curse of many surgical hospitals"—with a sense of satisfaction, blended, perhaps, with some scepticism. Whatever Professor Lister has done for our hospitals, he has done infinitely more for those on the Continent, where his plan of treatment has completely revolutionised surgical practice with the most beneficial results. After that, Dr. Duffin discussed the subject of the opposition offered in England to experimentation on animals, and the recent Vivisection Act. We think he met the oft-asserted charge of deliberate cruelty in the insensate and useless infliction of pain by medical men, which figures so conspicuously in the mendacious and rabid clamour of the anti-vivisectionists, very satisfactorily, by pointing out how the medical profession had worked at anæsthetics; and how they had succeeded in performing the gravest and most difficult operations without the slightest pain or suffering to the patient, whether human or brute.

At St. Thomas's, Dr. Cory also discussed the Vivisection Act, which he said was "unjust, and should be repealed, as it was passed in the face of the evidence collected by the Royal Commission." The whole history of this irrational persecution of physiologists is a subject which will form a curious chapter for some future historian. Dr. Cory said, "Almost all those who had advanced the knowledge of their profession had practised vivisection, and it was by means of this practice that they to a great extent had succeeded." This statement is calculated to create a false impression in the public mind, or rather to foster the false impression already existing, viz., that vivisection is or was largely practised among the members of the profession. Yet very few members of the profession ever saw an experiment performed on a living animal; and if those who have advanced the knowledge of the profession are confined to those who have performed experiments on animals, their numbers are remarkably few; how few, the public have no idea, and probably could not credit it if they were told.

At University College Hospital, Prof. Thane reviewed the history of his hospital, of which he is justly proud. There was the first chair of Pathological Anatomy instituted in this kingdom. The first regular courses of clinical lectures were delivered there by the great Robert Liston. What was still more meritorious, there was set the example of throwing open the offices of dresser, clinical clerk, and house-surgeon to competition; in preference to the plan of requiring large sums of money for them, which had hitherto obtained. He then referred to the very large amount which had been given to this charity by its medical officers.

At Charing Cross Hospital, Mr. Hird referred to two old students of the hospital, Mr. Jolly and Mr. Conolly, who had served in the recent war in; Zululand and whose behaviour in operating under fire, had gained for them honourable mention in the military dispatches. He then pointed out the unsectarian character of our profession; its broad sympathies; and its impartiality to political and theological differences: how, when properly carried out, the daily vocation of the medical man evoked the best emotions of our nature in striving with pain and suffering.

Then several lecturers addressed themselves to the subject of the form medical study should take; and the diversities of the views expressed are instructive and suggestive. At Westminster, Dr. Dupré discussed the claims of the two opposing schools—the technical and the classical. On the ground that education should not be limited to certain periods, but be progressive during life; he favoured the classical school. "In England," he said, the "advocates of technical education were gaining ground: while in Germany the battle had been fought out, and the victory was more or less, with the classical school. He hoped such would be the end of the struggle in England. In separating more completely than was done at present, the scientific from the practical, the student, would on the one hand, gain time for the more minute study of the natural sciences, to the great advantage of his intellectual training; and on the other hand, when once he began his real professional work, his time would be no longer taken up with the study of what were after all, auxiliary subjects." Certainly, it is to be devoutly wished that all medical students should have had a thorough intellectual training before commencing their medical studies; but as we pointed out last week, this is hardly feasible, or practically attainable. Mr. Dalby, at St. George's, also said, "Mental training must be a valuable addition to any course of education," and its value is unquestionable; but how medical students are to acquire this before commencing their studies it is not easy to see. That those men who, more mature in years, and with minds already trained to think, learn more and profit more by their course of medical study, than do younger men with less trained minds, is well known to all.

At St. Mary's, Mr. Mivart spoke at length about metaphysics, "the importance of arriving at a decision when sufficient data were attainable to prove a correct idea as to the probable result. That really was but methodical common sense, and no greater service could be done a young man than to show him a way out of speculative and dangerous theories." That such power to see his way through specious fallacies and unsound inductions would be of immense service to a medical student, cannot be denied. Further, it would be a priceless boon to many students if they were systematically taught how to reason on the cases presented to them; how to rationally approach the investigation of the different phenomena of a case, however simple. Logic may be part of the preliminary examination for entrance upon professional study; but how to reason accurately on a case is one of the rarest possessions of young doctors in our experience. If they were taught the different steps and stages of a common cold, and the treatment appropriate to each stage in a rational manner; this would be of the greatest value to them in after life. That a metaphysical training, something analogous to the Scotch

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Arts' course preceding medical study, would be of service to our English students, may not be questioned: but when it will be achieved is a matter for doubt.

At the Middlesex, Dr. Coupland gave some very good and timely advice to the new men. He insisted upon steady industry, and told them that if they were not ready to work earnestly they had better abandon medicine for some more congenial and less exacting vocation. Probably in saying this, he bore in mind that the present depression in trade and agriculture has made many young men turn to medicine, who otherwise would have entered the ranks of commerce, or become agriculturists. Young men who are on the outlook for a comparatively easy life, with a fairly good social position: and whose female relatives are heard bewailing the severity of examinations, and the smallness of the mesh of the net which is instituted to protect society at large against dangerous ignorance: who do not realise the fact that the examinations which are essential to the attainment of a diploma, after all are only minimum tests, requiring such information as a man must possess; and that they do not necessarily indicate any very advanced knowledge. At this time, then, the remarks of these various teachers about a proper education, and a fair mental training before a course of medical study is commenced, are well-timed and seasonable, and ought to be of much value to the youths to whom they were addressed. Dr. Coupland pointed out how hospitals devoted to medical teaching were of value, not merely as affording succour and relief to the sick poor, but as the means by which medical education could be carried out for the benefit of society at large. There is something more in the study of medicine than merely a genteel way of making a living; a medical man has a sacred trust placed in him, which should put him on his honour. When a patient places his life in a doctor's hands, this very act of confidence should, in return, call out from that doctor a corresponding sense of right to that confidence—the feeling that he should not be unworthy of it. If from an ignorance, which is removable by industry and painstaking, the life of a patient is sacrificed, then it is a breach of trust an the doctor's part of a most discreditable character. When a medical man is called in to see a patient it is not merely an evidence of the patient's belief in him; but it is an act of confidence which the doctor, as a man of honour, should not abuse. The reputation of a profession is the aggregate of the reputation of every single unit of it. Every man entering the profession should honestly commune with himself as to how far he intends the medical profession to float him in the world; and as to how far in return he means to do honour to his profession, and to give something in return for what he gets. He may never attain distinction, nor make very valuable additions to our knowledge; but he may set the example of a blameless life, of conscientious painstaking to the best of his ability; be a man first, and then if possible further a gentleman, in the true sense of the word, respected and trusted by those who know him best. By such self respect he raises himself in his own eyes, as well as in those of others; and further he does credit to the profession to which he belongs. It is on the attitude of every unit in it that the reputation of the profession rests; and every man must be watchful, and see that he make the best use of the knowledge he possesseth; and that he is a good and faithful servant, who has made a good use of his talent; that he is an honourable unit in that profession—one who returns what he can for what he has got; and that he be not in the end an unprofitable servant, who has lowered his profession in seeking his individual advantage. And at the present time such self-communing is especially desirable; and the remarks of the various lecturers are peculiarly appropriate.

THE DUBLIN SANITARY COMMISSION.

The inquiry into the causes of the excessive mortality of Dublin has been pursued during the past week by the Commissioners, Colonel Rawlinson and Dr. MacCabe, and has inspired the citizens of Dublin with a hopeful confidence in the tribunal, and in the result of its labours. The very grave apprehension which we expressed last week, that the investigation, being limited to the effect of the Liffey, would be quite useless as an elucidation of the real causes of the high death-rate, has, we are happy to say, been to a certain extent dissipated, for we recognise an obvious anxiety on the part of the Commissioners to probe to the bottom the sanitary sores of the city, and to avail themselves with freedom of the evidence of those who know most of the subject. In his initiatory remarks the Chairman said they were instructed to inquire into the main drainage and the purification of the Liffey, but, inferentially, he held that they were not debarred from taking into consideration other causes which might affect the public health of the city of Dublin; and that there were other causes of a very grave and serious character he was sure every person who had paid the slightest attention to the condition of Dublin must be perfectly aware. There were many theories as to the causes of disease in excess. Some attributed the excess to geological causes; some to meteorological causes, and so on. He had been obliged to come to the conclusion that the prime causes were not to be attributed to those conditions, but to some form of neglect in the construction and management of the houses in which the people dwelt. If they had people living under conditions where purity of the atmosphere was impossible, they must naturally look for excessive disease; and where those conditions existed it was the duty of the sanitarian to make such recommendations as would lead to their removal, and he hoped that the report of the Commissioners would contain practical recommendations which, if followed, might tend to the future benefit of the city of Dublin.

We are unable to devote to the subject space sufficient even for an epitome of the evidence, but we cannot pass by the testimony offered to the Commission without pointing out that each consecutive witness confirmed with more emphasis the opinion which we have frequently expressed, that the state of the Liffey, though undoubtedly a factor in the excessive mortality, was not a very important one, and that the real *fons et origo mali* lies in the utter abomination of the tenement houses in which the working classes of Dublin dwell; the palpable inefficiency of the public scavenging under the Corporation, and the total neglect of the domestic scavenging by that body; and the universal imperfection of the house drainage system. The

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revelations respecting the tenement houses of Dublin must be difficult of credence to our English readers.

The City Engineer said he was sure the house drains constructed under the direction of the Corporation were all right, but that did not amount to one half or one third. For instance, in Mountjoy Square, out of 59 or 60 houses there were only 17 houses had proper drains. Any sickness that occurred in the district was not owing to the main sewer, which was as sweet as that room, but from the defective house drains. A very considerable proportion of the best class of houses in Dublin are as defectively sewered as the poorer ones.

The Chairman said the tenements of Dublin were just as bad as it was for places to be in which human beings were supposed to reside. At the same time he must say he had not seen anything worse in Dublin than he had seen in what was called rich England. It was impossible for language to describe anything worse than certain portions of the tenement districts of Dublin. The houses were not fit for animals, let alone human beings. They were not worth one year's purchase.

Mr. James Boyle, Secretary to the Public Health Committee of the Corporation, in answer to Dr. MacCabe, stated that he had made a classification of the houses in the city. Of those rated under £10 there were 4,000; over £10 and under £20, 6,000; over £20 and under £45, 9,000; of those over £45 and under £75, 4,000; and of those rated at over £75 there were 962. The total number of inhabited houses in Dublin was 23,830, and the average number of inhabitants to each house was thus 10. The tenement houses extended to the three first classes, but the number of tenement houses rated above £30 and under £45 was very small—only about 400. The total number of tenement houses in Dublin was 9,760. Rather more than one-third of the tenement houses in Dublin were in the class of houses rated under £10. The average density of population over the area of the city of Dublin was 65 per acre, but there were portions of the city where the density was much greater. For instance, he had discovered areas where the density reached so high a figure as 242 per acre. These were chiefly tenement houses. The number of inhabitants in each tenement house was generally about 13 or 14, but in the year 1866 he had discovered a house in Church Street—No. 136—which was occupied by 78 persons. It had been calculated that the cost of carrying out a proper system of domestic and public scavenging would be £30,000 or £40,000 a year. The public scavenging of the city at present cost £12,000 a year, and it was imperfectly done. He had been called in to inquire into the state of some of these houses and had discovered a state of thinge for which he was quite unprepared. It was intended to make a house-to-house inspection of eacn house in the city, with a view to find out the real state of their sanitary arrangements, and with a view of pointing out to the owners the necessary remedies that required to be effected. The causes of the high death-rate in Dublin were the class of dwellings, the saturation of the soil upon which the houses stood with organic matter for a period of 150 or 200 years, and the defective amount of air spaces in many parts of the city.

The Registrar-General, Dr. Grimshaw, said he was inclined to say that a very small proportion of the excessive death-rate of Dublin was attributable to the state of the Liffey between the quay walls. He believed himself that the effect of the effluvium arising from the river foreshores upon the health of the city was inappreciable. He believed the house drainage of Dublin to be excessively bad, and was sure that in a large proportion of cases it had a very injurious effect on the public health. He was afraid that applied to all classes of houses. There was nothing that could be called a system of filth removál in Dublin, like such as existed in England. He had no doubt that an organised system for the removal of house refuse at short intervals would be of the greatest advantage, and would tend more to improve the health of the city than anything else that he was aware of, while he doubted that it would cost more than what was at present paid for the removal of house refuse. He roughly calculated that the cost to the city of a systematic cleansing of ashpits would be about £30,000 a year. When the Act of 1874 was passed the Sanitary Association called on the Corporation to make proper provision for the cleansing of ashpits and the removal of house refuse, but the Corporation refused to alter their existing arrangements. The ordinary sanitary arrangements, such as the removal of house refuse and so on, are a very serious matter in considering the health of a city. The streets of Dublin are not sufficiently scavenged, and another element is the system of allowing filth that has been removed to accumulate within the city. Many ashpit cleaners have what they call manure yards, where they mix the various materials that they collect. I am sorry to say that the Corporation themselves have got two or three of the biggest manure yards in Dublin. Refuse is collected in the streets, and brought to depots within the city, where it is sold to farmers. Again, the arrangements for removing patients to hospital are very imperfect. I believe all these deficiencies are chiefly to be attributed to the difficulty of getting funds to pay for the remedying of the evils. Slaughter houses also are scattered through the city, and the cowsheds and dairy yards are very great nuisances.

Mr. Rawlinson said with regard to the street scavenging, although they had fine weather since they arrived in Dublin, he saw the street sweepings were allowed to accumulate along the footpaths, and he presumed from that that the scavenging power was not sufficient.

The City Engineer said it was a fact—the scavenging power was totally insufficient, and had been so for years.

Mr. Rawlinson said it was a blundering and costly way of doing the business twice over, for the mud, when allowed to remain along the footpaths, was splashed over the passengers, or ground down and scattered before it could be taken away.

We cannot pursue the evidence further, although the same testimony was given by the medical officer of health, Dr. Cameron. There would seem to be a consensus of opinion that the city is in all respects disgracefully kept, not cleansed or inspected, and that whoever has been chargeable with the duty of remedying such a condition of affairs have grossly neglected their business. We don't entertain a doubt that the means of doing so, both legal and financial, either existed already, or might easily have been procured by an energetic and earnest executive, and we trust that the light which the Commission has thrown, and will yet throw upon the subject, will, for the future, make impossible such indefensible negligence.

THE RELATION OF THE STATE TO MEDICAL EDUCATION.—I.

In all civilised countries the State has recognised and accepted the duty of restricting the practice of medicine to competent persons, and has, therefore, found it necessary to interfere in the regulation of the education of medical men to a much greater extent than with reference to other professions. The primary reasons for this interference are fourfold:—

Firstly, that the life and health of the subject is of essential value to the community in which he lives, and upon the maintenance of his perfect efficiency both the military and monetary wealth of the community depend.

Secondly, that a paternal government must be always in a higher degree responsible for the lives of its subjects

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than for the integrity of their goods, and therefore is bound to regard their health rather than their property.

Thirdly, because the employment of a medical adviser is a matter upon which the individual has no such option as is allowed him in the employment of other professional assistance, for—when sick—he is absolutely compelled to seek for medical aid which the State must, therefore, provide to the extent needful.

Lastly, because the selection of a medical adviser is a matter which cannot be safely left to the unguided discretion of his employer, and it therefore becomes necessary for the State to help in the exercise of a choice by guaranteeing the competency of the medical man.

As a very large employer of medical labour, the Government of our country is bound to ensure that it pays for none but the most highly qualified services, and, in the course which it has adopted with this object, it has recognised a marked distinction between the standard of competency which it considers necessary for its own uses, and that which it regards as sufficient for its subjects at large. In respect to the community at large the State accepts, as sufficient evidence of medical competency, the possession of a registrable diploma, but for admission to its own services it requires not only the guarantee of a strict competitive examination, but the probation of a further course of special education, subsequent to the study requisite for obtaining a diploma. The distinction thus drawn between the degree of skill necessary for the medical treatment of a soldier and that sufficient for a civilian might appear inconsistent with the relation of a paternal government towards its subjects, but, upon examination of the facts, that distinction will be found to be reasonable. In the first place, the skilled soldier or sailor is a very expensive article, not only in his maintenance but in his making, and for his medical protection, the Government is prepared to pay a higher price than the average subject could afford to give. Skill of a high order, obtained by a course of study of great extent and great expense, is necessary for the preservation of the health of the skilled soldier or sailor, and a special education of medical officers which is not needful to the civilian practitioner, is essential to the efficiency of our forces in time of war, and for these peculiar qualifications our Government is obliged to pay a higher price than the civilian need give.

While, however, it is the duty of a paternal government to put the choice of a medical adviser of guaranteed competency within the reach of its subjects, it is, in no sense, its function to relieve the community of the responsibility of selecting for themselves, according to their wants or their means, and, therefore, the State, in recognising licences to practice, contents itself with a *minimum* standard of medical education, confining itself to insisting that no one shall represent himself as competent to cure disease unless he be conversant with the principles and practice of medicine and surgery, and still leaving it to the individual who employs the practitioner to provide himself with an adviser of greater experience and higher attainments, if the gravity of the sickness or his own means of payment justify him in doing so.

The attitude of our own legislature in this matter is liable to be misunderstood, and those who look at the subject from a purely medical aspect are liable to demand the interference of the State for the purpose of maintaining an unduly high standard of medical education.

In our own country the freedom of the subject in respect to his selection of a medical adviser is recognised to the extent of tolerating the practice of medicine and surgery for gain by all sorts of persons—medical schismatics—prescribing druggists—incapable pretenders and even manifest swindlers; and it is an implied axiom of the law that no person shall be debarred from the real or pretended treatment of disease, or from taking fees for his services in this capacity so long as he does not deceive his customer by the pretence that he is a legally-qualified practitioner. It is strictly within the law (and moreover, within the limits of public toleration) that a person shall publicly set himself forth as competent and skilled to treat disease; that he shall recommend himself for employment by any statements true or false as he pleases, and that he shall obtain the money of his dupes by these means. If any one is ignorant enough or credulous enough to pay such a person for his services—so much the worse for the dupe. The law will not help him, except by a civil suit at his own risk in case he suffers damage by gross neglect or incompetency, and it will not undertake the punishment of the quack, unless he has falsely represented himself as being legally qualified, or has actually killed the patient by gross malpraxis.

With every regard for the liberty of the subject, and keeping out of view the interests of the medical profession, it seems to us very doubtful, whether the principle of freedom of practice is not pursued too far in our country. The same principle is not applied to other professions or even collateral to medicine. It is not permitted for an unqualified or unlicensed person to undertake the functions of a lawyer; nor is a litigant permitted to appear by such a deputy no matter how anxious he may be for such an advocate. In France there is a definite law on the subject, still in existence, of 19 Ventose year XI. of the Republic (March 10th, 1879), which is well known, and which relates to the practice of medicine, and regulates the prerogatives of physicians, licentiates, and of midwives.

The following are those portions of articles 35 and 36 of the law, to which we refer :—

Art. 35. Six months after the publication of the present law, any person who shall continue to practise medicine or surgery, or to act as accoucheur, without being on the list of those qualified to do so, will be liable to a fine, to be handed over to an almshouse.

Art. 36. Notice of such offence should be given to the tribunal of Correctional Police, and to the notice of the government commissioner (solicitor of the Republic to these tribunals). A fine of 1,000 fr. may be imposed on any person who shall take the title of doctor or practise as such.

A fine of 500 fr. may be imposed on any person who shall take the title of licentiate and visit the sick as such.

In case of relapse, the fine shall be doubled, and the delinquent shall be liable to an imprisoment, not exceeding six months.

The principal difficulty was, to know if the illegal practice of medicine could be punished by the penalties imposed by article 36 of the law, when there had been no usurpation of the titles of doctor or licentiate. This question has been decided. (Cour de Cassation, Novem-

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ber 5th, 1831, and July 18th, 1840.) And it results from this decision of the Cour de Cassation, and from article 36 of the law, that the usurpation of the titles of doctor and licentiate are offences within the jurisdiction of the Correctional Police, and that the delinquents are liable to a fine of 1,000 fr. in the first case, and of 500 fr. in the second.

Even in Great Britain it is not allowed for any person unless duly licensed, as a pharmaceutist, to compound a medicine, although it is perfectly permissible for an unqualified person to prescribe the same medicine. In these instances the State forbids its subject to risk his life by employing a person incompetent for the service which is required of him, and it considers that perfect freedom of action in such matters is not tolerable with advantage to the community. It is not easy of comprehension why a different rule should be applied to the medical adviser, but the proofs are ready that the temper of the public and the legislature is against any prohibition of quackery. In the year 1878, a Medical Bill was introduced by Dr. Lush at the instance of the Medical Alliance Association, which directly prohibited medical practice by any but qualified practitioners, but such a storm was raised by the prescribing druggists that it had to be precipitately withdrawn. As lately as the 12th of March last, on the re-introduction of this Bill, without the prohibitory clause, Mr. Sergeant Simon and Mr. Burt, a working man's representative, delivered themselves of the following remarkable pronouncements :—

A few years ago a dead set was made by the profession against the homœopathists, and it was in consequence of that policy that a provision was introduced into the Medical Act of 1858 to protect them. If medical men did not now pursue the drugging system as before, it was because homœopathists had proved it to be injurious. If he chose to consult a herbalist or bonesetter, he did not see why Parliament should prevent him. (Hear.) A large number of friendly societies did not believe in medical men, but employed herbalists, who cured them, and they knew very well when they were cured. He had known friends of his own to go to herbalists, and persons of high position had made use of the services of bonesetters, and done so with advantage. His hon. friend's Bill said that none but a qualified practitioner should have the right to give a certificate of death. That was equivalent to saying that a man should not employ a herbalist, because if he died the herbalist could not give a certificate of death, and the man could not be buried. He begged to move that the Bill be read a second time that day six months.

Mr. Burt said he was acquainted with many herbalists who had done much service to the community. Within a few miles of Newcastle was one who had practised for 25 years, and to whom numbers of people came because they found themselves benefited. That man was typical of thousands, some of whom had never seen the inside of a college, and yet from some special aptitude they succeeded in curing diseases. When diseases were cured people did not care whether it was done by properly-qualified medical men or not.

It must be obvious, that the feeling of Parliament is hostile to any prohibition of unlicensed practice, and, therefore, it would be vain and foolish to offer any objection to the contemplated legislation on this point.

Notes on Current Topics.

Sickness of the Peshawur Valley Contingent.

The grave amount of responsibility devolving upon the War Office with regard to the selection of men, the absolute necessity for greater attention than has hitherto prevailed to the physical constitution of the soldiers sent on foreign service, and of the general inefficiency of young recruits under trying services of climate and long marches has been painfully exemplified on the return march of the Peshawur Valley Field Force. It is quite heart-rending to think of the sufferings that must have been endured by these men, exposed as they were to a temperature ranging from 110° to 115° in the shade. The troops were for the most part in a very indifferent state of health when they started. This arose from exposure, inactivity, and other causes. Nevertheless, a self-denying and excellent spirit is said to have animated them. But the excessive heat, dust-storms, indifferent food, intolerable thirst, scarcity of water, and that which was available being so bad as to cause diarrhœa or cholera, proved far too much for them.

On reaching Jam-rud and Hurri-Sing-ka-Boorj, and especially as they made their final marches, their distress was very apparent ; their clothes were stiff and dirty from the profuse perspiration and dust ; their countenances betokened great nervous exhaustion, combined with a wild expression difficult to describe ; the eyes sunken ; a burning skin, black with the effects of sun and dirt ; a dry tongue, a weak voice, and a thirst which no quantity of fluids seemed to relieve. Many of these men staggered rather than marched into their tents, and threw themselves down utterly incapable of further exertion until refreshed by sleep and food. Nor did the officers appear to be in any better plight.

But if there was one class worse than another it was certainly the medical officers and medical subordinates. Surgeon-Major Porter states that, on their arrival at Hurri-Sing-ka-Boorj, most of them were in a painfully helpless and prostrate condition, both mentally and bodily, This was attributable to the strain to which they had been subjected—almost incessant work, night and day, coupled with that anxiety and depression which even the most indifferent or callous must share in the presence of so much disease, fatigue, and responsibility. Some had almost literally no relief from toil, as, from so many of their number becoming ill, the duties were doubled and trebled for those who remained at their posts. The medical officer in charge of the section field hospital broke down early ; next the surgeon of the 4th Battalion Rifle Brigade ; and the third arrived at Hurri-Sing simply capable of handing over his sick before being himself placed on the sick list. The medical officers had been thrown entirely on their own resources in regard to the pitching and striking of tents, receiving no European assistance for this purpose.

Dr. Hanbury describes the condition of the medical officers, subordinates, and servants of the 1st battalion 17th Regiment, and section Field Hospital with it, on their arrival at Lundi-Kotal, as "a sad spectacle ; all were totally unfit for any duty. The medical officers complained sorely of the hard physical labour and great exposure to which they and the medical subordinates were subjected, in addition to their arduous professional duties, in awakening, arranging, starting, and driving the Kakars during their daily marches." "That all those," he continues, "in charge of the cholera hospitals did their work well may be inferred from the fact that the commanding and other officers repeatedly assured him the arrangements for their men were most satisfactory."

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The deaths among the European corps in the 1st Division during the march comprised three combatant and three medical officers, all from cholera; 105 men from cholera, seven men from sunstroke, and nine from other diseases—a total of six officers and 121 men. There were also 11 deaths from cholera among the camp followers. The native corps lost one European and three native officers, 44 men, and 19 camp followers from cholera, one camp follower from sunstroke, 10 men and three camp followers from other diseases, or a total of 219 deaths in the division. This return is incomplete, as the figures have not been furnished by the I Battery, C Brigade, Royal Horse Artillery, E Battery, 3rd Brigade, Royal Artillery, and the Bengal Sappers and Miners; while those in respect of camp followers are from various causes inaccurate. From the second division we have only the daily cholera register, from the 6th of May to the 8th of June, which shows 48 cases and 35 deaths among European soldiers, 26 cases and 16 deaths among native soldiers, and 151 cases and 95 deaths among camp followers. There were therefore 236 deaths of fighting men, the great majority of them from either cholera or sunstroke.

On the Working of the Sale of Food and Drugs Act in England.

THE *Pharmaceutical Jour.* learns from the returns in the Report of the English Local Government Board just issued that the proportion of the samples analysed under the provisions of the Sale of Food and Drugs Act in the year 1878 reported to have been adulterated is lower by 2 per cent. than in the preceding year. The total number of samples reported upon was 16,191, and of these 2,782, or 19·2 per cent., were returned as adulterated. Too much importance, however, must not be attached to these figures, for irrespective of the fact that these percentages are based on the results of analyses as given in the quarterly reports of public analysts, and not upon the number of cases that have been tested in a law court, it needs only a glance at the abstract of returns to see that the figures may be affected seriously by local conditions and the number of samples examined, as well as the idiosyncrasy of the analyst. Thus in the column showing the percentage proportion of samples reported to be adulterated in the different counties we find Bucks returned as 0; Rutland, 0; Anglesey, 7·4; Bedford, 7·7; and Gloucester, 7·8; whilst Essex stands at 71·4 and Cumberland at 62·5 per cent It can hardly be contended that these figures represent correctly the relative proportions in which trading in adulterated articles exists in these counties.

The number of samples of "drugs" reported to have been examined is 491, of which 125, or 25·4 per cent., have been returned as adulterated. Here, again, there is a great diversity, Lancaster returning 22 adulterated out of 45, or nearly 50 per cent., whilst Lincoln reports none adulterated out of 25. The Board expresses regret that more samples of drugs are not submitted to analysis, "for it is obvious that prescriptions may have very different effects, according as they are made up with genuine or with adulterated medicines."

The Coroners Bill.

THE minutes of evidence as taken before the Committee of the House of Commons, with the *ad interim* report of said Committee thereon, are before us. The preliminary form of inquiry as adopted by the Procurator-Fiscal would, *prima facie*, appear to recommend itself, but in the case of an inquiry being fully carried out, it certainly was surrounded with a prolixity and abundance of red-tapeism that could not commend it to be adopted in any other country. The examination of the dead body by a special medical assessor to the coroner, the report of the former being forwarded with the police report to the coroner, would in many instances doubtlessly dispense with the summoning persons to hold a formal inquest. In Ireland, where the coroner happens to be a medical man, he might be permitted to hold a preliminary inquiry, and not a formal inquest, unless he found the circumstances of the case to be such as would require a jury to be empanelled. We collect from the fact of the Committee approving in part of the Scotch preliminary inquiry system, that they would also concur with this mode of dispensing with jurors. We are not surprised that the committee do not approve of the twofold form of inquiry, one before the magistrate, and the other before the coroner. Such has been already very forcibly condemned by the judges of the Irish bench as being very unfair to the accused, who, latterly, is not brought before the coroner as formerly, but behind whose back the investigation is held. As may or may not happen, he is either censured or found guilty of manslaughter or murder. To obviate such a proceeding as this the Committee consider it might be desirable that if a system of efficient salaried legal coroners were established throughout the country, there might be conferred on them the powers of a stipendary magistrate, and thus obviate the evils referred to. For the discharge of such duties we still assert that the medical coroner would be found as efficient and as competent as any stipendary magistrate, and we hope the Committee did not mean by such recommendation to exclude doctors as those eligible and specially fitted to hold the office of coroner. Both in England and in Ireland several doctors held, and still hold, the office, and in no instance has it ever been proven or insinuated that they lacked in any way the knowledge, legal or otherwise, to discharge the duties of coroner with satisfaction to themselves, and advantage to the public. We shall look forward with much interest to see a Bill passed into law next year that will redress the many grievances of which coroners have justly to complain.

The Metric System.

THE dream of an international language is not capable of realisation, though it is possible to introduce an international system of weights and measures, which will form a common language in the scientific world.

This is known as the metric system. It is easy of comprehension, and might usefully take the place in medicine of our present method of notation.

America has led the way in introducing the system into that great country, and Great Britain should not be behind hand, in giving a formal adhesion to the movement. The American Medical Association, somewhat analogous to the British Medical Association, has adopted it, and at the Cork meeting of the British Medical Association, Dr. Seguin advocated, and appealed to English practitioners on behalf of, this important alteration.

Dr. Seguin has sent us a long letter, from which we extract the following:—

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If time was not raising an absolute impossibility I would like to read, and you would like to hear the opinions in favour of your adopting the metric system, sent to me by the Venerable Littré, representing Philosophical Medicine; Prof. Mehu, the celebrated Pharmacist; Drs. Auzoux and Lemercier, authors of the classic models of anatomy; Dr. Bertillion, the medical statistician; Marey, the inventor of many medical instruments of graphic observation; Broca, the organiser and secretary, I ought to say the soul of, the Society of Anthropology; L. Ranvier, the Professor of Histology at the College de France; Paul Bert, the Professor of Physiology at the Sorbonne. Professor Charcot, of world fame, the Professor of La Saltpêtrière, can tell you his disappointment at finding between his inquiring mind and the invaluable English medical literature, a mathematical barrier instead of a common pass-way.

But why should I longer try to convince you by foreign opinions, when the young teachers I have met with, as Sydney Ringer and Burdon-Sanderson, favour the introduction of the metric system in the school, the practice, the literature, the statistics of our profession?

Would you find these authorities too young? Then, permit me to quote the judicial—and I hope—final sentence of the most revered surgeon, Mr. Timothy Holmes.

"August 4th, 1879.

"18 Cumberland Place, Hyde Park, W.

"DEAR SIR,—I cannot help thinking that it is high time some uniform system of scientific notation were adopted; and as the metric system seems firmly established in the scientific world of the Continent, I believe that it would tend to the progress of medical science if we also adopt it."

But without this array of authorities, I cannot forget I address men of progress, ready to accept this, provided it could be accomplished by evolution, not by revolution.

That is why all that a foreign guest can do is to call your attention to the want of foreign physicians to read English authors in the common mathematical language of the sciences.

Anti-Vivisection Again.

THE institution of the "George Henry Lewes Studentship," has called forth from the "Society for the Total Abolition and Utter Suppression of Vivisection" one of the most curious advertisements that the world has lately seen. Bearing the name of the honorary secretary and treasurer, "George R. Jesse, Esq.," it sets forth in several paragraphs certain of the late George Henry Lewes' utterances before the Royal Commission. But the valuelessness of the opposition raised by the Anti-Vivisectionists was never more apparent than in this last attempt to influence the progress of physiological research. By simple quotation of scattered sentences, whose whole force can only be appreciated when their relation to their context is viewed, the excitation of a false sentiment in the ignorant and hyper-emotional, and the employment of highly-imaginative phrases and pictures—these are the fit and proper agents of a society such as that presided over by Mr. Jesse. Were it not as disheartening, it might be intensely amusing to see the ignorance displayed by these champions of sentiment. But since they do unquestionably exert a certian influence on the unreflecting women, it becomes a serious consideration how far this influence should be permitted to act unchecked. "In spite of all the baffled barbarity," Mr. Jesse's advertisement concludes, "a studentship for *both sexes* is founded for 'very powerful imaginations' to attempt to prove on complex organisms what cannot be proved." In thus presuming to dictate authoritatively on the possibilities of research, we venture to think the Anti-Vivisectionists assume a position calculated to do eminent mischief; and since their appeal is made to the ignorant and the prejudiced, who will think only in one direction, we conceive a vigorous protest should be entered against a practice which, though contemptible, can yet do much serious damage.

Suicide in Germany.

SUICIDE seems to be on the increase in Germany. From the statistics for the year 1878 we gather that the figure of 1,126 was reached, out of which 215 were women; in 749 cases death was produced by hanging, in 217 by drowning, and in 88 by injury to the brain.

The causes are thus assigned:—In 284 instances melancholia, in 105 disgust of life, in 94 intemperance, in 90 intellectual disturbance, in 89 privations, in 65 physical suffering, and in 39 love. The ages varied from 90 to 14 years.

According to the *Progrès Medical* of Sept. 20 we learn that in England during the last few weeks the number of suicides has been treble the number in the preceding period, and the writer makes the following sage observations, which English readers will take to heart:—"We suppose that the persistence of bad trade—the absence of the sun—the rain, storms, and inundations, have had some effect in exercising an unhappy influence on their temperaments."

We were under the impression that November was the usual or favourite month for Englishmen who were tired of life to throw themselves from the top of St. Paul's or the Monument—at least, we have heard that story when on the Continent. It seems that our suicides are forestalling their time, and September must in future be marked as a black letter month in the calender. We might ask whether some of our suicides may not be attributed to the very heavy literature of our scientific journals, and that the discussion of such questions as "Is life worth living for?" may have its answer in the negative.

The Thin End of the Wedge.

THERE is one parrot-like formula indulged in by some well-meaning teetotal advocates on which we shall say a few words, as, having the interests of temperance at heart, we believe that progress is impeded by this old formula—by this cackling over one egg, which is not a sound one. We have so often read it, in reports of boards of guardians, that the familiar words return to us almost without a reference. The earnest teetotaler, whenever a gallon of brandy is ordered, gets up, and moves—"That this poison should not be ordered, as drink is the cause of all the misery and all the suffering in the world, and all the pauperism, all the insanity, all the crimes that cause our gaols to be filled, spring from it—why, then, give this poison to paupers?" *ad libitum*. Generally there is a discussion, ending always in the ordering of the medicine. The teetotaler believes he has done his duty—that he has gained, perhaps, half a convert, and that by these discussions he is getting the "thin end of the wedge in." Fallacious hope! for, as a rule (such is human nature), the medical officer takes no notice of his teetotal opponent, and continues prescribing the potent medicine, named by Richardson *ex id genus*

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omne—"poison." The medical officer does not notice this rhodomontade because he knows that pauperism is not due solely to drink—that at least 60 per cent. arises from other causes; because he further feels that his conscientious convictions compel him to regard alcohol as a medicine of indisputable efficacy, and that he cannot be guided by the advice of committeemen, who in the first place, know nothing of what they are talking about, and, in the second place, are prejudiced and beyond the reach of argument.

The thin end of the wedge cannot be introduced in this manner; medical officers of workhouses are open to conviction, but they must be convinced by statistics and facts, beyond dispute, and we have no doubt, when these are forthcoming, there will be a radical revolution in the use of alcohol in poorhouse dispensaries. It is annoying to workhouse medical officers to have this subject brought forward in this manner at board meetings, and as no good is done by the persistent opposition of earnest teetotalers, we would advise a change of flank and some other mode of action to secure the result so ardently desired by those who believe alcohol in any form to be a poison.

Centenary of the Birmingham General Hospital.

THIS large and popular Institution has just completed the hundredth year of its existence. In the course of this period the population of the town has increased from 70,000 to nearly 500,000, and the hospital, which was opened with only forty beds, now contains 250. From an address which has been issued, we learn that since the foundation of the charity over a million patients have received medical or surgical treatment by its honorary and resident staff. In 1779 the annual subscriptions were about £900, and the total income was under £1,000. In 1878 the annual subscriptions amounted to £5,400, and the total income from all sources—subscriptions, donations, endowments, legacies, and periodical collections, was £15,000; of which, excluding special contributions, the ordinary income may be reckoned at £9,000.

As a fitting commemoration of the centenary of such a useful and prosperous charity, it is proposed to found a suburban hospital for the treatment of chronic cases. "An extension of the hospital in this direction has long been desired by the medical staff and the administrative body, who are unanimous in their opinion that it should no longer be delayed; but they deem it to be clearly inadvisable to make further extensions upon the present site. The existing building is no more than sufficient for the reception of urgent and accident cases, and even these occasionally strain the resources of the charity to the utmost; yet beds which might otherwise be allotted to urgent cases are not infrequently occupied by patients whose ailments, being of a chronic nature, require long periods of detention in order to their effectual treatment. Year by year a considerable number of patients have been necessarily detained for periods extending over many months, and the beds thus occupied would have been available for four times the number of urgent and acute cases."

To give effect to this proposal, a *special appeal* to the governors and the public will be necessary in order to raise the funds required for the building. But, in the state of commercial depression which now exists, the committee do not intend to make an immediate appeal for donations. "Their purpose will be served by recording in a formal manner the centenary of the noble charity, the administration of which, on behalf of the governors it is their happiness to conduct; and by proposing to commemorate that event in a manner which they believe to be most in accordance with the necessities of the poor, and with the design and traditions of the hospital."

The New Histological Laboratory of the University of Dublin,

Now in course of erection, is situated at the east end of the College Park, adjacent to the medical school, and to the new anatomical museum. It will be a long building, facing north and south. It will consist, beside the basement, of two stories. On the first will be the laboratory, with rooms for the professor and for the attendant. The laboratory will be a long room, lit from the north by several large windows. There will be three rows of tables along the room, giving accommodation to seventy students, and allowing to each three feet of space. The students, when working, will face the light, an arrangement which is far preferable to that by which they have the light at the side. On the second story there will be the lecture theatre, which will seat upwards of a hundred students, and in which the lectures on physiology will be delivered. Adjacent to the theatre there will be a large room in which apparatus will be kept, and in which preparations can be made for lectures. In addition to the rooms described the building will contain lavatories and water-closets. This laboratory will supply a want greatly felt since the introduction of practical histology into the curriculum for the degree in medicine. Hitherto the demonstrations have been given in a small ill-lighted room, capable of accommodating at most twenty persons, and which was accessible to the students only during the short term that the demonstrations lasted. It is hoped that the new laboratory, which will be always open, except during the vacation, will be largely used, not merely by the students in attendance on the collegiate course, but by others for research and study in both normal and pathological histology.

The Practice of Dentistry under the Tomes-Lubbock Act.

WE extract the following passage from the letter of a "Manager," published in the last issue of the *Pharmaceutical Journal*:—

It is a well-known and indubitable fact that there are hundreds of chemists, their managers and assistants, who practise dentistry—that is, who extract, scale, stop, &c., —as ably as any professional dentist can do, who under the late state of the law could not be hindered or prevented from so practising; and I take it that the new Act has been passed to give such practitioners a legal status, and to prevent from so practising unqualified men —mere empirics and charlatans.

Another fact equally well known with the above, is that in country places throughout the length and breadth of the land, there are uneducated and vulgar men who take first to "cow-doctoring" and farriery, but who are equally

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ready at any time to bleed a horse or cow, or to cut a whitlow or extract a tooth for a human patient; and these are the men, I apprehend, who were intended to be, and who will be, prevented by the new Registration Act from practising dentistry.

It would be interesting to hear from this exponent of dental law by what authority he erects a moral or professional distinction between "chemists, their managers and assistants" (who, he truly says, have been invested by Sir John Lubbock with a legal status), and the cow-doctors, whom he designates as "unqualified men—mere empirics and charlatans." What education in medicine, surgery, or dentistry does a chemist's manager or assistant possess superior to that which a farmer or cow-doctor may acquire by experience? To our mind the balance of surgical competency seems likely to incline to the side of the "mere empiric and charlatan,' who, at least, has got his experience by the practice of cow surgery. It certainly appears to us a somewhat audacious assumption that the chemist's assistant—and we know what the status of that gentleman is—is qualified to practise dentistry "as ably as any professional dentist can do."

Ovariotomy and Cold Affusions.

During the past ten months Dr. Thomas has performed ovariotomy 22 times, in the Woman's Hospital, New York. Out of the 22 cases, cold affusion by Nebbris' method, has been employed in nine, with the result of 21 recoveries, and one death.

The death occurred in a patient sent to the hospital in a most forlorn condition, three weeks after delivery. The operation was resorted to as her only chance, as she was rapidly sinking, and she died from exhaustion. In this case cold affusion was not used.

Virchow on Medical Education.

At the International Medical Congress held at Amsterdam, during September, 1879, the Berlin professor held a conference on medical education. Virchow suggests that the different branches of medical science shall be classed methodically, so that the student will pass successively from the accessory sciences to anatomy, physiology, psychology, up to pathology and clinical medicine. As regards books, he considers the student should have concise treatises, or exact *resumés* of each part of medical knowledge, so as to save precious time, so often lost in perusing long-winded monographs. Virchow's views are not very new on this subject.

St. Mary's Hospital Medical School.

The Introductory Lecture by St. George Mivart, F.R.S., lecturer on comparative anatomy, was attended by a very large number of past and present students and others. The address was a brilliant epitome of the speaker's views on the philosophy enunciated by Stuart Mill, Bain, Herbert Spencer, and other eminent thinkers. A vote of thanks proposed by Dr. Handfield Jones, F.R.S., and seconded by Haynes Walton, F.R.C.S., was heartily responded to. A larger number than usual of entries, both for the entrance scholarship and otherwise, has been recorded.

In the evening the annual dinner of past and present students, was held at the Inns of Court Hotel. There was a large gathering, Mr. Haynes Walton was in the chair. The toasts of the evening were interspersed with solos and part songs by Messrs. Mivart, Havell, Lane, and Vivian.

Surgeon-Major Reynolds.

Surgeon-Major Reynolds, one of the heroes of Rorke's Drift, arrived on Friday last from Zululand on board the troopship *Egypt*, in medical charge of 1,019 officers and men, amongst whom were 117 invalids. These speak in the most grateful terms of his kindness and attention during the voyage. A suggestion has been made that he shall be entertained by the profession in this country. The distinction earned by Dr. Reynolds for his art and for himself renders the recognition a suitable and a desirable one, and we hope to see it fully carried out.

A New School.

A new school in connection with medicine will be opened in London some time during next month. The necessity for this has been shown in the results of the examination conducted by the Sanitary Institute of Great Britain, and it has now been decided to create a "School of Hygiene," in which technical instruction shall be given in the subjects of sanitation and public health. Classes are to be formed for preventive medicine, in which lectures will be delivered by Dr. B. W. Richardson, F.R.S.; practical sanitary science, in two sections—(1) medical and chemical, to be conducted by Prof. Corfield; (2) engineering and construction, by Captain Douglas Galton; and jurisprudence and sanitary law, under the care of Mr. W. H. Michael, Q.C., F.C.S. Each session of the school will consist of twelve lectures, and these will be of a character to prepare the students for undergoing the examinations of the Sanitary Institute of Great Britain and other bodies. The lectures will be open to persons of either sex, and by adopting a low scale of fees all classes will be enabled to benefit by them. It is difficult to estimate the good that may follow from this step on the part of the Sanitary Institute, and we wish all success to the scheme.

Supposed Accommodative Value of Eserine.

Dr. W. Cheatham, according to the Louisville *Medical News*, states that in sulphate of eserine we have a safe remedy by which the wearing of glasses can be put off for several years. In presbyopia, he says, there is loss of distinct near vision, caused partly by weakness of the ciliary muscle. Eserine contracts this, and time assists in restoring accommodation. A solution of the strength of one grain to the ounce of water is made, and a drop of this put it each eye at bed time. But suppose—as is the fact—that the ciliary muscle has little or nothing to say to presbyopia. What then?

The Mortality of Dublin.

The deaths registered in the Dublin Registration District during the week ending 27th ult. represent an annual mortality of 23·5 in every 1,000 of the population.

In twenty large English towns the annual death-rate

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last week averaged 18·8 per 1,000 persons living, inclusive of London, in which the rate was 17·2; in Glasgow the rate was 15.9; and in Edinburgh, 13·6.

The deaths amounted to 142.

The number of deaths from zymotic diseases is 32, being 10 under the average for the corresponding week of the last ten years, a result due to the low mortality from diarrhœa, to which disease only 5 deaths were ascribed against an average of 15. The deaths from other zymotic diseases include 9 from small-pox, 7 from fever (2 typhus, 4 typhoid, and 1 simple continued fever), 4 from scarlatina, 2 from whooping-cough, 1 each from measles, croup, &c.

The deaths from small-pox are 4 in excess of the number in the preceding week; all of them occurred on the south side of the city, 5 being chargeable to No. 4 District, which comprises nearly all that portion of the south city east of Carlisle Bridge; in this district also, 3 of the 4 deaths from scarlatina occurred. The latter disease has been rather prevalent in No. 4 District of late, 16 deaths having been registered during the last ten years, but until very recently this district has been comparatively free from small-pox.

Although the deaths from small-pox exceed those in the previous week, the number of new cases of the disease admitted into the Dublin hospitals has fallen from 42 to 28. Twelve patients were discharged during the week, 9 died, and 80 remained under treatment on Saturday last, being 7 over the number in hospital on Saturday, 20th ult.

Compared with the preceding week, there was a decline in the number of scarlatina cases admitted into the principal hospitals, and an increase in cases of typhoid fever and pneumonia, but the returns regarding these diseases do not call for special remark.

The deaths of 14 infants under twelve months old, and of 3 children, aged between 1 and 5 years, were referred to convulsions.

The average number of deaths from diseases of the respiratory organs registered in the 39th week of the last ten years was 15; the only disease in this group to which any deaths were ascribed last week is bronchitis, from which 18 deaths resulted.

Vacancies in the Professoriate of the Queen's Colleges, Ireland.

The Professorship of Chemistry in the Queen's College, Belfast, being about to become vacant by the resignation of Dr. Andrews, who is also Vice-President of the College, candidates for that office are directed to forward testimonials before the 18th October, 1879. The Professorship of Practical Medicine in the Queen's College, Galway, has also become vacant by the resignation of Dr. Colohan, who retires in consequence of increasing age and loss of sight, having occupied the chair for many years. Amongst the candidates for the vacant professorship is Dr. Rice, of Galway, an *alumnus* of the Galway College.

The Pathology of Rabies.

The latest contribution to our knowledge of this disorder is made in the *Veterinary Journal* for October. M. Galtier, having carried out a series of most elaborate experiments, draws this most important conclusion:—That the saliva of a mad dog, obtained from the living animal and kept in water, continues virulent for five, fourteen, and even twenty-four hours afterwards. This fact has consequences of which everybody should be aware. Thus it seems that the water of a vessel in which a dog may have dropped some of its saliva in attempting to drink should be considered virulent during at least twenty-four hours; and next, that, as the saliva of a mad dog which has succumbed to the malady, or has been killed, does not lose its properties through mere cooling of the body, it is important, in examining the cavities of the mouth and throat after death, to guard against the possible danger of inoculation. M. Galtier tested rabbits with regard to rabies, and found it transmissible to them from the dog; also the rabbits' rabies from them to animals of the same species. The chief symptoms are paralysis and convulsions. The animal may live from a few hours to four days after the disease has declared itself. It is notable that the period of incubation is much shorter in the rabbit than in other animals, and this makes the rabbit a more useful reagent for determining the virulence of a particular liquid. M. Galtier found salicylic acid, injected daily under the skin, powerless to prevent the development of the development of the disorder in rabbits.

Fever Statistics in London.

At the fortnightly meeting of managers of the Metropolitan Asylums District, held on Saturday last, it was stated that at Stockwell during the previous fortnight there were 54 fever patients admitted; 8 died, 33 discharged, and 156 remained. At Homerton, 53 were admitted, 9 died, 67 discharged, and 163 remained. At Homerton Small-pox Hospital, 44 fever patients had been transferred, where they still remained, making a total of 363 now under treatment, an increase of 39 as compared with the preceding fortnight. Of small-pox patients at Stockwell 8 were admitted, none died, 24 discharged, and 16 remained. At Fulham 8 were admitted, 1 died, 12 discharged, and 15 remained. At Deptford 16 were admitted (11 being convalescents from Homerton), none died, 8 discharged, and 9 remained. The total number remaining under treatment was, therefore, 40, as against 75 in the preceding fortnight, or a decrease of 35.

Preliminary Education of French Midwives.

A recent ministerial decree requires that aspirants for the title of pupil midwives of the first-class in Paris shall undergo a preliminary examination in—first, reading; second, orthography and dictation; third, elementary arithmetic, including the first four fundamental operations of arithmetic and arithmetical operations founded on them; fourth, the elements of the metric system of calculation. This decree came into operation on the 1st October.

The entry at the different schools has been very large this session. It is thought this is largely due to the depression existing in commerce and agriculture. A number of young men who, under ordinary circumstances, would have entered a trade, or gone to farming, seeing little prospect in these directions, have turned their attention to medicine.

There were thirteen cases of scarlatina in the fever

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hospital of the Enniskillen workhouse, two of which have died.

THE Corporation of the City of London have voted £52 10s. in aid of the funds of the Royal Infirmary for Children and Women, Waterloo Bridge Road.

WE hear that it is intended to promote Deputy Surgeon-General Gilborne to the full rank of surgeon-general, on his vacating the office of principal medical officer to the Dublin district.

ON board the troop-ship *Egypt* from Zululand, which arrived at Portsmouth last week, in addition to Surgeon-Major Reynolds, were the following Army medical officers —Surgeon-Major A. C. R. Robertson, Surgeon-Major D. C. G. Bowins, and Civil-surgeons Beresford, Wardrop, and Reynolds.

LAST week the profession in Scotland was deprived of one of its most prominent and respected members by the death, from typhoid, of Dr. Fleming, the representative on the General Medical Council, of the Glasgow Faculty of Physicians and Surgeons. A short obituary will be found in our department for Scotland.

LAST week a new cottage hospital was opened at Bourton-on-the-water, by the rector of the parish. The building is from a design of Mr. Cutts, architect, of London, and the cost £1,100, towards which about £900 has been already subscribed. The day was observed as a holiday at Bourton, and amongst the speakers at the luncheon was Mr. Burdett, of the Greenwich Seamen's Hospital, who has done so much to further the extension of cottage hospitals throughout the Kingdom.

THE death-rate last week from the seven principal zymotic diseases averaged 3·8 per 1,000 in the large towns, and ranged from 1·2 and 2·5 in Norwich and Bristol, to 6·4 and 6·5 in Brighton and Salford. The deaths referred to diarrhœa showed a further decline. Scarlet fever was somewhat fatally prevalent in Sunderland, Nottingham, and Newcastle-on-Tyne; and measles in Liverpool. Diphtheria caused 2 deaths in Nottingham. Two fatal cases of small-pox occurred in London, 9 in Dublin, but not one in any of the other large towns.

COMPARED with the death-rates in the United Kingdom the following are the most recent weekly returns from the principal foreign cities :—Calcutta 27, Bombay 40, Madras 35; Paris 24; Geneva 19; Brussels 27; Amsterdam 22, Rotterdam 23; The Hague 22; Copenhagen 27; Stockholm 17; Christiania 11; St. Petersburgh 33; Berlin 28, Hamburg 29, Dresden 25, Breslau 31, Munich 35, Vienna 26, Buda-Pesth 32; Rome 29; Turin 24; Alexandria 45; New York 23; Brooklyn 21, Philadelphia 20, and Baltimore 20 per 1,000 of the population.

A notorious London quack, Martin Osterfield Ray, *alias* "Dr. Du Voy," of 36 Homer Street, Marylebone, was summoned last week by the Medical Defence Association, on the information of Mr. Reginald Wilson, student of St. Mary's Hospital, for falsely pretending to be, and prescribing as, a medical practitioner. Evidence was given to the effect that Mr. Wilson had one of the customary quack pamphlets placed in his hand in the streets. He communicated with the person named in it (Dr. Du Voy), explaining certain symptoms as to pains in the back, &c., from which he suffered, though, in fact, he had nothing the matter with him. He received a letter signed Dr. Voy, but did not take any notice of it. It contained a card bearing on it the name "Dr. Du Voy." He received two other letters, and then went to the defendant's house. The defendant said he had written to him, and then proceeded to speak about medicines that he ought to take. Mr. Wilson said he had not enough money with him and left.—In cross-examination, Mr. Wilson said as a medical student he was interested in putting down illegal practitioners.—For the defence, Mr. Berkeley said Du Voy was no myth. He was a medical practitioner in France, and the defendant was an assistant in London.—One of the defendant's men was called, and in answer to Mr. De Rutzen, said many people who came there, asked to see "the doctor."—The magistrate observed that this was exactly the case which the Act of Parliament was enacted to deal with, and imposed the full penalty of £20 and costs.

We congratulate the Medical Defence Association, and Mr. Wilson, upon the result of their joint action. The quacks have been getting rather the worst of it lately, and we think that were other gentlemen to come forward at a little personal inconvenience, as Mr. Wilson has done, these pests of Society would migrate to other "fields and pastures new."

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending Saturday, the 27th ult., the deaths in Edinburgh amounted to 57, and the rate of mortality remains thus the same as in the previous week, viz., 14 per 1,000. The birth-rate continues unusually high.

GLASGOW MORTALITY RETURNS.—Dr. Russell, the city medical officer, has issued his report regarding the mortality for the quarter ending June last. The three months referred to had a lower temperature than any corresponding period for the past ten years, while the death-rate was also smaller. The average death-rate of Glasgow in the second quarter of the year for the past decade was 29·6, for the last quarter it was 23, and the birth-rate 39 per 1,000 living. During the quarter under review, Glasgow enjoyed an almost singular immunity from infectious diseases of children.

BANFF.—Dr. Manson and Dr. Hirschfield have been appointed physicians to the Banff Lunatic Asylum, the Lunacy Board resolving to make this arrangement, instead of electing a visiting-surgeon in succession to the late Dr. Clayton.

FORFAR.—THE INFIRMARY.—The annual meeting of the directors and the subscribers to the Forfar Infirmary, was held in the Town Hall on the 29th ult., ex-Bailie Reid in the chair. The eleventh annual report by the directors bore that the institution continued to be useful and make progress, but it was pointed out that only one of the public works in town had contributed during the year, although the workers in many instances were greatly benefited by the institution. The medical officers report that of the 90 patients treated 77 had been dismissed cured or relieved, 8 remained under treatment, and 5 died. There had been no epidemic in the town, which had been unusually healthy. The income for the year

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amounted to £651 15s. 1½d., including £271 13s. 2d., as the balance from last year, and upwards of £160 of subscriptions. The expenses amounted to £508 8s. 11½d., leaving a balance of £115 6s. 6½d. in favour of the infirmary.

THE POISONED FAMILY AT AYR.—It is now the opinion of the medical men who have been inquiring into the cause of death of the children Macharg, who suddenly died at Ayr, as noticed in our last issue, that it is not to be traced to their having partaken of rotten herrings, but that it was due to suppressed scarlatina. The post-mortem examination did not reveal poisonous ingredients in the stomach, and while it is possible that their having partaken of the fish may have accelerated their disease, it must be referred directly to natural causes. The fifth child has also died.

THE HIGH DEATH-RATE OF PAISLEY.—Dr. Richmond, the medical officer to the local authority of Paisley, has just issued a report as to the high death-rate of the burgh, in relation to drainage, water supply, and nuisances. Dr. Richmond premises that some abatements should be made from the alleged high death-rate on account of the population having been under-estimated by the Registrar-General to the extent of probably six or seven thousand, while at the same time the increase in other towns has been overrated. A defective supply of water is not a cause of the high death-rate, as Paisley is abundantly supplied with the finest gravitation water. There is one specialty in regard to the employment of the inhabitants, that there is a great demand for female labour in the town. The excess of death-rate does not arise from infantile mortality, but is found in the grown-up population, and in the wage-receiving population (90 per cent. of the deaths during the past six months belonging to this class.) It consists in a large preponderance of zymotic, pulmonary, and tubercular diseases, and the deaths are spread very generally over the whole town, especially wherever there are an inferior class of tenants and tenements. These considerations, it is maintained, show conclusively that the exceptionally high death-rate is due to defective drainage and other insanitary conditions. The remedy suggested are the sanitary improvements of back courts, the adoption of the pan and dry closet systems, and a systematic house-to-house visitation.

CRYPTOGAMIC SOCIETY OF SCOTLAND.—Dr. Dickie, ex-professor of botany in the University of Aberdeen has been appointed Vice-president of the Cryptogamic Society of Scotland, while Professor Trail (Dr. Dickie's successor), and the Rev. Mr. Keith, Forres, are among the members of the Council.

DEATH OF DR. J. G. FLEMING.—Dr. J. G. Fleming died at his residence, Bath Street, Glasgow, on the 1st inst., from an attack of typhoid fever. Dr. Fleming was in the 70th year of his age. The deceased gentlemen was an ex-representative of the Faculty of Physicians in the General Medical Council, and for many years surgeon to the Royal Infirmary, of whose medical committee he was chairman. He took a great interest in the conduct of the institution, and was mainly instrumental in the institution of the regulations under which the medical and surgical appointments at the infirmary are now held. There can be no question that in this matter Dr. Fleming had the interests of the institution at heart, but these regulations, whereby the appointments are virtually life ones, are regarded by the profession with righteous disfavour. Dr. Fleming took a prominent part in the formation of the medical school and the Royal Infirmary. He was three times elected president of the Faculty of Physicians and Surgeons, occupying the office altogether for a period of eight years. Deceased was well-known in Glasgow, and enjoyed a considerable practice as a general practitioner.

OPENING OF THE NEW ROYAL INFIRMARY, EDINBURGH.—A joint meeting of managers of the Royal Infirmary, and a sub-Committee of the Lord Provost's Committee of Edinburgh Town Council was held in the City Chambers on the 1st inst., with reference to the arrangements proposed to be made for the opening of the new Infirmary buildings. It was decided that the ceremony shall take place on Wednesday, the 29th inst., and a remit was made to a small sub-committee of the two bodies to mature the arrangements, and report to another joint-meeting to be held on an early day. Disappointment was felt that the Duke of Edinburgh was unable to open the institution, and the duty of doing so has devolved on the Lord Provost.

BEQUESTS TO MEDICAL CHARITIES.—Mr. Alexander Turnbull Russell, of Easterton, Milnegaire, has bequeathed £1,000 to the Glasgow Royal Infirmary, and £500 to the Scottish National Institution for Imbecile Children.

Correspondence.

CALOMEL *v.* HYDRARGYRUM CUM CRETA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been reading the communication of Mr. E. Marlett Boddy on the advantage of calomel as a remedy in some of the diseases of childhood. I write now a few lines to express my entire concurrence with the author in his disapproval of the well-known powder of mercury with chalk.

As a means by which the system may be gradually saturated with mercury, small doses of mercury and chalk powder are doubtless very effectual; but as a cholagogue to induce secretion from the duodenum and liver, I believe a far more certain medicine is found in calomel. One grain of calomel triturated for some time with twelve grains of sugar of milk forms a very active cholagogue powder, when administered in a dose of one or two grains.

The well-known blue pill also may be depended upon for cholagogue action, especially if the pill mass be of some age, so that a small quantity of the sub-oxide of mercury has been developed in it. Metallic mercury, "killed" by minute trituration with sugar of milk, forms a grey powder that can be easily prepared in the same way as the hydrargyrum cum creta, and, so far as my experience goes, is a preferable medicine. Hydrargyrum cum magnesiæ I have also tried in one case, but have nothing special to report of its action.

I give a decided preference to calomel and blue pill as the best forms for obtaining the cholagogue action of mercury.

The practice of frequently administering small doses of hydrargyrum cum creta, with a view to correcting secretions, is objectionable, as its tendency is gradually to impregnate the system with the mercury, and so produce irritability and anæmia.

I am, Sir, yours, &c.,
JOHN C. THOROWGOOD, M.D., F.R.C.P.

Welbeck Street, W.
Sept., 1879.

MEDICAL OFFICERS OF HEALTH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—While the transformation of the sanitary officer of the Public Health Act, 1874, into that of the medical officer of health of the Public Health Amendment Act, 1878, is being effected, perhaps a few suggestions to the supposed transformees, and on the system in general, may not be out of place. It is not easy to discuss a question of such magnitude in its entirety within the understood limits of a letter, so I shall only refer to one or two points as concisely as possible.

The Local Government Board have decided that the duties of the Amended Act, 1878, are not to be superadded to those of the sanitary officer of 1874, but that the appointment is virtually *de novo*, the sanitary officer compulsorily succeeding to a change in title, extra duties, and responsibility, and, I presume, remuneration proportionate to the increase. The Act of 1874 had for its object the reform of existing evils; with this the Act of 1878 combines that of prevention also. From what I can see, the new medical officer of health (high sounding title) is, as far as remuneration is concerned, at the mercy of the board of guardians. Take, for instance, the proceedings of the Mountmellick and Baltinglass Board of Guardians of the 30th ult. and 9th inst. respectively, in both of which the Boards proposed to reduce, instead of increasing, the remuneration of the newly appointed officer of health, under the threadbare subterfuge of depression of trade and high rates. The remuneration attached to these offices under the old system in these unions was in some cases £15, in others £20, per annum. This precedent will, I venture to say, find a counterpart in every poor-law union in Ireland. In this union (Naas) the new officers have been appointed at the old rate of remuneration. The fact is this, we are proverbially a dirty nation; we have a time-honoured affection for our manure heaps and cesspools, consequently sanitary legislation, which would overthrow these institutions, is not popular. Witness the observations of an enlightened Poor-

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law guardian of the Baltinglass Union (who I am certain is the proprietor of some cherished nuisance), under the gruesome stimulus of reform and increased taxation). "We don't want them (*i.e.*, the officers of health); they are not required; I don't see what good they have done." Chorus, "None whatever." These be thy gods, Oh Israel! To them must you look for appreciation of, and remuneration for, your efforts in saving them from themselves.

After all, it is no easy task to subvert institutions and reform abuses of some centuries' standing. The compulsory duties of a sanitary officer are not pleasant nor conducive to the popularity of a medical man. Why are such duties thrust upon him, and why is the remuneration so inadequate to the importance and extent of the work? I was sanitary officer once of a large and very filthy district in the West of Ireland. In the hovels the pig resided under the family bedstead, the hens roosted above it, and incubated in it. A calf or two shared with the occupants the body of the house, and the manure heap was kept indoors to "sayson it!" As a necessary result, the district was periodically decimated by typhus. These hovels were generally clustered together in villages for fear of the "fairies." Unity is strength. Fired with sanitary zeal, I attempted the purification of this Augean stable, with the following result: The occupants having been duly warned by the sub-sanitary officer, I proceeded to inspect, and to punish with the rigor of the law all non-conformists. But while I was yet afar off the inhabitants, who were previously apprised of the visitation, locked the doors and betook themselves helter-skelter to the mountains, leaving only in occupation old hags, who could find "no English" for the occasion, and children "with no language but a cry." They were beyond the reach of law and bad language, and I was made the subject of many jokes and much laughter, till overcome by the ludicrous, I lighted my pipe and laughed with them. My remuneration was £10 per annum.

Sanitary expenses are borne in part (half, I believe), by a Parliamentary grant from Government. This being the case, the acceptance of the post being compulsory, and the appointment subject to the approval of the Local Government Board, why do this body not interfere, and if not regulate, at least make, the remuneration fixed by the boards of guardians subject to their approval. If work is to be efficiently and conscientiously performed, it must be paid for, and the good effects of improved sanitary arrangements would be apparent in the decrease of pauper sickness, especially of an epidemic nature, and a commensurate diminution of union taxation.

I am, yours, &c.,

LESLIE MATURIN, L.R.C.S.I., L.K. & Q.C.P.I.

The Cottage, Blessington, 13th Sept., 1879.

A MODEL IRISH GUARDIAN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A friend of mine has handed me a copy of your issue of the 17th inst., in which appears an article entitled, "A Model Irish Guardian." As I am the guardian alluded to, I trust, in fairness, that you will afford me space in your columns for a short answer. I don't know whether you are a medical man, but from the *animus* of the article I suppose so, as the words used are a fair specimen of the education imparted in the profession, as many of its members indulge so when touched; but I don't see why human *leeches*, even doctors, are not to be restrained from overgorging themselves.

I suppose you have not a personal knowledge of Irish sanitary matters in general, so I attribute your calumny of the rank filthiness of the normal Irish cabin to ignorance, or perhaps the communication of some interested Irish correspondent, who fattens on misrepresenting his native land.

For a country so poor as Ireland to be burdened with enforced medical charities, and what is worse, that sham sinecure to officers, a Sanitary Act, and putting the expense of both on the poor-rate—many of our most enlightened guardians think mis-legislation—as the dispensaries in existence before the Medical Charities Act became law, were found to be quite ample, and the police at the present time could perform all sanitary duties better than they are done now.

With regard to your personal remarks about myself, I pass them all over without notice, merely stating that those who know me (and they are many) will not require my production of a certificate from the *Medical Press*, as to sanitary, or any other matter.

I am, yours, &c.,

OWEN JOSEPH CARAHER.

Cardistown, Ardee, September 29th.

[If our observations, to which this gentleman takes exception, needed any justification, this letter would afford abundance thereof. We—unfortunately—know all about the rank filthiness of the normal Irish cabin, with its hens and jackass in the bed-chamber, its manure bog on the doorstep, and its supply of drinking water from the nearest ditch. But for Mr. Caraher all this is as it should be; and an "enforced Medical Charities and Sanitary Act," are a useless invention of the "the Saxon." If it be true that the "most enlightened guardians" of the Ardee Union consider the old dispensaries of an almost pre-historic age are "quite ample," all we can say is we are glad we are not born to the lot of an Ardee pauper. In our opinion any one who could possibly hold to such an idea is ridiculously unfit to be a guardian, and knows as little of sanitation and cleanliness as—well! as Mr. Caraher does of manners.—ED. M. P. & C.]

ON DAVOS AS A HEALTH RESORT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read in a pamphlet by Dr. Ramage "that Lænnec laboured under a great mistake in supposing that the lungs, having once a tuberculous deposit, were inevitably liable to an invasion of new tubercles, and that owing to enlargement of the tonsils, asthma, disease of the heart, the habit is soon entirely altered; that scrofula in many instances ceases to exist, and also the formation of tubercles." If dogmatic opinion, egotism, and assertions called facts, could establish the curability of consumption in almost all its stages, I may safely say this has been done; and for the small price of one shilling the simple measures necessary to attain this object may be learnt. Why recommend change of air? It is absolutely unnecessary in the face of the aristocratic evidence we can adduce from this book. Our English climate, and the measures recommended by an author who has had experience of thirty thousand cases, are quite sufficient. But yet the profession were incredulous, not that they were unwilling to hear such glad tidings, not but that they would have welcomed with the most passionate ardour the discovery of the secret of consumption and its cure. But, unfortunately, the remedy proposed was not so successful in the hands of other earnest and anxious physicians, for that secret was, "You must come and consult me." When William III. was king one of the physicians who was in attendance thus impressed his royal patient: "May it please your Majesty," said Dr. Ratcliffe, "I must be plain with you, Sir. Your case is one of danger, no doubt; but if you will adhere to my prescriptions, I will engage to do you good. The rheum is dripping on your lungs, and will be of fatal consequence to you unless it be otherwise diverted." An English physician, who has fairly earned for himself a high position in medicine, has lately introduced to English readers another health resort—for phthisical patients. I earnestly hope that the *El dorado* is found, but I fear I shall be doomed to disappointment. How heartily I re-echo part of the introductory remarks on this new haven of health. I have "a desire almost passionate" to read the terrible secret of consumption—a malady which strikes the fairest and most precious lives, and but rarely strikes in vain.

Dr. Allbutt then adds: "Happily, it is as true of phthisis as it is of most other maladies, that modern medicine has thrown a flood of light upon its modes and causes, and thus contributed to a revelation of knowledge, only equalled in kind by the splendid energy of Greek civilisation, 600 B.C., and never equalled in degree and rapidity of achievement in the history of the world."

Knowing the integrity and the character of the writer, and his reputation as an observer, I looked forward not necessarily

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to something new, but to a logical demonstration of what had been done, and to a practical exposition of a sound pathology and treatment; but I certainly felt doubts rising in my mind, owing to the evident personal equation of the writer in favour of Davos. When I analyse the sentenee about the flood of light thrown on phthisis by modern medicine, it resolves itself into very small practical results. Hundreds and hundreds of volumes have certainly been written upon this disease, and yet we have really made little advance since the great discovery of Lænnec. We are told that consumption "but rarely strikes in vain;" and Dr. Allbutt, in place of advancing into newer light, throws us back fifty years into the theories of Broussais.

Dr. Andrew Clark is said to have surprised many at the Manchester meeting of the British Medical Association by giving old wine in old bottles; but these crude thoughts and suggestions of Dr. Allbutt are very old indeed; for just before introducing the subject of Davos, and after an opinion that the fundamental treatment of phthisis must be anti-septic or aseptic, I find the following sentence:—

"The next hope seems to lie in some inhalation plan, or in some filtering of the respired air; but here one meets with much disappointment. It may be that inhalations do not reach the part, or that their action should be quite continuous."

This is very old wine. Forty-seven years ago, in a review on the successful inhalation of diluted chlorine in the early stages of pulmonary consumption, I find it written in the *Medico-Chirurgical Review*—"The sanguine expectations which were elicited by the theories of Lavoisier, and the ardent imaginations of Beddoes, and others respecting the efficacy of gases inhaled for the cure of breaches of structure in the lungs have long been dissipated, before the clearer lights which have been shed on pulmonary consumption by pathological anatomy. Oxygen gas was to have done as much in former times as Saint John Long's liniment and insufflations are now said to do."

We know now the fate of St. John Long, and the result to his patients. But to return. "Notwithstanding the failure of inhaling oxygen and other gases—the fumes of tar and other medicinal substances—there is still a fond hankering after the direct application of remedies to the ulcerated cavities of the lungs." So that, with all our energy, with all the resources of modern medicine, we are still hankering after the old method which was thus mentioned in 1830.

The theoretical views, and the tendency to a pure faith in anti-septicism, which is still only a matter of opinion, militate against my accepting, with the implicit confidence I might otherwise have done, the narration of Dr. Allbutt, on the advantages of Davos as a health resort. We must, of course, modify the opinion of Lænnec in the face of the well-established facts we have. Much may be done in the early stages of consumption, both by medicine and change of air; whilst the post-mortem room has afforded us ample evidence that Nature herself has cured, without our suspecting the existence of a cavity in the lung; and this certainly offers us a reasonable hope that we may be able to imitate Nature's process.

In the selection of a climate for the invalid and for the phthisical, much care must be exercised; and it is one of the most difficult tasks which can fall to the lot of a general practitioner—to decide, from the many places recommended, where his patient should go. He must consider individual idiosyncrasy and organisation; for whilst the climate of Australia will prolong the life of one, it may only hasten the termination of the disease in another; and the same is true of the other favourite health resorts, familiar to all my readers. There are waves of fashion that periodically flow over the medical world—at one time, as a wave in favour of some new remedy; at another time, in favour of a new watering place, or continental sanatorium; and these waves ebb and flow not with the mathematical precision worthy of our profession, but seemingly dependent on circumstances of caprice and individual direction. This irregularity does not reflect much credit upon medicine, and I naturally then look with suspicion upon an addition to our health resorts, especially as in this individual case I am not satisfied with the weight of evidence in its favour.

Though I am not convinced yet, I must nevertheless thank Dr. Allbutt for submitting it to the notice of the profession, and thereby to the healthy criticism it ought to receive, which, far from doing it harm, will, if it is based on truth, only confirm its status. But as I have so often before eaten of Dead Sea apples, and had my hopes deceived, I am inclined to doubt.

The "Pilgrim in Pursuit of Health," when he painted the Bay of Naples, pictured the ideal climate we are seeking for, but which, I fear, only exists in the fervid imagination of the poet—

. . . . Here, if thou lovest a clime
Where health my flourish—rankling care decrease,
And beauteous Nature smooth thy stream of time.
Here . . . . .
Repose, and feast thy soul with scene sublime,
. . . . . .
The sunbeam shall not smite thee, for the sea
Tempers its fervour; winter's kindly ray
Shall never chill thee, for the myrtle tree,
Pomegranate, palm, and citron shade the bay
With fruit and foliage; Nature's face shall be
Thy book and mirror; one long summer day
Thy life; and when at last thou tak'st thy rest,
Unfading spring shall fold thee in her breast.

I am,
Yours faithfully,
London, Sept., 1879. INQUIRER.

Literature.

FOTHERGILL ON THE HEART AND ITS DISEASES. (a)

DR. FOTHERGILL is evidently not one of those physicians who, as far as regards the instruction of the profession, and the advancement of medical science, allow their knowledge and experience to run to waste. It too often happens that a small circle of patients are the only individuals to profit by the abilities and experience of their medical attendant, consequently when he dies the results of his matured judgment, and the stores of information he collected during perhaps a long life, perish and die with him. Neither his professional brethren nor posterity are one bit the wiser for what he said, or for what he thought.

A very different character is Dr. Fothergill. Although only a young man, he has already shown himself to be an industrious labourer in the field of clinical medicine, and to be as anxious to teach as he is to learn. Already we have had from his pen a popular treatise on "The Maintenance of Health," a very useful and practical work entitled, "The Practitioner's Handbook of Treatment," an original monograph on "The Antagonism of Therapeutic Agents," and now we have a portly volume on "The Heart and its Diseases," which, although a second edition of a treatise published in 1872, is so much enlarged and improved as to be virtually a new work.

Speaking in general terms of the book, it is the best as well as the most recent work on the subject in the English language, one in which both the student and the practitioner will find a safe and valuable guide to a knowledge of cardiac pathology, diagnosis, and therapeutics. There are several features which distinguish it from other works on the same subject. The author has not devoted too much space to a lengthy description of the physical signs of heart disease, a course which is more calculated to confuse than enlighten the mind of the reader. He also describes each form of disease, not merely as an assemblage of signs and symptoms, but as possessing a natural history, in the belief that such plan will interest practitioner and student alike in the genesis and progress of diseases of the heart.

In the next place, the author has laid under contribution the most recent additions which foreign authorities, especially German writers, have made to our knowledge of cardiac pathology. Hence the writings of Dr. Th. von Dush, Rindfleisch, and others on heart disease in general; the views of Claude Bernard, Cyon, Henry von Bezold, on cardiac innervation; and those of Ludwig and Traube on the connection between Bright's disease and heart disease, all receive due consideration. The reader will also find a good description of the evolution of the heart; whilst Dr. Balthazar Foster has contributed a very instructive section on the use of the sphygmograph.

(a) "The Heart and its Diseases." By J. Milner Fothergill, M.D. 2nd Edition. London: H. K. Lewis.

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Another excellent feature of the work is a long chapter on "The Gouty Heart," a subject to the consideration of which the author has devoted as many as seventy pages. Lastly, the subject of "treatment," which is in many medical works dismissed with a few curt, somewhat desponding remarks, monopolises a large share of the author's attention. In fact, therapeutics is one of his strong points, and the chapter on the "Treatment of Organic Disease of the Heart," as well as the other therapeutical part of the work, will be perused with great satisfaction.

In passing now to the consideration of the manner in which the author has handled certain portions of his subject, we shall begin by noticing his account of the innervation of the heart, a question which is particularly interesting to those who would form some conception of the pathology of certain affections of this organ, as well as of the *modus operandi* of certain drugs which have been found by experience to have a marked influence on its action, both in health and in disease. The statements of physiologists with regard to this subject must be received with some reservation, as the cardiac branches of the spinal and sympathetic nerves are so intimately connected one with another, that it is difficult for the experimenter to differentiate the respective parts which those nerves take in the regulation of the heart's action. Recent researches show that the conclusions drawn by one observer are not infrequently shown to be incorrect by another, and we are by no means sure that the prevailing opinion on the subject will not have to be modified by future investigations. We are, however, pretty certain that the action of the vagus nerve on the heart is chiefly of an inhibitory nature, that is to say, it slows its action, and calms it when over-excited. This nerve is also, as Dr. Fothergill well puts it, "a rope of many strands." It appears to contain (1) direct or efferent inhibitory fibres; (2) reflex inhibitory fibres; (3) afferent fibres to the vasomotor centre—the sensory nerve of the heart of Ludwig. The first mentioned fibres directly control the heart's action, and by their restraining action hold back the explosion generated in the ganglia until a synchronous contraction is secured. Hence, when the vagi are cut, the contractions are tumultuous. It is also owing to the action of those fibres that some people are able to exercise a decided control over their heart by an effort of the will. The reflex inhibitory centres are those by which the heart is brought to a standstill in diastole, as when death follows a severe blow on the pit of the stomach, and through which fainting from severe emotion injury, &c., is brought about; while the third strand consist of vaso-inhibitory nerves running from the heart to the medulla, and which, thrown into action when the heart is unduly distended, inhibit the vaso-motor centre, so that the *peripheral arterioles* are dilated, and the blood pressure in the arteries lowered. But here we must remark that the author does not quite succeed in making clear the practical bearings of the heart's innervation. Nor is it easy to do so, considering that the function of the cardiac nerves, especially of the accelerator fibres, is far from having been exactly made out.

Turning to more practical matters we notice that the author has given an excellent and philosophic description of hypertrophy and dilatation of the heart. In speaking, however, of the causes of this disease, he particularly refers to one which he says has been little attended to, except by Dr. Wardrop, namely, that arising from violent sustained efforts checking the bloodflow in the arteries, a cause which not only gives rise to hypertrophy of the left ventricle, but also to *aortic valvulitis*. But the influence of sustained muscular exertion in impeding the onward current of the blood, and thereby causing hypertrophy of the heart, has long been recognised. Dr. Quain called attention to the fact in his "Lumleian Lectures," where he confirmed the statements made by other writers before him, that hypertrophy of the heart might arise independently of valvular disease, as, for instance, from athletic sports carried to excess, from the wear and tear arising from the excitement of business, or from emotion of the mind. Perhaps our present habit of using such terms as "arterioles," "increased blood pressure," &c., sometimes gives an air of original novelty and precision to our present knowledge, to which it can lay no claim. With regard to the histological changes in large hearts, it is now known, as Dr. Fothergill shows, that there may be a false hypertrophy owing to increased growth of connective tissue, and causing very great enlargement of the heart. Also that true hypertrophy is considered by Rindfleisch and other recent pathologists to be owing to a true hyperplasia, or a development of nerve muscular fibres. But did not Dr. Walshe as far back as 1862 adopt a similar opinion?

This, however, is not the only instance in which our author has been, as he confesses in his preface, forgetful of the scientific claims of his own countrymen. The two important questions, "Hypertrophy ever Destructive," and the "Question of Permanency (or Prognosis)," are well analysed in this chapter. When the obstruction lies in arteriole contraction, preventing the blood running out of the arteries, then the ventricular hypertrophy keeps up the high blood-pressure, within the arteries, and this over-distension leads to atheromatous change in time. Also in aortic regurgitation the hypertrophy . . . . is reunion to the arteries. The enormous ventricle at early systole draws with immense force an abnormally large mass of blood into the arteries, which are over-distended thereby.

On the whole, the author's description of this part of his subject is highly satisfactory; the only thing we miss in it is some account of the connection of hypertrophy of the heart with apoplexy and pulmonary hæmorrhage, which, although incidentally noticed in a previous chapter under the heading "The Consequences of Obstructed Circulation," and (as regards apoplexy) in a subsequent portion of . . . . is scarcely alluded to in the very place where the reader would naturally look for an account of these important complications. There is no chapter in this work which the practical reader will peruse with more satisfaction than that on "The Gouty Heart." Saving a little too much repetition and occasional digression, it is an admirable chapter, and takes up no fewer than seventy pages of this work. It is curious to observe that the association of changes in the heart and arterial system with changes in the structure of the kidney, was recognised as far back as 1817, when James, of Exeter, drew attention to it. His view, observes Dr. Fothergill, was that subsequently announced by Bright, viz., "that the altered quality of the blood might so affect the minute and capillary circulation as to render greater action necessary to force the blood through the distant subdivisions of the vascular system."

TESTIMONIAL TO W. P. O'BRIEN, ESQ. (LATE INSPECTOR IRISH L. G. B.)

On the 29th ult. there was presented to W. P. O'Brien, Esq., by the medical officers of the districts of which he had charge, on the occasion of his promotion to a Commissionership in the Prisons Board Department, a magnificently illuminated address, as well as a very beautifully ebonised inlaid drawing-room cabinet of most exquisite design. The deputation from the medical officers who presented the above were entertained at a sumptuous *dejeuner* at Mr. O'Brien's residence, at 42 Waterloo. The address and reply appear in another portion of our columns.

Obituary.

HENRY MAUNSELL, M.D., F.R.C.S.I.

The death of Henry Maunsell, the chief editor and proprietor of the *Dublin Evening Mail*, and one of the founders of the *Dublin Medical Press*, deserves from us a prominent notice, as his high qualities both as a literary and professional man call for the expression of a profound regret that he has gone from amongst us. He is stated to have been born in Dublin in 1806. He took in 1831 his first professional degree as M.D. of the Glasgow University, and in 1832 he became a Fellow of the Irish College of Surgeons. Obstetricity was in specialty, and in his early life he identified himself with that department by his publication of "The Dublin Practice of Midwifery," which for many years held its supremacy as the manual for the Dublin student. In recognition of his attainments in this direction he was shortly afterwards made Professor of Midwifery in the School of his College—in which institution he afterwards held the first chair of Hygiene, and acted for many years as the most energetic and useful Secretary of Council which it ever

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had. His other professional book-work was his share in the production of "Maunsell and Evanson's Diseases of Children," which he issued in partnership with Dr. Evanson, who died some two years ago in practice at Torquay; but he left his mark upon the pages of the *Medical Press* and other journals in the form of numerous and valuable articles on Hygiene and on various professional subjects. In 1839, Henry Maunsell, having associated intimately with the late Dr. Arthur Jacob in the agitation for reform of the construction of the Irish College of Surgeons—which agitation bore fruit in the new charter granted to that body in 1844, as well as in the abrogation of the apprenticeship system and the establishment of the Irish Medical Association—undertook in partnership with Jacob the establishment of the *Dublin Medical Press*. His services to the journal were great and lasting for—while the general direction of its policy and most of the editorial work was done by Jacob—the junior partner threw himself with such enthusiasm into its business management, and did so much to achieve its character for spirited management that his labours speedily established it in a condition of safety and permanent success. But Maunsell did not long confine himself to the literary work of his own profession. He was a constant contributor to the *Dublin University Magazine*, and, in 1846, distinguished himself by a *brochure* on a federal Parliament, thus having laid the foundation of the now powerful agitation for "Home Rule." In the year 1858 he bought from Mr. Sheehan the *Dublin Evening Mail*, for which he continued constantly to act as editor, in conjunction with a gentleman well-known and esteemed. As a public man Dr. Maunsell occupied a prominent niche. As a leader-writer he was characteristic, forcible, and scholarly, as a friend or acquaintance he was at once racy and genial. His memory will long survive.

NOTICES TO CORRESPONDENTS.

RURAL SANITARY OFFICER asks—1. How is a medical officer of health to decide whether meat is unsound or not in the incipient stage of decomposition? 2. Are there any tests besides those of smell and observation? 3. If the medical officer seizes diseased meat, and the justice before whom said diseased meat is brought refuses to condemn it, how in that case is the medical officer to act? Has the trader or seller an action against him?

[1. The peculiar cadaverous odour, the preternaturally dark colour, the damp condition of the serous membranes, the moist soft state of the fat betray unsound meat. 2. The above tests are sufficient. 3. The medical officer is liable to an action under any circumstances, for it is almost impossible to prevent persons from bringing actions, even without the slightest grounds for such proceedure. If it is shown that the medical officer acted in *bonâ fides*, and had reasonable grounds for suspecting that the meat was diseased, the judge would probably not allow the case to go to the jury; under any circumstances no damages would be awarded.—ED.]

M. CASEY.—The regulations of the Queen's University in Ireland have always been given at full length in our Student's Number, but were omitted this year because—as stated—the University has ceased to exist, and its regulations are therefore effete.

DR. K.—Guardians have not usually distinguished themselves for consideration towards poor-law medical officers. We hope they may do so in your case.

MR. J. E. R.—A quack with a legal qualification.

M.D., Scarborough.—We expressed our opinion of the learned professor when he was lecturing at Chester in a leading article some few months since. He is, as you opine, not a bad judge of human nature; hence, he fattens upon the credulity of the masses.

DR. J. W. L.—It has always been considered derogatory to the dignity of the profession to retain secret remedies when the discoverer has proved them to be of service to mankind. The usual plan is to make such discovery known in the medical journals, or in book-form. It is undoubtedly true, as you observe, that "the public are not grateful for that which costs them nothing." And as you consider the specific of pecuniary value, your only means of introducing it to the public is through the agency of one of the best drug houses.

THE ELECTRICAL TREATMENT OF PARALYSIS, EPILEPSY, &C.—We are asked to state that the Committee of Management of the West End Hospital for Diseases of the Nervous System, 73 Welbeck Street, London, W., have ordered that those medical men who prescribe electricity for their private patients, but have not time or proper appliances, may have the treatment carried out in the Electrical Room of the Hospital. This rule is applicable solely to those who produce a letter from a registered medical practitioner, addressed to the Medical Superintendent.

CLINICAL SOCIETY OF LONDON.—On Friday evening next, at 8 o'clock, Report of the Committee on Dr. Douglas Powell's case of "Leprosy with Enlarged Glands."—Dr. Dyce Duckworth, a "Case of Myxœdema."—Dr. Ord, "Notes from Cases of Myxœdema."—Dr. F. Taylor and Mr. Howse, a "Case of Empyema in which portions of Ribs were Excised."

A MEDICAL MEDLEY.

THE following parody on Bishop's well-known glee, "O who will o'er the Downs," was sung at the dinner of the Bradford Medico-Chirurgical Society last week:—

O who will o'er the roads so rough?
O who will with me drive?
O who will come, and fast enough
To keep a wife alive?
The husband he has come from far,
The mother longs for me;
But husband's love nor mother's care
Suffice to set her free.

I saw her in the morning grey;
She bade me come again,
But at the eve of yesterday
I left her free from pain.
The nurse and friends had gone to sleep,
And none were there to see
The true wife wake, and walk, and weep,
Nor bring her wails to me.

I promised her to come again
Whene'er for me she'd send;
Nor darkness, thunder, nor the rain
Should keep away her friend:
I promised her to come at night,
Nor made her wait for me;
And e'er the dawn of morning light
I set my lady free.

VACANCIES.

Dore Union, Hereford.—Medical Officer for the Workhouse and District. Salary, £80, with an additional allowance for the duties of Health Officer. Applications to the Clerk at the Union Offices before Oct. 20.

Oakham Union.—Medical Officer for Workhouse and District. Salary, £70, with usual extra fees. Applications to the Clerk before Oct. 14.

Queen's College, Belfast.—Professorship of Chemistry. Applications to the Under Secretary, Dublin Castle, before Oct. 18.

West Sussex Infirmary.—House Surgeon. Salary, £80, with board, and £20 extra for duties as Secretary. Applications to the Secretary at the Infirmary, Chichester, before Oct. 25.

APPOINTMENTS.

BANKS, S. F., Secretary to the Royal Hospital, Belfast.

COUTTS, G., M.B., C.M., House Surgeon to the Teignmouth, Dawlish, and Newton Infirmary.

DENHAM, T. R., M.D., C.M., Medical Officer of Health for the Wigton Urban Sanitary District, Cumberland.

EDMUNDS, W., M.A., M.D. Cantab., F.R.C.S.Eng., Assistant Physician to the West End Hospital for Diseases of the Nervous System, vice Dr. Heron elected Physician.

GEOGHEGAN, E. G., M.D., L.R.C.S.Ed., Assistant Medical Officer to the Gloucestershire Lunatic Asylum.

LUMSDEN, G., M.B., C.M., Medical Officer for the Northern and Central Districts and the Workhouse of the Pately Bridge Union, Yorkshire.

MACKENZIE, Dr. J., Physician to the Hospital for Diseases of the Throat and Chest, Golden Square.

O'CONNOR, L., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Certifying Factory Surgeon for the District of Glenarm, co. Antrim.

WATSON, J. B., L.F.P.S.G., Medical Officer for the Bourn District and the Workhouse of the Bourn Union.

WILSON, Mr. A. S., Professor of Botany at Anderson's College, Glasgow

Births.

HAMILTON.—On Sept. 27, at Tandragee, co. Armagh, the wife of Thos. K. Hamilton, M.B., of a daughter.

O'SULLIVAN.—On Sept. 27, at 6 Camden Place, Cork, the wife of Stephen O'Sullivan, M.D., of a daughter.

ROGERS.—On Sept 27, at 4 Oxford Road, Rathmines, the wife of G. P. Rogers, L.R.C.S.I., of a son.

ROOME.—On Sept. 28, at North Esk, co. Cork, the wife of H. Roome, M.D., of a son.

Deaths.

CAMERON.—On Sept. 12, at Port Ellen, Islay, John Cameron, M.D., aged 42.

DAVIES.—On Sept. 10, at Kilmore, co. Wexford, George Davies, M.D.

EVERET.—On Sept. 27, at the Barracks, Chichester, after a few hours illness, Surgeon-Major Wilton Everet, Army Medical Department, aged 48.

FLEMING.—On Oct. 2, at his residence, Bath Street, Glasgow, J. Gibson Fleming, M.D., in his 70th year.

HARRIS.—On Sept. 22, at his residence, Lake Street, Leighton, George S. D. Harris, L.R.C.P., M.R.C.S.E.

LANG.—On Sept. 26, at Berners Street, London, Henry Lang, M.B., aged 59.

MACCARTHY.—On Sept. 9, at Cottage Grove, Southsea, Thos. MacCarthy, Staff-Surgeon R.N., retired.

MALCOLM.—On Sept. 15, at South Street, St. Andrews, Fifeshire, Thos. Malcolm, L.R.C.S.Ed.

MAUNSELL.—On Sept. 27, at Greystones, co. Wicklow, Henry Maunsell, M.D., aged 73.

MOON.—On Oct. 2, at St. Leonard's-on-Sea, Hy. Moon, M.D., F.R.C.P., of Brighton, aged 68.

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IRISH POOR-LAW INTELLIGENCE.

LIABILITY OF DISPENSARY COMMITTEES FOR EXPENSES OF CANDIDATES.

THE proceedings of the Committee who have charge of the Clonegal and Coolattin Dispensary District in the co. Wicklow, raise the question as to how far committeemen can be made liable for the expense and annoyance incurred by gentlemen who attend, at their order, for the purpose of an election which turns out abortive. In consequence of the resignation of Dr. Bookey, the committee announced that they would, on a certain date, proceed to elect a medical officer, no reservation whatever being made as to an adjournment. The advertisement, which lies before us, states that the personal attendance of candidates is indispensable. In accordance with this notification, and in certain expectation that the election would take place on the day named, two candidates presented themselves—one from Dublin, the other from a distant rural district. Their qualifications were strictly regular, and one of them had held office in the Poor-law service for fourteen years. On arrival at the scene of action a rumour reached them that it had already been arranged that the dispensary should be given to a young gentleman of personal influence in the neghbourhood, but that, as he did not yet possess the requisite diplomas, the election would be held over to await his securing the requisite qualifications. Nevertheless, the two gentlemen appeared before the committee, and were examined, cross-examined, and inspected, and finally told that the committee could not make up their minds for a fortnight, though, at the same time, it was inferred that the members were fully satisfied with the candidates who presented themselves. These candidates remonstrated warmly against the injustice of bringing them so far on a vain errand, and they stated that they would certainly expect that they should be recouped for their loss of time and their outlay. The fortnight has elapsed, and the committee as we are told, have elected neither of these gentlemen, but one who was not a candidate on the first occasion, and who possesses only one professional license, and they have given him a month's leave to enable him to get his second diploma. These circumstances, if correctly reported to us, seem well worthy of notice. We are far from desiring to clip the freedom of dispensary committees, or to bind them to select any candidate who may not seem to them suitable; but, on the other hand, we say that it would be perfectly improper and illegal for a committee to advertise a sham election, they having decided already to keep the place open for a friend, and we are under the belief that, in point of law, they have no right to adjourn an election as long as there are candidates possessing the statutory qualifications, unless they have set forth in their advertisement that the election may be postponed if the committee sees fit. It is obvious that, if such a proviso were made public, candidates would not incur the expense of presenting themselves in person, We believe that the Local Government Board has been addressed on the subject by one of the candidates, and we certainly expect that they will, at least, firmly discourage the appointment of an unqualified person pending his obtaining the qualification of which he is short.

ABSTRACT OF REPORT ON THE DISTRICT, CRIMINAL, AND PRIVATE LUNATIC ASY LUMS IN IRELAND

(Continued.)

PRIVATE ASYLUMS.

No alteration has taken place in the number of these establishments, which is precisely the same as in the year 1877, neither can we say that any feature of interest presented itself during the past twelve months, while as regards the patients locaated in them, they exhibited scarcely a variation—642 being under treatment on the 31st December, 1878, as against 636 at a corresponding date in 1877. A similar proportion holds good in the two preceding years; in fact, since 1874 there has not been a difference of 8 annually under treatment—a circumstance which indicates, so far at least as the better classes of society are concerned, that lunacy cannot be on the increase which is so much apprehended by the public. The admissions were 169, of which 143 were first attacks, and 26 relapses—males amounting to 77, and females to 92, making in all a total number under treatment of 804; the patients discharged during the year as recovered were 66—improved, 35—unimproved, 17—constituting an aggregate of 118, 46 being males, and 72 females. There were 44 deaths, equally divisible between both sexes.

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We are happy to say that no fatality occurred from violence, suicide, or any accidental cause.

As a rule we feel justified in stating that a due attention has been bestowed on those entrusted to their care by the proprietors of these establishments, some of which, as we have remarked in previous reports, are on an equality with the best elsewhere. Others, however, do not afford all those domestic advantages and enjoyments which we could desire; but fairly taking into consideration the limited stipends not unfrequetly paid, and, as we are informed, the occasional difficulty in obtaining these stipends, a due allowance must be made for certain deficiencies.

No justifiable causes of complaint in regard to unkindness of treatment have been made known to us during the past year; while our frequent visits to private licensed houses afford ample opportunities to the individuals detained in them of communicating directly with the inspectors. It is, however, but natural to suppose that persons deprived of their liberty, possessed too, in many instances, of a considerable amount of intelligence, though subject to strong and fixed delusions, may naturally be discontented with their condition; as well as others who, by a recklessness of conduct out of doors, and their unaccountable demeanour and language at home, bring themmselves, at least for a time, within the category of those who are insane, and even dangerous.

There is also a third class—comprising individuals of both sexes—who, from an inveterate indulgence in spirituous liquors, forgetting all the duties of social life, and utterly disregarding truth and solemn promises of amendment, compromise their own safety. These placed under restraint in due legal form, and certified to be insane by competent physicians, cause much anxiety to public officers in the capacity of inspectors as to the period of their detention. In regard to such we can only exercise a conscientious discretion.

The clauses of the statute 5 and 6 Vic., cap. 33, under which private asylums are regulated, on the whole are fairly carried out, certainly without any culpable abuse.

Irregularities from time to time occur as respects the admission of patients on single certificates, but not being from improper motives, may be justified within a reasonable period. Anxious at all times to afford every latitude to the inmates of private asylums, we find it to increase from year to year, for patients, instead of being isolated and confined as formerly, are now frequently allowed to visit their friends for a definite time on probation.

We cannot, however, but think, and have long felt it to be the casse, that the fact of a member of a family being placed in a lunatic asylum, and his maintenance paid for, affords no excuse on the part of his relatives for subsequent neglect which, in our opinion, cannot but be deemed a grave omission, and quite as unjustifiable in mental as it would be in physical afflictions.

The four unlicensed houses for the reception of private patients being of a self-supporting character, and admiting certain inmates without payment—namely, Swift's Hospital, the Friend's Asylum, Richmond, under the management of religious sisters, and Stewart's Institution—continue to be conducted in the same praiseworthy manner in which we have hitherto represented them. The inmates of the last-named institution, formerly situated at Lucan, now occupy a very spacious, massive building, surrounded by some thirty acres of land, at Palmerstown, within five miles of the city of Dublin. Its past system of management affords the best security for its future and well-merited success.

Most respectfully submitting the preceding Report to your Grace,

We have the honour to be,

Your Grace's obedient servants,

JOHN NUGENT.
GEORGE W. HATCHELL.

Lunacy Office, Dublin Castle, May 26, 1879.

MALLOW DISPENSARY.

A MEETING of the committee was held for the purpose of considering the resignation of Dr. Berry, after a long service of twenty-two years as dispensary doctor. The secretary read the following letter from Dr. Berry:—

"Gentlemen,—It becomes my duty to tender to you the resignation of the post of medical officer of this dispensary district entrusted to me now almost 22 years ago, and which I had held as *locum tenens* for a considerable time previously. I take this step with great regret and reluctance; but being now in my sixty-third year, and the arduous nature of the duties, especially the night work, having begun to tell seriously upon my health, after an almost continuous occupation of the post since my appointment, I feel that increasing years, and consequent failing of strength, demand my retirement from them. In asking that you will take the necessary steps on this application, I cannot refrain from expreessing my deep gratitude and ackowledgments for the unvarying kindness and consideration ever shown me by the committee and all connected with the district.—I remain, gentlemen, &c.,

"PARSONS BERRY."

The Rev. W. C. Wills said that he regretted exceedingly the resignation of Dr. Berry, on account of the care and attehtion that he always took of the poor patients under his charge, and he felt assured that the poor would miss very much. He had personal knowledge of the care and anxiety that Dr. Berry entertained for all those poor people professionally visited by him.

Colonel Williamson said he was perfectly aware of the admirable manner in which Dr. Berry discharged his onerous duties in this large district.

The Chairman said that he issued a great number of visiting tickets, and was for many years on the committee, and that no complaint was ever made to him or to the committee of the way in which Dr. Berry discharged his duties, and that he, too, had personal knowledge of the faithful manner in which Dr. Berry discharged his duties to the poor of this district.

Sir James L. Cotter said that no one could discharge his duties in a more efficient manner than Dr. Berry did; he was aware of it himself, and he was told so often by the patients under his charge.

Mr. Nunan said that Dr. Berry was deserving of anything at the hands of the committee on accounnt of his great attention to his patients.

Mr. O'Riordan hoped that as large a retiring allowanc as the law would permit should be recommended by this committee to the guardians.

It was then carried unanimously—"That we beg cordially to recommend Dr. Berry's case to the favourable consideration of the board of guardians of the union for the full rate of superannuation allowed by law in such cases, and which we consider he is fairly entitled to, and request the board will take the necessary steps in filling the vacaucy in due course."

Dr. Berry then came into the committee room, and was apprized that the committee accepted his resignation, and recommended him to the full allowance he was entitled to. He returned thanks, and the meeting then separated.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medica Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin offices of this paper.

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INCONSISTENCIES IN THE PRESENT ARRANGEMENTS FOR MARYBORO' GAOL.

THE Medical Officer has been offered £60 a year (3s. 3½d. a day) if he will, in addition to all the duties—new and old—appointed to his own office, undertake those of the apothecary—he being already obliged to perform some of those hitherto required from the chaplains, who are relieved of inspection of diets; and most of those hitherto required from the local inspector, who has been discontinued, and his salary economised.

In this prison the chaplains' salaries have, unasked, been increased as below:—

Protestant	...	from £20 to £60.
Roman Catholic		,, £40 ,, £80.

They are only expected to attend once on Sundays, and twice through the week, and daily only in the event of there being sick *ill enough to be in hospital.*

The medical officer must visit daily, any and all who are sick, *or so representing themselves, whether in hospital or not*, and those who are in punishment. He has to make general inspections, and more limited inspections at fixed and frequent intervals. To make examinations of persons (officers and prisoners), to certify as to their sickness or health, as the case may be. Investigate for certificates of lunacy. Investigate fitness for ordinary or extraordinary punishments. Examine candidates for appointments as warders and matrons. To certify for supplies—medicinal, dietetic, &c., &c.

All these duties practically involving daily visits, frequently more than one visit daily. The medical officer is not permitted the occasional aid of his assistant. His son has been refused admission to accompany him as a means of study, though an advanced student of medicine.

He naturally wonders why he is to be expected to perform the duties of *three* officers, and part of those of a fourth, for a wholly insufficient salary, when one chaplain has had his doubled, and the other his salary trebled, unasked.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF SEPTEMBER, 1879.

SEPTEMBER 1st.—Mahony, William Aloysius; Mitchelstown, co. Cork; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

3rd.—Young, William Mussen; Lisburn, co. Antrim; M.D. Q. Univ. Irel. 1879.

5th.—Smyth, William; Lisburn, co. Antrim; M.D. Q. Univ. Irel. 1879.

9th.—Lecky, William Stuart; Mount Salus, Dalkey, co. Dublin; M.B. 1879 and B.Ch. 1879 Univ. Dub.

10th.—Maxwell, Robert Fawcett; The Mall, Armagh; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

10th.—Beamish, Samuel, FitzRichard; Hedgefield, Inchageela, Macroom, co. Cork; Lic. R. Coll. Surg. Irel. 1877, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

17th.—Beale, Thomas William; 17 Waterloo Place, Dublin; Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Irel. 1878.

19th.—Allen, Richmond Robert; 17 Brighton Square, Rathgar, co. Dublin; Lic. R. Coll. Surg. Irel. 1879.

19th.—Fitzpatrick, Thomas; Clones, co. Monaghan; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

20th.—Collier, John David; Collon, co. Louth; Lic. R. Coll. Surg. Irel. 1876. Lic. K. Q. Coll. Phys. Irel. 1879.

20th.—D'Alton, Peter Reynolds; Lavallyroe, Ballyhawnis, co. Mayo; Lic. R. Coll. Surg. Irel. 1878. Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

29th.—Jones, Charles; 60 Rathgar Road, co. Dublin; Lic. Fac. Phys. Surg. Glas. 1868.

SANITARY SALARIES IN IRELAND.

WE are inundated with newspaper reports of the proceedings of boards of guardians, one and all in favour of reducing the salaries of sanitary officers, and of abandoning, if possible, all pretence of enforcing sanitary law. It would be unprofitable to reprint these proceedings, which, in many instances, have been met by forcible protests from the medical officers of the district.

We are able to state—which we do with satisfaction, and with every approval of the course pursued—that the Local Government Board has firmly refused to sanction the proposed reduction, and has communicated this decision by the following circular letter:—

"Local Government Board, Dublin,
"30th September, 1879.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of Monaghan Union on the 24th instant, containing an entry of the board's letter of the previous day's date, relating to the salaries proposed to be allowed to the medical officers of health of the Union under the provisions of the Public Health Act, 1878, and a resolution postponing consideration of the matter for six months; and in reference thereto the Local Government Board desire to state that they must request the guardians to be good enough to proceed to the consideration of this subject without delay. Having regard to the fact that the duties of the medical officers of health have been increased by the sanitary order recently issued under the provisions of the Act in question, the Local Government have arrived at the conclusion—as intimated in their letter of the 16th inst.—that they cannot approve the reduction proposed by the sanitary authority in the salaries of those officers. The Local Government Board have at the same time to state that if the guardians adhere to their resolution on the subject of the proposed reduction, they will feel it necessary to exercise the powers vested in them by the 11th section of the Public Health Act, 1878, and to issue an order fixing salaries for the medical officers commensurate with the duties which they will now be called on to discharge.

"By order of the Board,

"B. BANKS, Secretary."

It will be observed that the Local Government Board herein distinctly recognise the fact already insisted upon by ourselves—that "the duties of the medical officers of health have been increased by the sanitary order recently issued"—and we hope that, wherever they may find it necessary to fix the salaries themselves they will act upon this view, and recognise the increased duty by reasonably increased remuneration.

PROPOSED ABOLITION OF THE CONSULTIN SANITARY OFFICERS.

The following letter has been communicated by the Local Government Board to the Mountmellick and Athy Guardians.

THE NEW SANITARY ORDER.

The Clerk read the following letter:—

"Local Government Board, Dublin,
26th September, 1879.

"SIR,—The Local Government Board for Ireland have had under their consideration the resolution of the Sanitary Authority of Mountmellick Union of the 20th instant, in reply to the Board's letter of the 15th instant, that the

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Sanitary Authority are still of opinion that the salary of £15 is quite sufficient for the duties to be performed by the medical officers of health under the Public Health Act of 1878, and confirming their resolution of the 15th ult.

"In reference thereto, the Local Government Board direct me again to observe that, having regard to the fact that the duties of these officers have been increased by the new sanitary order, made under the provisions of the Public Health Act, they are unable to approve of the proposed reduction in their emoluments, and the Board must therefore request that the Sanitary Authority will be so good as to take the matter again into their consideration. If the Sanitary Authority should adhere to their resolution on the subject of the proposed reduction, the Board will feel it necessary to exercise the power vested in them by the 11th section of the Public Health Act, and issue an order fixing salaries of the Medical Officers of Health commensurate with the duties which they will now be called on to discharge.

"With respect to that part of the resolution of the Sanitary Authority of the 16th ultimo, in which it is proposed to discontinue the services of Dr. Clarke, as consulting sanitary officer, and appoint him Superintendent Medical Officer of Health, I am directed to state that if the Sanitary Authority had considered it advisable to retain Dr. Clarke, he would have continued to receive the salary previously paid to him. But if the Sanitary Authority think it necessary that he should be required to discharge the additional duties imposed by the recent order on the Superintendent Medical Officer of Health, and to report monthly on the general sanitary condition of the union, and on the discharge of their duties by the Medical Officers of Health, and the sanitary sub-officers, the proposed salary of £12 a-year would be insufficient remuneration for such important and responsible work.

"The Local Government Board therefore request that the Sanitary Authority will also take this subject into their consideration, and inform the Board of their views.—By order.

"B. Banks, Secretary.

"To the Executive Sanitary Officer."

IRISH MEDICAL ASSOCIATION.

Royal College of Surgeons,
Dublin, 30th August, 1879.

Re THE NEW VACCINATION ACT.

Dear Sir,—In accordance with the instructions of the Council of the Irish Medical Association, it is my pleasing duty to inform you that the "Vaccination Amendment (Ireland) Act, 1879," received the royal assent on the 15th inst.; and that the operation of its provisions commenced on the 16th inst.

The following are the changes which have just been made in the vaccination laws of Ireland, and they are worthy of your most attentive consideration :—

Section 3.—(*Verbatim.*)

3. "The father or mother of every child born in Ireland after the passing of this Act, or in the event of the death, illness, absence, or inability of the father or mother, then the person who shall have the care, nuture, or custody of the said child shall, within three months after the birth of such child or as soon afterwards as may be practicable, take or cause to be taken the said child to the medical officer of the dispensary district in which the said child is resident for the purpose of being vaccinated, unless he shall have been previously vaccinated by some duly qualified medical practitioner, and the vaccination duly certified; and the said medical officer shall and he is hereby required thereupon, or as soon after as it may conveniently and properly be done, to vaccinate the said child: provided that in the vaccination of children who are inmates of the workhouse or other public or charitable institution, the master, matron, or chief officer of the workhouse or other such institution shall take the steps required to be taken under the provisions of this Act by the father or mother of the child, or other person having the care, nurture, or custody thereof. The father or mother or other person having the care, nurture, or custody of any child born elsewhere than in Ireland, but brought into Ireland after the passing of this Act without having been vaccinated, shall be under the same obligation to have such child vaccinated as if the child had been born in Ireland on the day on which he was brought into Ireland."

You will observe that vaccination is in future to be performed within three months after the birth of children born since 15th August last, but those born previous to the 15th August cannot be required to be vaccinated before six months old.

The child, as heretofore, is to be brought to the Dispensary, or to a Vaccination Station, situate within the district in which the child resides, on one of the days appointed, and within the hours prescribed for the attendance thereat of the medical officer.

Section 4.—(*Verbatim.*)

4. "Upon the same day of the week following the day on which any child has been vaccinated as aforesaid, the father or mother, or other person having the care, nurture, or custody of the said child, shall again take or cause to be taken the said child to the medical officer by whom the operation was performed, in order that such medical officer may ascertain by inspection the result of such operation, and, if he see fit, take from such child lymph for the performance of other vaccinations; and in the event of the vaccination being unsuccessful, such parent or other person shall, if the medical officer so direct, cause the child to be forthwith again vaccinated and inspected as on the previous occasion."

The power to take lymph is now, for the first time, provided in Ireland, under a penalty of twenty shillings, upon the person refusing to allow it.

Section 5.—(*Verbatim.*)

5. "Upon and immediately after the successful vaccination of any child the medical officer or practitioner who shall have performed the operation shall deliver to the father or mother of the said child, or to the person who shall have the care, nurture, or custody of the said child, a certificate under his hand, according to the form in the first schedule to this Act marked (A.), that the said child has been successfully vaccinated, and also shall transmit a duplicate of the said certificate to the registrar of births and deaths of the district within which the birth was registered; but if after due inquiry such district is not known to the medical officer or practitioner, or if the birth of the child has not been registered, to the registrar within whose district the operation has been performed; and such certificate shall, without further proof, be admissible as evidence of the successful vaccination of such child in any information or complaint which shall be brought against the father or mother of the said child, or against the person who shall have had the care, nurture, or custody of such child as aforesaid, for non-compliance with the provisions of this Act: Provided that if the medical officer of any dispensary district is also the registrar of births and deaths of that district, it shall be sufficient for him to sign one certificate, to be delivered to the father or mother, or other person as aforesaid, and to register the fact of such vaccination in the manner provided by the vaccination (Ireland) Acts."

(*To be continued.*)

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 15, 1879.

CONTENTS.

Original Communications.

THE ADVANTAGES OF CALOMEL IN THE DISEASES OF CHILDHOOD, WITH ESPECIAL REFERENCE TO TYPHOID FEVER.

By E. MARLETT BODDY, F.R.C.S., F.S.S., etc.

(*Concluded from page* 305.)

All probably would go well if we were to administer a purgative, such as calomel and its adjunct, castor oil; but no, we repudiate them, and, on the contrary, we inject into the rectum an enema of starch and opium, while at the same time we force down the hapless patient's throat as much nourishment as it is possible for him to swallow. What would be the consequence, let me ask, if the drain-pipe of a dwelling house were to be plugged up? Ten to one it would burst, and the whole apparatus connected with it would be in complete disorder. A plumber is naturally sent for, and he very speedily puts it all to rights; not by further plugging up one end and filling in the other, but he proceeds immediately to cleanse the pipe right through, so that no impurities shall be left behind; but we, with our superior science and knowledge, pursue a very different course. We proceed to block up one end and fill in the other, and the natural result is that the system breaks down, and the patient dies from typhoid fever, which has originated, some would say, from the gases of an old cesspool, or the secretion of a cow.

All these symptoms to which I have especially alluded, point conclusively to the fact that typhoid fever originates from an overloaded irritable state of the intestines; for constipation and its concomitant symptoms which occur in the premonitory stage, and the appearance of diarrhœa during the *first* week, are to a certainty indicative of such a condition, whether the fever arises from typhoid excreta or from the emanations of drains; and as there is only one efficient remedy for constipation, and as diarrhœa is almost sure to follow if it is unattended to, therefore the best plan is to administer that remedy in the premonitory stage, and to avoid what may be designated the expectant treatment. The remedy is active purgation; which will not only modify considerably the severity of the fever, and perhaps prevent it altogether, but an entirely different state of affairs will occur. If we immediately come to the conclusion that it *must* be a case of typhoid fever, because perhaps some other cases have appeared in the neighbourhood, instead of regarding the matter as simply bowel irritation, resulting from neglect, we at once suspect the milk, or we search for a cesspool; we look askance on the drains, or we very adroitly trace the cause to an isolated case, or to other media of contagion; and then, having once decided that it is a case of typhoid fever, we treat it according to the present recognised plan, and lose sight of, or ignore *in toto*, the state of the alimentary canal; and when at last the expected inevitable diarrhœa makes its appearance, we resort to the strongest astringents with the intention of stopping or moderating it. We overpower the system with nourishment which is not needed, or, as I have said before, we endeavour to plug up one end and fill in the other; we wait patiently for the rose-coloured spots; we scrupulously take the temperature night and morning; we use a chart on purpose to trace its variations; we examine the excreta to see if they present the typhoid appearance; we detect the gurgling in the right iliac region; we test the urine for albumen; we feel the pulse regularly at every visit; we auscultate the chest, we clear out the room; we place disinfectants to obviate contagion; the excreta are removed because of their supposed infectious natnre; we examine the tongue and find it foul; we see that the patient is gradually sinking; the diarrhœa continues in spite of our astringents; the urine decreases in quantity; is loaded with uratic and phosphatic deposits, and becomes strongly ammoniacal; the breath is offensive, the appetite fails daily, and the head gets worse. These symptoms increase in severity, but we still persevere with our astringents; still we force in nourishment, and

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very likely add brandy, port wine, or champagne, when cold water would be more beneficial; and probably our patient dies from typhoid fever, though, had we in the premonitory state pursued a different plan, and administered a purgative, such as calomel, combined with careful and judicious treatment, typhoid fever (which had originated from milk, or from the emanation of drains, or from water, or from any other source, for on this point we have not yet arrived at any decision) would very likely have been nipped in the bud.

If, instead of *making* it a case of typhoid fever from the beginning, we had regarded it merely as the result of a neglected condition of the bowels, and had administered a few powders consisting of calomel, followed by castor oil, or combined either with rhubarb or jalap, we should have found that, notwithstanding the milk, the cesspool, the water, or the drains, the case would have assumed a very different phase, and a very different termination.

Regarding the severity and modification of the attack, a great deal naturally depends upon the constitution and surroundings, but still they are only secondary, and should not engage and detract our attention too much, for if typhoid fever shows itself either in the palace, cottage, or garret, whether in town or country, we have one predominant symptom, viz., constipation with its co-existent evils, and its successor, diarrhœa, or the efforts of Nature to overcome the difficulty.

As there is no denying these facts, and as I have in various parts of my paper pointed out the considerable advantages to be reaped from the administration of calomel in constipation and diarrhœa, and in several other conditions, it would be useless going over the ground again. However, the action of this invaluable, though much abused, drug is as beneficial in typhoid fever as in other exanthemata, whether scarlet fever, small-pox, or measles. It is even more so, in my opinion, because typhoid fever springs from intestinal causes.

In all diseases, and particularly in fevers, there are three outlets for the elimination of the poison (in fact, in health they are the media for casting off what I may call animal refuse), viz., sweating, micturition, and defæcation, and there is no doubt but that one is as important as the other, prevent one performing its functions, and we very soon find that the whole system is speedily out of gear, for mischief next to ineradicable is bound to result: if we prevent sweating, fever immediately follows; therefore we strive as much as possible to promote diaphoresis, because it is a great relief to the system, and, consequently, it is regarded as a favourable omen in fever. If we were foolishly to take steps to prevent micturition, the result would be that in a short time dropsy, in some form or other, would make its appearance, or very likely a greater evil would arise, viz., extravasation of urine owing to the rupture of the bladder; but, marvellous to say, when Nature strives to relieve herself of an irritating intestinal load, we become alarmed, and endeavour to stop her from performing her duty, forgetting that defæcation is as important to health as eating, and that diarrhœa, which always succeeds an aggravated state of constipation, is conducive to a speedy recovery, and, in fact, it is the only considerable outlet whereby Nature can eradicate the effects and remains of disease.

What man in his senses would attempt to prevent sweating, when such is beneficial? or check micturition, or take steps that his patient should not eat nor drink? I am sure he would be denounced in no very elegant terms, and yet, when Nature exerts her powers in the necessary direction, and promotes the action of the intestines, we at once resort to certain measures in order to thwart her designs, forgetting that disease is eliminated *per anum*, as well as by other media. Such a proceeding appears peculiarly unaccountable, diametrically opposed to the laws of Nature, and pre-eminently unscientific, though it is the received opinion of the present day that it is just the reverse. A certain philosopher saith that "art, therefore, whenever it offers violence to Nature, in order to conquer, subdue, and bend her to its purpose, by tortures, and force of all kinds, seldom obtains the end proposed." If sweating is regarded as a favourable sign in fever, purging must be equally so, and if we do not purge Nature will, for a certainty, do so on her own account; if micturition is necessary, and I do not think that anyone will deny it, purging must be also: we give medicine to promote diaphoresis; we give medicine to promote the action of the kidneys, we give medicine to promote appetite, and yet, with all our boasted skill, no sooner does diarrhœa show itself, than we very methodically endeavour to counteract that which is most important, and which in febrile disease is really the main outlet for its elimination.

As to assert that purgation is weakening, and that it is highly injudicious to resort to it, and more especially in typhoid fever, I certainly do not see the reason nor force of such an assertion: relieving a man of a load is rather beneficial than otherwise; we certainly do not make him weaker: when the bladder is full, relief is only to be found in emptying it, and if there are some irritating fæces in the intestines, relief is only to be found in their ejection, and, therefore, Nature does this for herself in the shape of diarrhœa.

I hope I have proved conclusively that the present treatment of typhoid fever, whatever arguments may be advanced in qualification of it, is entirely opposed to common sense; for the fever thereby, instead of being modified, is aggravated and lengthened. I have drawn the reader's attention to two principal facts, which prove that this fever solely originates from some intestinal mischief, as its old name (enteric) implies; but whether that mischief originates from contagious matter, or, otherwise, I leave willingly to be discussed more fully by others abler than myself.

I have been necessitated more than once to revert to the contagious or non-contagious nature of typhoid fever, and to some of its supposed origins. I have simply endeavoured to prove, that as it springs from intestinal causes, we should, therefore, devote all our attention towards discovering by what mode the causes (whatever they may be) can be removed with the greatest facility, rather than endeavouring to elucidate what are the sources or media by which typhoid fever is spread and communicated. I have also striven to impress upon my reader that it is by means of purgation, and not by the administration and injection of astringents, that the elimination of the disease is actively brought about, and that, consequently, the ejection of intestinal contents is fraught with results highly conducive towards the patient's recovery. I have likewise drawn the reader's attention especially to calomel, as a drug peculiarly adapted to diseases incidental to childhood, and particularly so in the exanthemata. I have besides, in my observations on the treatment of typhoid fever, alluded many times to this purgative and cholagogue, and that it can be given with great advantage both in the premonitory stage, and also during the first week of the appearance of the diarrhœa, and, indeed, that it can be given from the commencement to the termination of the disease. The reader's attention has also been directed to the fact that its purgative qualities can be further promoted by castor oil, or by combining it with jalap or rhubarb, for, as I have said before, in typhoid fever, purging is the principal eliminator of the poison, besides being the speediest and safest treatment to pursue.

I bring my remarks to a temporary conclusion, as I hope at some future date to draw the attention of the profession to the treatment of typhoid fever especially, as I find it is a subject far from being exhausted, and I do not wish to extend my treatise beyond its intended limits.

SPINAL CURVATURE TREATED BY COCKING'S PORO-PLASTIC JACKET.

By LAMBERT H. ORMSBY, F.R.C.S., M.D.,
Surgeon to the Meath Hospital, and Co. Dublin Infirmary, and Surgeon to the National Orthopædic and Children's Hospital, Dublin.

THE treatment of spinal curvature, whether lateral or angular, has received of late a great amount of attention,

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and some writers on the subject still cling to the old form of treatment, viz., the stationary or reclining board method; more modern writers, however, believe that such measures are debilitating, and say it defeats the main object it is supposed to carry out by inducing sedentary habits, and completely denying the patients fresh air and out-door exercise, which they so much require in such cases. The steel mechanical spinal support has its advocates, and is still very much used, notwithstanding a method of treatment introduced into these countries by Sayre, an American surgeon, about four years since, and called by him the plaster-of-Paris method, which was supposed by many to be superior to any line of treatment then known, or ever suggested. This treatment seemed to be so simple, so easy of application, and so thoroughly efficacious, according to the well-known American surgeon who introduced it, that nearly every surgeon having cases of the kind was induced to recommend it, then to try the plaster-of-Paris jacket, and I fear from the universal and indiscriminate adoption of such a method, it soon became over-rated and all the rage, but soon its supposed efficacy began to wane. Many cases treated by this method turned out a great disappointment, in fact, they were not cases in which such a line of action was at all suitable, and I feel, from what I know of the subject, that very shortly the plaster-of-Paris treatment for spinal curvature will be a thing of the past, and I therefore wish to draw attention to a treatment which appears to me to be very practical, simple, and easily applied, and I would further add, in my opinion, far superior to the plaster-of-Paris method. I allude to the application by Mr. Cocking, of Plymouth, of the material called poro-plastic felt for the manufacture of spinal supports in all forms of spinal curvatures. Mr. Cocking, who was present at the meeting of the British Medical Association in Cork, where he attended for the purpose of giving practical public demonstration of his method in Ireland. On his return through Dublin, he visited the National Orthopædic and Children's Hospital, Adelaide Road, where he found ample material, in the persons of children suffering from all forms of spinal curvature, to demonstrate the efficiency of his treatment, which he described very briefly as follows—in the presence of a large number of the profession and others interested in the subject: The felt is a brown or light yellow material, very limber and soft when exposed to the action of steam or confined in a hot air chamber, at a temperature of 180 deg. Thus pliable, it is quickly applied to the trunk and pressed to any shape, so as to fit the contour of the body, and on cooling, which it does almost immediately, it maintains the shape previously adapted.

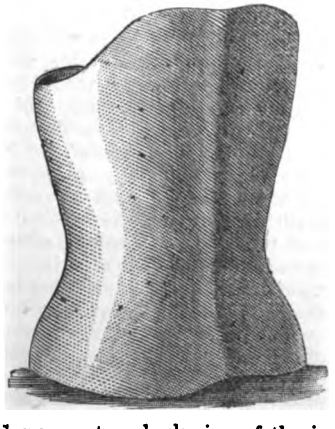

FIG. 1 represents a back view of the jacket.

The jackets are moulded, in the first instance, in the shape of an hour-glass, and made in all sizes—to suit any age. When a case comes before you, you should roughly adapt a jacket to the case, one that you think, from the size, will fairly fit when softened and moulded. The patient is suspended in a tripod or hook in the ceiling, with head and arm straps, so as to extend the spinal muscles, and take all superincumbent pressure off the weakened spine as much as expedient, and a tightly fitting

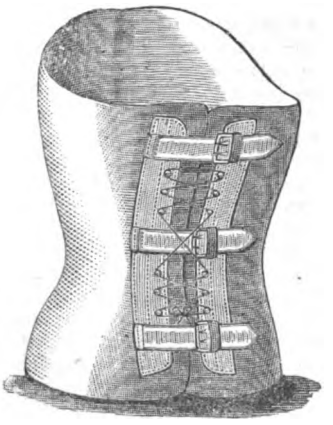

FIG. 2 represents a front view of the jacket.

woollen vest is applied: the poro-plastic jacket is then either softened in a hot-air chamber, or in an oven, or over a large vessel of boiling water, with a quantity of steam issuing therefrom; when soft and pliable, the jacket is quickly applied to the body over the vest, and rapidly moulded to the trunk whilst the patient is suspended.

FIG. 3 represents a jacket applied in a case of lateral curvature.

As the treatment of spinal curvature must, of necessity, be a very gradual one, the same jacket can be softened and remoulded over and over again, to suit the gradual return of the proper normal curve of the spine. It is fastened in front by straps and hooks, and in shape resembles a well fitting stays. For lateral curvature of the spine a jacket can be easily taken and moulded, without any special direction, more than what has already been given. All that is required is to give the circumference, and the size of thorax at the level of the axillæ, the size of the centre of the waist, and the size of the body on a level with the anterior superior spinous process of the ilium, and the length of body from axilla to anterior superior spinous process of ilum. With these measurements an instrument maker ought to be able to send a

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jacket which would, in all probability, fit, when subjected to the softening process.

For angular or posterior curvature the case is different, the jackets must be made *specially*, and a plaster-of-Paris mould must be taken in the first instance; this mould or case must be filled with plaster-of-Paris so as to take exactly the true form and configuration of the curvature, so as to arrive at the point of angularity, and the situation where inordinate pressure must not be exerted, and provision for such made accordingly, so as to prevent pressure sores, &c. When the plaster cast is taken it must be forwarded, through an instrument maker, to Mr. Cocking, Plymouth, who, in the course of a week or ten days will return a jacket to the required measure, with a soft form of felt, subjected to a different process, inserted in the jacket, and placed over the point of angularity. In some cases of angular curvature I have had portions of the jacket removed, and chamois leather inserted in its place so as prevent pressure sores over the extreme point of angularity. When the angularity occurs in the cervical region a jury-mast must be attached, as in fig. 4.

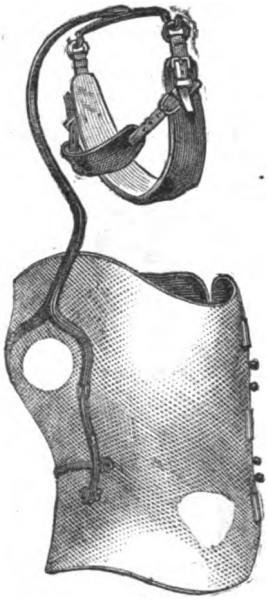

Fig. 4.—Jacket for angular curvature, with jury-mast attached. The parts indicated by the white spaces are left perfectly soft, so as to avoid all pressure on the point of spinal angularity, and the crest of the ilia.

In a letter received from Mr. Cocking, the following observations occur: "I hold that no mechanical support can equal felt properly applied. Either for efficiency, certainty, and re-adaptation, and not least, the ease with which the surgeon can use it without the aid of surgical instruments, this latter, in remote places, must be an immense advantage."

The following case, out of a number it has been applied in, is worth while recording:—

Thomas Mc—, æt. 11, suffering from posterior spinal curvature mid dorsal region, a delicate looking boy, walks with a very unsteady gait, and the body is in a very bent and stooped condition. Mr. Cocking took a plaster cast of the curvature at the time of his demonstration, he has since sent the jacket with the softened felt applied over the extreme point of angularity, and the boy has had it applied for some weeks, and expresses himself highly delighted with the support it gives his back, at the same time since it is so light and easily applied, he walks much more erect, and with a much steadier mode of progression. I might mention this boy had been previously treated with plaster-of-Paris without any improvement in his condition, although a fair trial had been given to the method.

It this method is carried out with care and discrimination, I believe it will soon supersede any other treatment yet recommended. It will be found to embrace the following advantages:—

1. Ease and cleanliness in application.
2. Lightness and porosity of jacket.
3. Inexpensive for ordinary cases—where the jacket need not be specially made, it ought to be supplied for hospital cases for about 10s. or 15s.
4. Power of the same felt jacket to re-adaptation over and over again, as the case improves.
5. Being removed easily, ablution and gymnastic exercises may be carried out when necessary.

This last point is of paramount importance, when compared with the plaster-of-Paris jacket. The latter jacket when kept on for a fortnight or three weeks at a time, contains myriads of vermin induced by the warmth and pent-up perspiration—with the poro-plastic jacket, which is removed every night, such a thing is not known.

To make the poro-plastic jacket as perfect as possible—

1st. In places where it is not necessary for the jacket to be excessively firm, I would recommend it to be perforated by little circular holes—this would lighten it, and also make it cooler in very warm weather.

2ndly. I would recommend arm straps, passing over the shoulders, so as to keep the jacket up, for I find it is inclined to slip down on the pelvis, and likely to impede the person walking, or produce pressure-sores from friction. With these two simple suggestions, as far as I have seen, I have every reason to recommend the treatment. In conclusion, I may add, that Mr. Fisher, F.R.C.S., has at the National Orthopædic Hospital, London, applied a large number of these jackets, and he considers them most efficient; an opinion in which, from my experience, I entirely concur.

Mr. F. Gustav Ernst, the eminent instrument maker, 80 Charlotte Street, Fitzroy Square, London, W., has supplied some of the neatest Cocking's jackets I have seen, and he will forward an illustrated pamphlet, containing full instructions, on application. The jacket may also be obtained from the different instrument makers in Dublin.

NOTE ON OZÆNA.

By LENNOX BROWNE, F.R.C.S. Edin.,
Senior Surgeon to the Central London Throat and Ear Hospital, &c.

The recent publication in this journal of "Late Suggestions on Ozæna" induces me to make a few remarks on that obstinate, and in every sense disagreeable, malady. It is very evident that the three authors quoted have different ideas of the significance of the word, which in reality should be applied to any form of nasal disease giving rise to unsavoury odour—the *punaisie* of the French, and *stink-nase* of the German. Many surgeons, however, limit it to those cases in which there is really ulceration of the mucous surface covering the turbinated bones, or actual disease of the bones themselves, with thickening, but without loss of tissue, of their coverings. My belief, founded on experience, is that the former is *only* found in syphilitic cases; while the latter may be frequently met with in young persons of strumous diathesis, in whom it is difficult to make out a syphilitic history, if, indeed, such at all exists, as well as from other causes, outside present consideration. Thus far I agree with Dr. Fränkel; but I join issue with him if, as I understand from the note in the *Medical Press*, of September 10th, he denies the connection of pharyngitis sicca with ozæna; for in my opinion, a large proportion of these cases arises entirely from the inspissation, retention, and consequent putrefaction of the normal secretion; the condition being the direct result of a long-neglected pharyngeal and

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post-nasal catarrh. In admitting that this state of things is often associated with a strumous constitution, or an anæmic dyscrasia, is only to say that such complications render the subject of them more liable to catarrh. The ozæna is not therefore a coincidence, nor a casual connection of the pharyngitis sicca, but a direct result thereof.

In regard to Dr. Massei's parasitic origin, the same difficulty which occurs to me in considering such as the cause of diphtheria, comes to my mind in this connection. Given a putrid surface, and one will always find parasites. The more extensive the diphtheria, the more advanced the ozæna, the larger the quantity of parasites. It may well be asked—are the parasites in the van or in the rear of the disease? In my opinion they are the result, not the cause.

In the third note of Dr. Dawosky it is stated that he carefully removes all crusts. How is this done? I believe the only way is to remove them by emollient post-nasal washings, vapour or spray inhalations, or inunctions. They should never be removed by any method involving hæmorrhage, which must always lead to reformation of the crust, and by whatever process they are removed, measures should be taken to prevent their re-incrustation. Nothing is better for this purpose than an ointment of vaseline with iodoform, which I prescribe as follows :—

℞ Iodoform, gr. 5 to gr. 8 ;
Ether, fl. dr. j. to fl. dr. iss. Solve et adde
Vaseline, ℥j.;
Ottar rosæ, ♏v. to ♏viij.

In post-nasal douches I use about five to eight grains of chloride of ammonium, on account of its largely diffusing power, and an equal quantity of borax with a little glycerine, with or without carbolic acid, to about four ounces of water at 95° F., this amount serving for two douches with my post-nasal syringe.

For vapour inhalations, either pine oil, creasote, or benzole, in water, at 150° F. should be inspired by nose as well as by throat. To whichever is prescribed, aldehyde in no larger proportion than one drop to each inhalation should be added, this drug having a peculiar and quite specific effect on favouring fluid secretions in cases of inspissated mucus, and if administered in larger doses it is apt to produce headache or embarrassment of breathing.

On two or three points I must express my strong disagreement with Dr. Dawosky :—

First—I never plug the nostrils, but endeavour to do all I can to favour free nasal respiration.

Secondly—I never employ pure glycerine, because of its powerful attraction for water, which increases the dryness already complained of.

Thirdly—I never employ alum, tannin, or any other astringent for the same reasons, nor do I ever recommend nasal snuffs, believing that such are contradictory of the physiological function of the nasal organ.

Dr. Massei speaks of the local application of calomel powder to the ulcerated surfaces, and Mr. Nixon in last week's issue of the *Medical Press* relates an instructive case, in which rapid and profuse salivation, with discharge of the vomer, followed this procedure. I have just now under treatment a similar case, with both pharyngeal and palatal ulceration, fissured hard palate, and nasal disease. The plan pursued has been that recommended above, viz., internal administration of iodides, local application of solid nitrate of silver to the pharynx and palate, post-nasal douches, and application of a solution of sulphate of copper to the nasal ulceration, and constant inunction of the nostrils with the iodoform and vaseline. Now at the end of five weeks the patient is nearly well, both palatal and nasal ulcerations being all but healed. It may be interesting to add that in this case, as in many others, the iodide of potassium even in such doses as three grains could not be borne, but five grain doses of the iodide of sodium caused no disturbance, and have all the good effects of the potash salt.

Lastly—I never use nitrate of silver in any form of throat disease, except in syphilitic ulceration, to be then applied to the exact spot in the solid form. Even in these cases I have largely superseded its employment by substitution of the galvano-cautery, acid-nitrate of mercury and sulphate of copper. I have been led to this elimination of the silver applications, and would urge the same on all my professional brethren, because I have never seen any benefit pertaining to them which the other remedies did not enjoy, and because I have personal knowledge (independently of information of others) of two cases in which permanent cutaneous disfigurement has followed their use in throat affections.

For disinfectants I prefer the salicylates, thymol and sanitas, to permanganate of potash on account of discolouration of skin and linen caused by it, and to carbolic acid, on account of its—to many—objectionable flavour. As lozenges, none are superior to Wyeth's compressed chlorate of potash, or chlorate of potash and borax, unmixed with any sugar, or mawkish fruit paste.

As regards dilatation, mentioned as necessary by Dr. Massei in those cases in which the passage is obstructed, the surgeon must try to reduce mucous thickening by the local remedial measures already indicated, and remember that instrumental introduction is but too likely to lead to ulceration of the already turgid and congested coverings. In more advanced cases when the stage of atrophy has been reached, the passages, already too open, do not require further dilatation, but rather stimulation to promote healthy submucous nutrition.

Where there is actual ulceration I have had good results from application of the galvano-cautery, carefully made by means of a strong reflected light, and I have never had occasion to perform the operation of exposing the cavity and removing portions of the bone.

Finally, therapeutic attention to the particular dyscrasia is of great importance, and it is worthy of note of how great service is iodide of potassium, combined, often, with iodide of iron and cod-liver oil, in cases of a strumous nature, where, as at the commencement stated, it is difficult to make out a syphilitic history. In a large majority of the same class of cases, small doses of perchloride of mercury afterwards given, or alternated with the iodide, have the best effects, but I am by no means prepared to say that even with so specific a treatment the cases which derive benefit are of the specific nature which many surgeons would therefore ascribe to them. I am happy to be able, in conclusion, to agree with Dr. Massei in urging the importance of persistence in the treatment of these cases. In no disease does so sure a reward of patient perseverence in well-doing result.

Special.

PAUPERISM AND COMPULSORY PROVIDENCE.

II.

WHAT a simplicity marks the basis upon which our Poor-laws are constructed! "You should do unto others as you would that others should do unto you." This is the great principle upon which our Poor-law statutes are framed, and upon this theory the State undertakes to feed the hungry, to clothe the naked, to comfort the afflicted, to relieve the sick, to protect the fatherless, to help the widow, to find employment for the unemployed, and to punish the drunkard and the dissolute. Whitbread said, we believe, that the Act of Elizabeth might be considered the *bible* in this respect. We know now how the plans so ably devised by statesmen of the highest eminence have proved imperfect, for we have—as the almost universal consensus of opinion on the failure of the Poor-law—thousands of pamphlets containing propositions for ameliorating the condition of our poor, for preventing poverty from descending into indigence, for improving the moral habits and increasing the comforts of the labouring population by com-

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binations of the regulations of political economy, and the application of its best principles.

Whitbread said further: "It is an assertion now pretty generally made that the system of our Poor-laws has served to degrade those whom it was intended to exalt; to destroy the spirit of independence throughout the land; to hold out hopes which cannot be realised; to encourage idleness and vice; and to produce a superfluous population, the offspring of improvidence, and the early victims of misery and want. That which in speculation ought to have been our glory has been turned to our reproach."

These words were spoken in 1807, in the House of Commons. Our Poor-laws still are open to the same reproach made fifty years ago.

Returning to Mr. Blackley's paper and suggestions on the remedying of pauperism, we take up his scheme of compulsory providence at some of the most important objections raised against it, which may thus be summarised:—(1) The smallness of the provision made; (2) compulsory provision might give the impression that it was needless to save more; (3) existing improvidence is not as great as Mr. Blackley makes out; (4) opposition will be experienced from existing societies; (5) collection will be impossible; (6) there will be a large number of recalcitrants; (7) malingering will have to be dealt with; (8) management would be expensive; (9) employers would be further taxed; (10) it would not provide for sudden loss of labour and unexpected disasters.

Mr. Blackley has met all these objections in an able and argumentative manner. He believes that his scale would enforce a *minimum of provision*, without giving an impression that all had been done in the way of saving; whilst he confirms by statistics the existence of a wide-spread improvidence, at the present time only imperfectly met by burial clubs and friendly societies. He does not think that much opposition may be expected from sound friendly societies; for the principle on which they exist is to secure the providence of the poor, and their managers are logically bound to approve of the principle of national insurance.

With great truth and force he adds: "Now let us turn to another class of society. To those, viz., which under the false name of friendly are the poor man's bitterest foes, that exist to swindle, plunder, and defraud the ignorant and helpless; that look for large profits from the simplicity of the poor; that in order to keep their funds high, cut off, as the newspapers lately recorded, the insurance of £7 due, on his wife's death, to a member of thirteen years' standing, because the poor woman's last illness, preventing her going to pay, had brought the contribution *one week into arrear*. In fact, let us look to the bad and unsound friendly society, that lives by sucking the very heart's blood of would-be independent working men, while leaving them to the pauper's *dole*, and workhouse in the end. I defy them to oppose the National Club on any ground but the plain and patent one of selfish interest."

He next considers its practicability as regards collection, recalcitrants; and observes in reference to the objection "they will enlist and so evade their payments," "With all my heart I answer, 'I wish they would,' and certainly they should have the choice if not the compulsion; but so far from thereby evading their payment they would be passing, as the proverb says, 'out of the frying-pan into the fire.'

"For up to a certain time of life individual providence by deduction from wages is compulsory on every soldier in the service. He is obliged to put aside 2d. each day from his pay, so that when his six years' term of service is over, he receives his savings to the amount of nearly £20. Let the refractory young tramp or thief fly for refuge to the army to avoid insuring, and he does the very thing he is wanted. He will be well fed, and clothed, and taught; he will have a chance of a new start in life; he will be a member—he may become an honoured one—of an honourable profession; he will have learnt cleanliness, comfort, and self-respect; and if he like, when his three years are past, his own money, which he never missed, will pay his insurance; and the once poor, slouching, hopeless, pauper, vagabond, may march forth an honest, independent man, able morally to hold his head up among his fellow men, as he has learnt to hold it up literally before his comrades on parade."

Mr. Blackley disposes of the question of coercion and its cruelty by the following suggestive extract from the Local Government return for 1877-1878:—"Mean number of paupers receiving relief, 719,849; cost of relief given, £7,400,034." A very simple division gives the annual cost per pauper to the nation as reaching £10 5s. 6d.

Let anyone balance the cruelty of aiding a law-defying lad to lay by £10, once for all, for himself, against that of burdening the community with a larger sum on his behalf, for every year that he is allowed to remain a pauper.

After discussing a few minor objections, he dwells on the risk of loss by malingering, which he does not apprehend will create any more difficulty than that now experienced from it by existing friendly societies; whilst he admits that no system can provide against unexpected disasters. He thus concludes: "I have tried to meet every important objection which has been offered against national insurance. I do not believe there is one amongst them insurmountable, though it would be overweening self-confidences to hope I had made all my readers share this faith. But it is no reason, in a matter of such importance as this is, because I fail to remove an objection, that many wiser men than me should fail as well. This, at least, I claim to have made out so far—that the change I propose is not impossible, at all events, till far stronger grounds for the contrary opinion than any yet adduced shall be brought forward.

"Let any reader of this paper compare the vastness of the good which this scheme would effect with the small importance and logical weakness of the objections to it we have considered, I think he will agree with me that we have a right to ask some better reason for having to go barefoot than that some day a boot-lace may be broken; or for having to sit always in darkness some better reason, than that clouds occasionally obscure the sun."

In conclusion, we must take a rapid survey of what has been done for the working classes in the way of encouraging thrift. In every part of England we have penny and Post-office savings banks, benefit and insurance societies, building and money clubs, trade societies, lying-in charities, provident dispensaries and sick clubs, for their special benefit. It would be unfair to say that these institutions have not been productive of good. They have encouraged providence, and at the present time there are thousands and thousands of working men who are possessed of property and money, which they have saved in consequence of the facilities they have of putting away small sums, from a penny to a pound. But they have not done the good they ought to have done, nor have we the results we might expect. Mr. Blackley's article will do good in directing attention to the necessity of reform, and in stimulating the cause of thrift. We must express our strong and firm conviction that something must be done to check the tide of pauperism. We hold it criminal, considering that we have such societies as the Oddfellows and Foresters, that any working man should not belong to a club, and when sickness and destitution come on through neglect of this cheap ordinary provision, we have no sympathy with the workman who has to appeal for aid either to our voluntary charitable agencies or the Poor-laws. We doubt the feasibility of instituting a national insurance club, as devised by Mr. Blackley, though we wish the venture success.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Inaugural Meeting.

The First Meeting of the Clinical Society for the present session was held on Friday last, the 10th inst., Dr. Headlam Greenhow, President, in the chair.

After a short congratulatory address from the President,

Dr. Douglas Powell read a Report of a

case of leprosy with enlargement of the glands,

which he had exhibited at the Society last session, and upon which a committee of observation, consisting of Drs. Cayley, Dyce-Duckworth, and Liveing, with himself, was appointed. The case had been placed under Dr. Powell's care by Surgeon-Major Porter. When shown at the Society the man's clinical

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features presented were considerable, somewhat mahogany-coloured, pigmentation of the skin, and especially of the legs, marked thickening of the lips and lobes of the ears, and a corrugated thickening of the skin over the brows and occiput, which gave the patient, aged 24, the appearance of a man much older; and the "leonine" aspect, characteristic of leprosy. The hair had almost entirely disappeared from the head, face, and surface of the body, and a papulo-squamous eruption covered the entire surface of the trunk. There was still marked enlargement of the glands, especially of the axilla and groins, although in this respect the patient had greatly altered for the better since his portrait was shown at the Pathological Society six months previously by Mr. Porter. The disease had first made its appearance when serving with his regiment in India in December, 1876, when he had "rupia," followed by a scaly skin affection, with loss of hair, for which he was treated with anti-syphilitic remedies. The glands of the neck first, but soon also of the axilla and groins became enormously enlarged, whilst the patient steadily emaciated and lost strength. This downward course continued, notwithstanding good diet with fruit and vegetables, iron, and cod-liver oil. For four months after he was admitted into Netley Hospital, until in May, 1878, Mr. Porter placed him on cod-liver oil containing 1-10th gr. of phosphorus. His condition then began rapidly to amend. He gained weight and strength, whilst the glands steadily diminished in size. He was admitted into Middlesex Hospital under Dr. Powell's care, in January, 1879. Careful observations were made by the committee as to surface sensibility, but no anæsthesia made out. The nerves at the bend of the elbows were slightly thickened, and small characteristic ulcers were present at the right wrist and left great toe. The urine was natural; the temperature normal. He was placed on gurgin oil, and for six months appeared to be doing well. The blood examined was found to be rich in red corpuscles, and to contain no filaria nor excess of white discs. At the end of the first week in March, however, the patient had severe rigors; the temperature went up, and an erythematous patch appeared at the left elbow, which rapidly extended day by day, so as to attack in turn the whole surface of the body and extremities. This spreading erythemata was complicated by broncho-pneumonia, and attended with typhoid symptoms; and finally albuminuria set in, and the patient died on March the 30th. At the post-mortem examination fibroid induration of glands, broncho-pneumonia, with some cicatrices and indurated patches in the lungs, marked fatty degeneration of the liver, and recent nephritis, were found. No disease was apparent in the ulna nerve or its ramifications, as examined by the unaided eye, and the internal glands were not notably affected. On minute examination, however, some early changes were observed in the nerve; also fibroid thickening of the skin, with small-celled growths or deposits, and fibroid degeneration of the glands. The committee in their remarks observed that the case in its clinical features was one of elephantiasis græcorum, remarkable chiefly in two respects, viz., the great enlargement of superficial gland—a certain degree of such enlargement being not uncommon—and in the amendment of the condition apparently under the influence of phosphorus. Secondly, in the termination of the case by such an extensive erythematous inflammation of the skin, patches of this disease being again not uncommon as a complication of this disease. The microscopical evidences were such as were compatible with leprosy in a comparatively early stage, viz., some two years duration.

Dr. T. C. Fox remarked that "it is a well-known fact that in two-thirds of the cases of tubercular leprosy examined the glands become enlarged," and he would be glad to learn if the committee had found any cell deposits in the glands about the viscera, such as were described by Hanson as being characteristic of this form of disease.

Dr. Powell, in reply, said the committee had not noticed any such aggregations of cells. The pathological morbid appearances were those of leprosy in an early stage of advance, but so far as they went they were definitely marked. He would, however, direct attention afresh to the discovery of the cells mentioned by Dr. Fox.

Dr. Dyce Duckworth on a case of

MYXŒDEMA, OR UNIVERSAL DEGENERATION OF THE CONNECTIVE TISSUE OF THE BODY.

S—— M——, æt. 34, married for ten years, mother of three children, came to St. Bartholomew's Hospital in Nov., 1878, complaining of weakness and of failing health for two years previously. She first observed that her eyelids and face swelled; subsequently swelling was noticed generally about the body. Her voice had become altered and thick. A sister who accompanied the patient stated that her manner had become altered and her temper more sullen and irritable since her ailment began. Indeed, some of her friends believed, in consequence, that she had become intemperate in her habits. She was a well-grown woman, of large build, but had lost two stones in weight during the previous eighteen months. Her face was of peculiar aspect, and she wore a listless expression. The complexion was waxy, with some clear redness over the malar bones, and there were several moles about the chin and cheeks. The eyelids were puffy and œdematous, having the aspect so common in chronic forms of tubal nephritis. The hands were clumsy-looking and seemingly swollen about the backs, but no dints could be made in them. It was alleged that they felt numb and sleepy at times. There was no appreciable change in common sensibility, and pins could be readily picked up. On examination some general condition of xeroderma was found on the limbs more especially, but no ordinary œdema. The first impression in this case was that there was some form of chronic nephritis present which would explain both the physiognomical aspect and the obvious swellings. The urine was found to be quite void of albumen, of sp. gr. 1010, acid in reaction. The heart was natural. The tongue was clean, and protruded naturally. The uvula was observed to be swollen and œdematous-looking. Appetite good; bowels usually constipated. The case was now regarded as one of that peculiar form of disorder described so well, and termed by Dr. Ord as "myxœdema," and other like instances of the disease were recalled to memory which had not been satisfactorily diagnosticated. The family history afforded no clue to the nature of the case. The children were healthy with the exception of the youngest, which was very ricketty, (The patient was present at the meeting, and a water-colour drawing of the face was shown.) The treatment consisted mainly of steel and cod-liver oil. On subsequent examinations the disorder was found to be making progress. The thyroid gland could not be felt, and a fatty cushion was found in the left supra-clavicular fossa. The face became more waxy and puffy, and the voice more slow and snuffling. The urine never was albuminous. The patient's manner was more sullen and reserved, and she was shy and resentful of clinical examination. Dr. Ord saw this case six months ago, and confirmed the opinion formed respecting it. It added one more to a series which have been, and still are, receiving careful study, and about which no doubt as to their true nature can now be entertained. Occurring only, so far as known at present, in the persons of women about middle life, the varying symptoms appear to be due to a gradually-spreading mucoid degeneration of the inter-cellular tissue throughout the body, which thus shuts off full and prompt appreciation of peripheral and other nervous impressions. Dr. Duckworth promised to report further observations upon this case at a future time.

Immediately following the reading of Dr. Duckworth's notes,

Dr. Ord read some further observations on

MYXŒDEMA,

Of which the following is an abstract:—

The paper gave the history and morbid anatomy of a second fatal case of the disease first described by Sir William Gull as "a cretinoid condition supervening in women in adult life," and subsequently named by Dr. Ord "Myxœdema." The patient was a woman, æt. 52, married, the mother of five children. Her illness dated from her last confinement twelve years before. She had begun then to swell in the face and all over the body. As she gradually increased in size she had become lethargic, had difficulty in collecting her thoughts, had difficulty in walking, and in holding up her head. When she came under observation, fourteen days before death, she presented in a very marked degree the appearances described by Sir William Gull and Dr. Ord in previous papers. The whole body was swollen, giving her the aspect of a person suffering from renal disease. The skin was translucent, dry, and very rough, on all parts except the face. The eyelids were bulged, the lips, upper and lower, greatly swollen, the alæ nasi much thickened. Each cheek presented a sharply-limited pink flush; the hands were spade-like, expressionless, and, with other extremities, were blue, by reason of feebleness of circulation. She spoke slowly and painfully, with leathery nasal intonation. Her movements were slow, and she halted quiveringly in her gait, but had no true paralysis, ataxy, or

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tremblings. The droop forward of the head, noticed in a previous extreme case, was remarkable, the pressure of the chin upon the neck actually interfering with deglutition. Her senses were essentially unimpaired, but her response was long in coming, her memory defective, and her thoughts slow. The urine was of average quantity, of rather less than average specific gravity, and contained a trace of albumen. The arteries were firm, and the heart enlarged, but weak. The thyroid body was small. Having received bad news immediately after her admission to St. Thomas's Hospital, she fell into a lethargy which deepened daily, with intervals of feeble delirium, till she died, on the fourteenth day. While under observation her temperature was very low; for twelve days the average was between 90 deg. and 92 deg., on the 13th 88 deg., on the last day 77 deg. At the post-mortem exsmination all tegumentary and surface parts of the body were found swollen; the thyroid body was reduced in size and form; the kidneys were very firm, not reduced in size, smooth on the surface, and not adherent to their capsules; the cortical portion was somewhat narrower in section than normal; the liver and spleen were too firm; the heart dilated and hypertrophied, weight 12½ ounces The microscope showed in all parts a great increase of connective tissue. The fibrillar element was more abundant and more defined than normal; the interstitial mucus yielding element was greatly increased in proportion and quantity; nuclei were larger and more numerous. This was best seen in the skin, the glandular organs, and in the coats of arteries. The connective tissue presented a strong resemblance to that of the umbilical cord, and suggested the idea of a retrograde degeneration. The encroachment of it on tissues and organs was apparently the cause of death. Five other cases, all in women between 30 and 50, all married, were compared. All had low temperature; all had nervous weakness and lessened sensations; two, very advanced, had delusions. Those two, had traces of albuminuria; the rest, less advanced, gave no indications of renal affection. The symptoms and appearances being altogether of the same character as those observed in previous cases, Dr. Ord maintained that they showed the disease under consideration to be a substantive disease, and that they justified the use of the term "myxœdema," as marking the cause of the symptoms, and of the fatal termination.

The discussion on the two papers was commenced by Dr. SAUNDERS, Professor of Pathology at Edinburgh. North of the Tweed, he said, cases of myxœdema were not altogether unknown. Within his own experience, extending over a great number of years, he had met three instances of the disease, the last occasion on which he had seen it having been three years ago. This ended fatally. The disease, he continued, is a well-characterised one, and can be readily differentiated. He did not, unfortunately, possess a complete record of the cases he had some time treated, since they had left his care before the termination, and hence also he had never had the fortune (if it might be termed so) to witness a post-mortem in any instance. To him they presented a mere clinical picture, but he felt certain that the symptomatology of the disease was in complete harmony with the appearances presented by those suffering from it. All the cases he had personal knowledge of had ended in death, but in one at least considerable improvement had taken place. He could wish that the prognosis were not so invariably unfavourable to the patient.

Dr. GOODHART, remarking that Dr. Ord had thrown out the suggestion that the lethargic condition of the patients might be due to the effect of mucoid connective tissue surrounding and padding the nerve endings, declared his inability to see how interference with the peripheral sense organs could materially affect the brain of an adult subject. That some such effect might follow the action of such a cause during development, he could at once see; and he considered the dulled perceptions of the patients might be dependant on a primary cerebral affection. The brain, he suggested, might become subject to a sclerotic disease at once sufficient to induce all the mental disturbance noticed in these cases.

Dr. DUCKWORTH thought nothing had been said in direct reference to his own paper. He could not but admit many points in his case were incompletely treated, but this arose from the difficulty he found in persuading his patient to become the subject of continuous observation. As opportunity occurred, however, he would report on the progress of the case.

Dr. ORD: The tendency to mental aberration in these cases had been indicated in Dr. Duckworth's paper, and was a point worthy of receiving the attention of psychological inquirers. Referring to Prof. Sanders' regret that there were no recorded histories of the children of myxœdematous parents, he said he could produce such a history. One of his patients, a lady who was under his care ten years ago, left a considerable family. Of that family, one boy, a painter, had so far succeeded in life as to hang three pictures in the last Academy exhibition; and recently, he had, during his summer holiday, seen two other sons, swimming about in vigorous health. None of these showed signs of inherited defects, physical or mental; neither did any one of the female children of the same parents. The eldest child of the family is now, he said, twenty-seven years old. Dr. Ord thanked Prof. Sanders for the corroboration he afforded him, and agreed that the prognosis of the disease is bad. The duration of the cases he had seen to the end averaged 10 to 12 years; concerning treatment but little could be added. No efficient resistants to the disease are known. We give iron, &c., &c., but still the disease lives on. To Dr. Goodhart he might reply that he believed increase of connective tissue did occur in the brain of his patients; but opinions would vary as to the actual nature of the changes and their seat. He had found the senses perfect, though slow, throughout the progress of his cases. *Per*ception seemed less to be interfered with than *re*ception, the latter faculty being admittedly slow, but this certainly did not indicate any injury of the central apparatus. This, however, might at length be reacted on by continued peripheral disease.

Dr. F. TAYLOR and Mr. H. G. HOWSE on

A CASE OF EMPYÆMA IN WHICH PORTIONS OF THE RIBS WERE EXCISED.

The patient was a child, æt. 6, who was admitted into the Evelina Hospital in January 1877, with a history of acute pleurisy eleven weeks previously. The left chest was shrunken, and dull on percussion posteriorly, with deficient breath sounds, and some crepitation at the base in front. The temperature was at first nearly normal, but after a time it fluctuated considerably, often rising in the evening to 130° F. As this continued, and the physical signs were confined to the base of the left chest, this was explored on April 16th, and pus was found. The chest was then incised, and about ten ounces of pus were discharged. Tubes were inserted, and the chest washed out daily. On May 20th a counter-opening had to be made, but by the end of June very little real progress had been made, as the sinuses rapidly closed, and thus the pus secreted was retained. On July 2, Mr. Howse made a T-shaped incision through the skin round the existing aperture, and after separating the periosteum, removed with the bone-forceps portions of the seventh, eighth, and ninth ribs. Each portion was about 1½ inch in length. The thickened pleura was then cut through from the sinus, and two drainage tubes were inserted. The immediate improvement was decided, but the wound rapidly filled up, and in a short time the sinus was reduced to a channel no bigger than it was previous to the operation. From this time nothing further was done by operation. The pus continued to be secreted, and its retention was quickly followed by hectic symptoms. Albuminuria was discovered in September, 1877, two months after the operation; anasarca developed later, and there was frequent diarrhœa, so that she sank from the internal complications in October, 1878. At the post-mortem examination, the empyema was found to occupy chiefly the posterior part of the chest, reaching from base to apex. The lung was airless, except at the apex. There was no tubercle. The sixth, seventh, and eighth ribs were united by bony bridges. The liver, kidneys, and intestines, were lardaceous, and there was recent acute peritonitis. The operation performed in this case permitted more falling in of the chest than would have otherwise taken place, but did not facilitate the drainage so much as was desired. This was due to the rapid development of granulations and bone, which took place after the operation, the opening being quickly reduced to a narrow sinus. In another case it would probably be advisable to remove the periosteal tissue much more freely, even if it necessitated also the removal of the thickened pleura. The large opening thus obtained would also allow more complete exploration of the smaller cavities, apparently distinct from the main cavity, such as were found in this case at the time of the operation.

Dr. DOUGLAS POWELL considered the case narrated too interesting to pass uncommented on. He gathered that the first reason for operating was the necessity of introducing a

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larger drainage tube. At this moment, he had under his care in Middlesex Hospital, a case in which something must soon be done of a similar nature. He would ask the authors if gouging out the rib to receive the tube would suffice, and if the pressure of the tube would sufficiently counteract the granulation growth? Also he would like to know if there was any special reason present to the operators for retaining the periosteum of the lowest rib removed?

Dr. TAYLOR replied that his first object was to obtain room for the discharge of pus. Whether a gouging operation would succeed must chiefly depend on the reparative power of the structures involved. In some instances the operation might be desirable. In his own case the child was not in a condition to encourage further operative procedure. In other cases this might not happen.

Mr. HOWSE thought the likelihood of succeeding with gouging extremely small. It was transcended as an operation by that described in the paper, which was, in reality, quite, even *too*, easy. He considered it an advantage to cut away much tissue. The success of the operation was hindered by their ignorance of many facts which became patent to them subsequently.

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MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

„ IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

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A. H. JACOB, 3 Molesworth Street, Dublin.

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SUBSCRIPTIONS FOR FRANCE are received by Messrs. BAILLIERE, Rue Hautefeuille, Paris—post free in advance, £1 3s. 6d. per annum.

SUBSCRIPTIONS FOR THE UNITED STATES are received in New York, by Messrs. WILLMER and ROGERS; Baltimore, by Messrs. KELLY and PIET; Philadelphia, at the *Medical and Surgical Reporter* Office, post free in advance, six dollars (£1 3s. 6d. per annum; or direct from the Offices in this country for the same amount, if remitted by International Post-office Order

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 15, 1879.

THE RELATION OF THE STATE TO MEDICAL EDUCATION.—II.

THE aspirations of those who would legislate for the medical profession are naturally all in favour of keeping up the educational standard. They are self-conscious that the nature and amount of education which is required by licensing bodies, and which is recognised by the State as a qualification to enter on the practice of medicine, is but a small fraction of that which is necessary to make an astute, capable, and high-ranked physician, or even a practitioner of moderate social culture. It is universally felt by medical men that the teaching which was demanded of us as students was neither of the extent or the character necessary to give us confidence as practitioners in our daily combat with disease, or even in our daily association with our patients, and that our real education as practitioners has commenced only with our responsibilities towards those who consult us.

Feeling thus, many writers have clamoured for a great advance in the requirements of our licensing bodies—for a liberal preliminary education, even for a University Degree in Arts; for a thorough acquaintance, not only with the principles of medicine and surgery, and their practical application to the treatment of disease, but for an extended curriculum of education, and a searching examination in these subjects, and in Botany, Physics, Hygiene, Forensic Medicine, and all other subjects collateral to the study of physic. Such propositions, we say, are altogether Utopian; it would be impossible to realise them, and, *ultra crepidam* for any government to attempt their realisation. The skilled physician can never be made by such means, and there are many proofs within the experience of every one of us that a man may possess all these items of information, and yet be only semi-competent to treat disease, and wholly incompetent to satisfy his patient. His efficiency, in fact, is the offspring of faculties which can hardly be tested by examination, or greatly developed by curricula, and there could be no other test for it than his success in practice, and no examiner so competent as the patient whom he treats.

If it were possible to comply with the demands of authors who have urged that no person should be licensed to practice unless he were a man of liberal education, versed in science and in literature, and trained by long apprenticeship to the diagnosis and management of obscure ailments, we should in a great measure restrict the benefits of medical advice to the wealthy inhabitants of large towns, from whom the possessors of all these qualifications might hope to receive adequate repayment for the labour and cost incurred in acquiring this high degree of knowledge, and we would, practically, prohibit the exercise of the medical profession in poor places, or amongst sparse or needy populations, whose means hardly enable them to repay a practitioner for the short term of study, and the small outlay which is needed for the most humble, recognisable diploma.

Political economy also sets a limit to the standard of medical education, beyond which the theorist cannot stray. The duration, extent, and cost of an education must bear a reasonable proportion to the earning power which that education confers when it has been attained, and this earning power must depend more or less upon the special circumstances of the community in which the profession is exercised. If the number of experts in any art are insufficient to supply the demand for such experts, and if, in consequence, high prices can be obtained for the skill which they possess, then there will, necessarily, be an increased demand for the education essential for these experts, and it is open to us to counteract that demand and to raise the value of the expert's services by increasing the duration, difficulty, and expense of that education, and by raising its standard. If we can keep down the afflux of seekers for

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admission to medical practice within moderate bounds, we can, at the same time, make the experts more skilful in their business. This principle, which is true of all trades, is only indirectly applicable to the exercise of mechanical arts, because for the exercise of these arts only a certain given amount of learning is required; more education is superfluous, less is insufficient, and, therefore, the over-supply of skilled mechanical labour cannot be met by imposing higher education, and can only be checked by the indirect action of the laws of supply and demand. But in the medical profession it is different. There is always, for a variety of concurrent social reasons, in our own and most civilised countries a supply of medicial practitioners more than equal to the demand for their services, and a constant tendency to over-stocking of the profession, and it is desirable to keep the demand and supply of medical practitioners as nearly as possible on a balance lest we should fall into the error, on the one hand, of leaving the public wants unsatisfied by restricting the supply, or on the other, of starving out the medical practitioners by encouraging an over supply. The equilibrium between demand and supply thus necessary ought properly to be maintained by a variation of the educational standard of the profession, and of the expense incident to the learning of it, and we cannot vary these factors to any great extent without disturbing the balance. We, therefore, repeat that the proposals of those writers who advocate a sudden and great raising of the educational standard of the medical profession are Utopian and impracticable, and I argue from these considerations that the State—being bound to consider the medical wants of the community rather than the aspirations of our profession, is compelled to fix the educational limit for entrance to medical practice—not at the point of high culture which we should desire that our physicians should possess, but at the level of reasonable competency to treat the ordinary run of prevalent diseases, without which it would be unsafe and improper to permit them to attempt to do so.

We hope we shall not be understood as undervaluing medical education, or making little of culture. We desire to do nothing of the sort, but simply to point out that our ideal of a physician or surgeon cannot be realised by such means, and that it is futile to attempt to bring the entire profession to such a standard, even if all other circumstances were favourable to such an attempt. We, therefore, seek for the regeneration of the profession, not in an extension of curricula, or a more lengthened course of study, but in a systematisation of the methods of teaching now existing, and an improvement in the method and the extent of the examinations which are the recognised test that sufficient knowledge has been acquired.

ODIUM MEDICUM.

We have some difficulty in believing that there are practitioners of the class complained of by numerous correspondents, or that the actions, attributed to physicians and consultants, really occur, Judging from letters we have received, and from the published correspondence in our medical journals, general practitioners evidently have not confidence in the majority of so-called consultants and a warfare is being waged between them, so that we do not seem to have improved since the time Molière wrote his comedies, and the *Odium Medicum* is as great a reproach as ever. It is not creditable to the profession; this feeling must be certainly against the interests of patients and the public. Amongst the lower and necessitous run of the profession, detraction of the abilities of other medical men may prevail, in order to procure a living, and impress the public with the excellence of the detractors; but it surely cannot exist amongst those who are placed by fortune above the wants of daily life. Detraction is the parent of supplantation, and detraction may be done in many ways. The artist in supplantation, we are told, often damns the general practitioner without uttering a word; this is done sometimes by the arching of the eyebrows, the pursing of the lips, by a shake of the head or a glance of the eye from the patient to the patient's friends, all speaking volumes. Such miserable artifices are to be condemned, and we hope this class is few.

It is painfully evident—especially from the pages of the *British Medical Journal*, in which there is more dirty linen publicly washed than in any of our medical journals—that the grievances and misunderstandings between local provincial practitioners are very great and widespread. We question whether much good is done to the profession, as a body, by the publication of such letters. There is a complaint, followed by a reply, from which it is clearly evident *that one of the writers must be lying*, and this appeal to the profession is utterly useless and futile. The public see the *British Medical Journal*, and the doctors' squabbles, so repeatedly published in it, cannot elevate their ideas of our profession. A committee selected from the general committee should first read and consider all these complaints, and before publication a copy of the letter of the aggrieved person should be sent to the accused, and if it be decided to publish the correspondence, both accusation and answer should appear together. This committee would form a court of honour, and all our dirty linen would be washed at home. Noted and proved offenders should be publicly placed in the stocks—and pilloried—in the journal.

We wish medical practitioners would lay to heart the advice of some of our old writers on medical quarrels. How very true are the following observations:—"Nothing has tended to injure the profession in the eyes of the public more than this intestine illiberality among its own professors. Unfortunately there are individuals who, caring only for their own interests, and totally in different to the honour and respectability of the faculty, give way to the baser passions of human nature.

"It is the duty, therefore, of influential members in the profession to discountenance such men and such conduct. There are sufficient sources of error, uncertainty, and doubt in the practice of medicine, without aggravating them by malicious insinuations and ungenerous comments, that too often destroy the peace of mind of suffering patients or surviving relatives, and the reputation of medical men, without a shadow of justice, or of benefit to any party. Patients and friends are but too often apt to indulge in reflections on the skill or success of their medical attendants, and it is the duty of all professional men immediately to check such querulous insinuations, instead of listening to them or fostering the spirit of dis-

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content thus evinced. If medical men were to protect each other's reputation when clandestinely attacked, they would all reap the benefit, and they would rise higher in public estimation.

"But it will be said, 'are we to conceal ignorance, screen blunders, and sanction the errors of our brethren?' Who has constituted us their judges, we ask? Are we to listen to the *ex parte* statements of patients and friends, whose passions are enlisted in the cause of their fancied wrongs, and then pass judgment on hearing one side of the case? Such a decision would be most inequitable." We would ask our brethren to take these words to heart, and we hope the proprietors of the *British Medical Journal*, viz., the associates, will weigh our proposal, and not make the journal the vehicle of lowering the profession in public estimation.

THE DRUGGISTS AND THE DENTAL ACT.

The publication of the Dentist's Register is the first step towards the settlement of the claims of the various classes of persons who have been allowed to place their names on the list of registered dentists. From the correspondence which has appeared in the *Pharmaceutical Journal* and in the *Chemist and Druggist*, the principal contention seems to be concerning the application of the term *bonâ fide*. The chemists and druggists appear to maintain that having drawn a tooth at some time or another entitles any youth who may have assisted in a chemist and druggist's shop to claim a place on the Register. The dentists—at least those who have written on the subject, and who seem to be well informed on the matter—state that the term *bonâ fide* is especially designed to remove all ambiguity and to destroy all kinds of pretence whatever. It means good faith all round, no pretext is admitted under the term, and the mere extraction of a tooth no more entitles the operator to call himself a dentist than the gouging out of an eye constitutes him an oculist.

Many chemists and druggists assert that they have not registered with the view of going further in the practice of dentistry than the very partial extent to which they have hitherto ventured—viz., the extracting of teeth and occasionally the stopping of simple carious cavities; but being under the impression that in continuing this practice, unless registered, they would be infringing the law they have sought a place on the list. This is a mistaken view of the case. These men may continue to work on in their usual way, and we opine that the promoters of the Dentists Act never contemplated interfering except when the title of dentist or dental surgeon, or surgeon-dentist was wrongly assumed.

Another point which requires clearing up, and which will materially affect a large number of those who have placed their names on the new Register is, the expression, "in connection with pharmacy." When a man has to prove himself a pharmacist he has to appeal to his own particular register, and if his name be not there the Dentists' Register is a closed book to him, so far as he claims having practised in connection with pharmacy before the passing of the Act. This is the view hinted at by the promoters of the Dentists Act. These gentlemen have hitherto been very cautious in expressing their views, and by their extreme reticence they have laid themselves open on some occasions to severe criticism; but it must at the same time be admitted that they have carried their object so far with great determination, and have never been goaded into any rash assertion of their powers or intentions. From the few hints thrown out, it would seem that they have to a great extent anticipated the abuses from which their Register would be likely to suffer, and have made preparations accordingly. The organisation of the British Dental Association is, we understand, proceeding steadily, and people are being reminded that securing a false registration, or aiding or assisting in securing the same, is a misdemeanour which, according to the Dentists Act, is not punishable by a fine but by imprisonment, and that the placing of a name on the Register, and leaving it there until the Register has been published, does not secure the position of any one falsely registered, but only consummates the offence. Let us then hope that we may yet be able to congratulate the dentists on their scheme having succeeded beyond our expectations.

Notes on Current Topics.

The Sheffield Water Supply.

We trust we shall not weary our readers by so frequently harping on one string—defective sanitary arrangements—we have no choice. The *Press and Circular* has ever been the advocate of right, and the very motto we have adopted on our title-page points out the direction in which our efforts should be directed. The safety and well-being of the people must be our consideration, and for this reason we have so frequently had to be their champion. Need we recall our struggle for the good of Dublin, our persistent advocacy of sanitary reform, our repeated demands on behalf of the inhabitants, to gain for them protection from sewer-gas and polluted water, to secure efficient scavengering, the cleansing of the Liffey, inspection of lodging-houses, and all the other requirements which should be the rights of the citizens of a magnificent city. We need not linger on the history of the struggle, as in spite of the abuse showered by a certain section of the press on this journal, we have the satisfaction of knowing that our efforts have not been in vain, that the present Commission was largely due to our advocacy, and that the filth that disgraced Dublin will soon be a thing of the past.

We published in our issue of the 10th of September, under the heading, "An Incredible Story," another sanitary narrative, but the scene was laid in London, and with regret we have again to draw attention to a disgraceful sanitary grievance in a populous and wealthy Yorkshire town. We commend this story to the perusal of all interested in a pure water supply, and especially to the notice of the Central Committee, who are anxious about a national supply—independent of local authority. The facts are simply these. Three months since Dr. Whiteside Hime, the Medical Officer of Health, drew the atten-

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tion of the Health Committee to the fact that the land around the water company's reservoirs had been sold for building purposes, pointing out the necessity of steps being taken to prevent the purity of the water supply of this large town being subjected to additional sources of danger from the habitations, sewers, &c., which were to be built down to within a few yards of the water's edge. In consequence of this report, the borough surveyor inspected these reservoirs, and quite concurred that the existing arrangements in connection with these three reservoirs were calculated to excite uneasiness. Since making that report, the reality of the dangers then apprehended have been too strongly corroborated. Immediately above the upper boundary wall of the Misfortune Dam, and about a dozen yards from the edge of the water, is a short road, formed on "made" ground. Under this road runs a sewer, formed of earthenware pipes, for the supply of some neighbouring house. Some of the pipes composing this sewer became, from some cause, disjointed and broken, and as a necessary consequence the sewage escaped and percolated through the ground down to the steep grassy slope above the water. Dr. Hime collected a sample of the foul black deposits from the bank about three or four yards from the edge of the water, and submitted to the borough analyst for examination. The two reports entirely agree that it was sewage. On learning this serious occurrence D. Hime called at the office of the water company, and explained to them how serious a matter it was, urging them to replace the defective sewer by an iron one, if it was necessary to have a sewer at all in that perilous position. However, the earthenware pipes have again been put in.

To these facts a Mr. H. B. Smith has attempted a reply, unique of its kind. In a letter to the town clerk Mr. Smith says: "In the absence of Mr. Ashton, your letter addressed to him and accompanied by a report by Dr. Hime, on the 18th of September, has been handed to me. In laying out for sale the land at Crookes Moor, the directors have been guided by what they believe to be excellent advice in all provisions and reservations necessary to ensure the purity of the water in their reservoirs, and they believe that there is no ground whatever for uneasiness on that subject. The road and sewer which Dr. Hime mentions are not the company's property, but belong to the representatives of Mr. George Hadfield, the late M.P. for this borough. The fracture of the pipes had been discovered and repaired before Dr. Hime's visit, but it does not appear that such fracture, whilst it existed, caused any damage or danger to the water of the reservoir. Not being their property the company have no power to substitute an iron line of pipes for those of earthenware now laid. It may perhaps be more Dr. Hime's *groundless apprehension* to be told that Misfortune Dam contains a large quantity of very fine fish which would not exist in sewage tainted water."

Dr. Hime has replied to this letter, further confirming his views and expressing the iniquitous nature of the drainage scheme which Mr. Smith attempts to defend.

We regret our space does not permit of re-printing Dr. Hime's letter. Sheffield possesses a health officer who is not afraid to state his views, and we consider that the inhabitants of Sheffield, who have to drink this water, should express their opinion unless they wish to be poisoned, and that they should support their able and independent medical officer of health in his praiseworthy efforts to secure for them unpolluted water.

The Small-Pox Epidemic at Birkenhead, 1877.

In some "Notes" on this epidemic by Dr. Francis Vacher, the very able Medical Officer of Health for Birkenhead, attention is drawn to the following points:—The initial cases being concealed cases; the especial prevalence of the disease among children and young persons; the especial fatality of the disease among the unvaccinated; the length of time between the first sense of illness and the appearance of the eruption; the length of the incubation period; and the position, sex, &c., of the affected patients. On the basis of the actual numbers of children and adults respectively attacked, corrected by the relative strength of the infant and adult populations, Dr. Vacher found that out of every 1,000 infants under twelve months, 16·6 were attacked with small-pox; that out of every 1,000 children between one and five years 5·3 were affected; that out of the same number between the ages of five and twenty, 1·9 were attacked; and out of every 1,000, twenty years old and upwards, 8·8 were attacked. Not a single person of sixty years old or upwards was attacked, although there were about 2,316 persons of this age living in Birkenhead at the time of the epidemic. The great liability of very young infants to this disease is shown by the fact that out of 32 unvaccinated children under one year old, 21 were but three months old or under, 8 being four weeks. Good proof is also given of the great fatality of the disease among the unvaccinated. The length of time between the first sense of illness and the appearance of the eruption has not as yet been accurately determined. Dr. Vacher found that of 524 cases, in 33·2 per cent. illness preceded the eruption by one day; in 31·5 per cent. by two days; in 19·0 per cent. by three days; in 7·6 per cent. by four days; in 2·6 per cent. by five days; and in 2·6 per cent. by a longer period. But in 3·2 per cent. the patient was either not ill before the appearance of the eruption, or ill only for a few hours before. With respect to a still more important question, "The length of the incubation period," Dr. Vacher says: "If I had been asked this question at the commencement of the epidemic, I should have answered that my experience and reading led me to believe that it was nearly always from twelve to fourteen days. In deference to the particulars now submitted, my answer would now be 'nearly always from twelve to twenty days.'" Lastly, an overwhelming majority of the sufferers in this epidemic were derived from the labouring class; and the remainder—six only excepted—from the artisan class.

The Parliamentary Reports on Irish Lunacy.

We think it well to note—in order to deprecate—the occurrence in the recent report of the Irish Inspectors of Lunacy of a paragraph which manifests their disposition to curtail, and, if possible, suspend altogether the annual

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presentation to the public of the records of lunacy affairs in Ireland.

"The frequent recurrence of reports to Parliament," they say, "once annually on the state of a department limited in its extent, though important alike in a public and individual arpect, cannot afford much of novelty or of interest in detail, for in truth, no sooner almost are returns obtained in one year from local institutions, than like forms are transmitted to be filled up, for the succeeding. As regards the mental affected of all ages and types, the Poor-law Unions in 1878, twelve pages devoted to statistical figures do not expose a difference beyond one per cent. on the preceding year.

"In no branch of the public service is this circumstauce more observable than in the lunacy, and, perhaps, with less practical results, inasmuch as the responsible head of each asylum district affords annually to the residents in a detailad account of all matters, monetary and personal, of interest to the ratepayers. The enunciation of this doctrine may appear as pointing to a subterfuge from trouble, but it is not so intended, and the more particularly as the executive is at all times kept thoroughly cognisant by the inspectors of the working of district asylums.

"If in their office an annual record system were established, it appears to us that more comprehensive and practical deductions could be obtained, by taking the relative statistics of a series of years, and contrasting them with each other, than as at present by publishing details from twelvemonth to twelvemonth, which are fluctuating, and dependent in great measure on chance occurrences."

We altogether dissent from the tenour of these observations, and trust that they may not have any weight with the Government or with Parliament. The value of an annual report is not solely or indeed principally on the facts which it brings to light, but in the necessity which it imposes for a thorough yearly revision of the statistics and occurrences within the department. Moreover, in the case of the lunacy department, the inspectors should—in our opinion—be bound to render a yearly account of their stewardship, because their department is one over which the public ought to be unceasingly jealous of any lack of candour or any concealment. We do not for a moment admit that it would be a sufficient safeguard that "the executive" (which phrase we interpret to mean the top left hand pigeon-hole in the chief secretary's office) should be kept thoroughly cognisant of the working of district asylums. With respect, be it said, the public and the newspapers are much more important claimants for information on these subjects than "the executive." If the necessity of putting together an annual report once ceased, our experience of human nature and of public offices enables us to predict that the yearly overhaul of Irish lunacy affairs might fall into arrears and abeyance, and we might, perhaps, hear much less of the occasional "hitches" in asylum administration, the existence of which is now revealed to us in the annual report to the Lord-Lieutenant.

The New Irish Vaccination Act.

At the quarterly meeting of the Council of the Irish Medical Association, held at the Royal College of Surgeons on Tuesday, the 30th of September, the following resolution was unanimously adopted, viz. :—

Resolved—"That the Council of the Irish Medical Association, in acknowledgment of the able and valuable services rendered in Parliament by Mr. Charles H. Meldon, M.P., to the public and to the medical profession, with regard to the recent amendment of the Vaccination Laws of Ireland, hereby desire to express the deep sense of their gratitude to him; and to record their opinion that, owing in a great measure to his great tact, energy, and ability, a marked improvement has been effected in the law, by the passing of the 'Vaccination Amendment (Ireland) Act, 1879,' the provisions of which must prove very beneficial to the public interests.

"The Council at the same time desire to express their well considered and decided opinion, that until the provisions of the law now in force in England are fully extended to Ireland, it is futile to suppose that equal satisfactory results as regards protection of the public from small-pox, or mitigation of that disease and its dread consequences, can possibly be realised in Ireland. The Council, therefore, beg most earnestly to urge upon Mr. Meldon the advisability of continuing his able and active exertions to obtain for the public of Ireland the fullest provisions for their protection, not the least essential or important in effect of which is the extension to Ireland of the system of awards and inspection now in force in England; whereby not only would justice be extended to the Irish public vaccinators, but most beneficial results would accrue to the community of Ireland, of which they are as much in need, and to which they are as well entitled, as the people of England."

Peers as Touts.

A very objectionable method of touting for subscriptions has recently been adopted by some of the metropolitan charities. This, which consists in the broad-cast issue of lithographed letters bearing the signature of, and presumably written by, a titled personage, is not calculated to elevate the character of the institutions thus thrust upon public notice, in the eyes of those who are not irredeemable snobs. And it cannot be urged in defence of the proceeding even that it is necessary, for any ordinary appeal for public sympathy is usually sufficient to secure a measure of response adequate to the deserts of the soliciting institutions. The latest development of the nobleman-tout system is under the direction of Earl Cairns, Lord High Chancellor of Great Britain, who writes from "5 Cromwell Houses, S.W.," on paper bearing his coronet and monogram, which, it must be said, have descended very low down indeed, in being thus turned into a trumpery bait to secure subscriptions for Dr. Barnardo's Homes. What manner of people they are who are the patrons of the asylum on Stepney Causeway it might be interesting to know. Certain it must be that the sensible among them will be slow to respond to the new stimulus invented by the energetic manager of the institution; and unless we are very much mistaken, only disfavour will be created by the exhibition of a species of snobbery such as that we complain of. A while ago, we were appealed to in a similar manner by His Grace the Duke of Westminster, on behalf of the Metropolitan Cattle Trough Association. And again, we believe one, at least, of the regular hospitals, in an unwise moment, sought by a similar ruse to draw subscriptions from the pockets of such people as might be inexperienced enough in lithographic printing to be

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deceived by the advertisement forwarded to them, and under the impression that they hold the autograph of a "real live lord," disburse an equivalent in cash for the honour conferred on them. The system is a contemptible one, and we can only express regret that there should be found in the ranks of the peerage men who think so uncharitably of the public as they must, to lend themselves willingly to the plan. Good wine needs no bush; and a meritorious charity needs no specious advertisement to ensure its due support.

Red Tapeism at the College of Physicians.

THE dilatory and halting progress of the Royal College of Physicians in the action taken by it with reference to the plague in Russia, redounds with only small credit to that ancient corporation. During the time when good could be effected only by instant energetic proceedings on their part, the members of the committee appointed to determine an immediate course of action, wasted the valuable time in aimless discussion and wandering dispute as to methods, the while the course of the disease was making ravaging inroads among the stricken populations. When after irretrievable loss of time a commission was appointed to make a special journey to the seat of the plague, and report on its nature and progress, it is not surprising that the gentlemen composing it found all their labour vain, the only evidences of the disease apparent on their arrival being the natural sequelæ of a continued epidemic. It is much to be regretted that the immensely valuable observations that might have been made by two such competent investigators as Dr. Payne and Surgeon-Major Colville, have been thus lost to medical science through the inertia of the College of Physicians. It is impossible to over-estimate the advantages that might well have followed had the visit been timed to occur during the irruption of the disease, both clinical and pathological; and we cannot resist the conviction that a spirit of greater animation is much to be desired in the deliberative councils of the institution in Pall Mall.

Social Science.

FOR anyone not a social scientist it is difficult to assign an excuse for the existence of the association which holds an annual congress for the discussion of so-called questions of social science, the proceedings of the Manchester meeting just concluded, show perhaps more strikingly than those of any recent occasion how almost useless the discussions must be as leading to any result of real benefit to society. Though there are to be found among the names of paper readers at, and members attending the Social Science Congress, it must nevertheless be admitted that the vast majority are either popularity hunters, or insatiable spouters. It would be difficult to determine which has the greater weight at the meeting of the association—desire for general progress, or a wish for individual advance; and with few exceptions it must be admitted that the discussions reported tend to favour the impression that the latter is the predominant motive. Excepting the discussion initiated by Lord Reay on "Land Tenure," there is little to be found in the indiscriminate talking which took place at Manchester which would repay a second perusal. The really important questions of a social kind that ought to be expected to claim the attention of social scientists seem to be perpetually shelved by them, and the discussions proper to their congress are left to be commenced and carried through in other quarters. Much assistance to hygyeists might be derived from the Social Science Association, but until the method and matter of its discussion undergo material change, it will be vain to expect it.

Sewer Gas.

THE advent of the cold weather brings with it many unpleasant experiences, but none perhaps more so than that of pedestrians along the streets when they are impregnated with the sewer-gas emanating from the open sewers occurring at intervals along the way. Especially noticeable is this nuisance in front of the General Post Office, but it is odorously clear also at almost any point where drains are placed. Serious injury may be, and doubtless often is caused by exhalation of poisonous gas from these places, and it is a fitting subject for medical officers of health to consider the necessity of so amending the existing drainage system as to remove the nuisance complained of. We know sufficiently well that the mere influence of a passing whiff of decomposing animal refuse is often adequate to determine the onset of disease in some constitutions; and it is, therefore, strongly probable that much real evil is to be attributed to the open street drains in large towns.

A Plea for the Lancet.

UNDER this heading, Dr. Buckler contributes a short article to the *Boston Medical and Surgical Journal*, in which he urges the advisability of a judicious employment of the lancet in cases of pneumonia and pleuro-pneumonia. He would not wish to supersede the restorative and tonic treatment, but only to combine with it a system of depletion; and in furtherance of his views he quotes instances where the employment of blood-letting has resulted in marked advantage to patients on whom but little effect had been produced by a course of treatment without the assistance of the lancet. The article is well worthy of perusal, the argument being ably sustained, and practically illustrated.

The Title of "Doctor."

AFTER all that has been said upon this subject, we have seen nothing more epigrammatic or more truthful than the observations of a correspondent of one of our contemporaries:—

The marrow of this bone of contention, he says, is simply vanity. The licentiate physician wishing to be accepted as a social and professional equal of a graduate of an university, assumes a title accorded to the latter by right of his degree, and the *mos et usus* of centuries.

Surely it is time the controversy should cease, and that the general practitioner should be content with his condition, and not try to appear bigger than he is by parading in borrowed plumes. The successful practitioner, of whatever titular grade, is quite satisfied to let every tub stand on its own bottom.

In fact, those who seek warrant for assuming the title of "Doctor" feel that the public believes in the higher attainments of an M.D., and, being unwilling to hoist themselves up to the level of a fully-graduated university M.D.,

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by the expenditure of brains, time, and money, they want to pull down the distinction to their own level. It is as if all the captains of our army should ask to be allowed to call themselves "major," because, in their own opinion, they are quite as good as any major.

A New Escape for the Adulterators.

THE ingenuity of the adulteration fraternity and their lawyers is difficult to outwit. But recently a special Act of Parliament was passed to remedy a technical flaw in the law which they had discovered and used for their own safety. No sooner were they deprived of this safeguard than they start another point of law for their own protection in evil doing.

At Hanley, last week, a yeast dealer was charged before the magistrates with having sold an adulterated article. The sample analysed had been forwarded to the analyst at Hull by train, and it was contended that this was not a legal delivery, the Act requiring that samples should be personally delivered to the analyst or sent by registered post. On this ground the magistrates dismissed the case.

Prohibitions to Unlicensed Practice in the Colonies.

WE have already shown by quotations from French law, and by reference to statutes by which, in Great Britain, unqualified persons are forbiddden to practise pharmacy and other professions, that the toleration of medical quackery, which seems to be regarded as a fixed system amongst us, does not exist elsewhere, and that in communities just as enlightened and just as free as our own, uneducated and incompetent persons are forbidden to practise medicine for gain, and are punished for doing so. The latest recognition of the necessity for curbing quack practice comes from Canada, where we find a Bill introduced into the Assembly with consent of the Government, and likely to pass, which imposes restrictions and penalties not only—as in our own country—on false representation, but upon illegitimate practice for gain. The Bill is called,

An Act to further amend and consolidate the Acts relating to the Profession of Medicine and Surgery in the Province of Quebec.

It provides that from and after the passing of this Act, no person shall practise medicine, surgery, or midwifery, unless he shall have obtained a licence from the Provincial Medical Board, which is hereby authorised to issue such licence.

Any person not entitled to be registered in this province, who shall be convicted, upon the oath of one or more witnesses, of having practised medicine, surgery, or midwifery in the province of Quebec in contravention with the provisions of this Act, after the passing of this Act, for hire, gain, or hope of reward, shall incur a penalty of not less than twenty-five dollars, nor exceeding one hundred dollars.

A like penalty shall be incurred by every person assuming, after the passing of this Act, the title of doctor, physician, or surgeon, or any other name implying that he or she is legally authorised to practise medicine, surgery, or midwifery, if unable to establish the fact by legal proof, as required by the present Act, and the laws of the country.

Any person who, after the passing of this Act, in an advertisement published in a newspaper, or in written or printed circulars, or on business cards, or on signs, assumes a title, name, or designation of such a nature as to lead the public to suppose or believe that he or she is duly registered or qualified as a practitioner of medicine, surgery, or midwifery, or any of such branches of the medical profession, or any person who offers or gives his or her services as physician, surgeon, or accoucheur, for hire, gain, or hope of reward, if he or she be not duly authorised or registered in this province, shall, in each such case, incur a like penalty of not less than twenty-five, nor more than one hundred dollars.

Removal of left Pulmonary Lobe.

THE *New York Medical Journal* reports the case of an Indian boy, eight years of age, who was wounded by an arrow in the lower left thoracic region, between the sixth and seventh ribs. He removed the arrow himself, drawing with it a great portion of the lung. A physician who saw the case declared that he could do nothing for the boy, and that the projected tisssue was fat. Dr. Grinnell saw the patient twenty-four hours later; the extended lung had the appearance of a piece of liver, and gave off a strong and bad odour. After giving chloroform, a ligature was placed about the wound, and a piece of the protruding tissue was removed measuring four and one-half inches long by two and one-half inches wide. The portion of lung behind the ligature was washed with chloride of iron and returned to the thorax, and the wound sutured. There was some suppuration for a few days, and the ligature came away on the fifteenth day after the operation, giving exit to much pus, soon after which the boy was quite well.

The Topical Use of Ergot.

THE value of the local use of ergot is receiving endorsements from various quarters. It is particularly applicable in catarrhal diseases of the eye and throat. In chronic conjunctivitis it may be employed in the strength of gr. x. of the extract to ʒj. of water, a little glycerine being added to preserve the drug. In chronic pharyngitis, when the secretion is not very great, it makes an excellent ingredient of a gargle, or it may be used with tincture of iodine and applied with a probang. In cases of nasal catarrh, it may be applied by means of gelatine bougies. In using the ergot it should generally be combined with glycerine, as that agent both preserves it from decomposition, and keeps it longer in contact with the diseased surface.

The Medical Council Representation of the Queen's University.

WE understand that the Senate of the Queen's University in Ireland, which had its meeting last week, has unanimously resolved to call the attention of the Government to the fact that no provision now exists for the maintenance of the representation of the University in the Medical Council. The Queen's University has ceased to exist as a licensing body, and its Senate holds office only until the new Irish University is ready to grant degrees, which may be a month or a year. There is no provision in the Irish University Act for the election of a Medical Council representative, and inasmuch as the new institution is not mentioned in the schedule of the Medical Act, there is, of course, no authority for any representative of the Irish University to take part in its deliberations. These circumstances will be represented to the Lord-Lieutenant, and will, no doubt, be remedied in a short amending Act next

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session—but meanwhile it is a question whether Sir Dominic Corrigan, who now represents the Queen's University, will not be *functus officio*, and disentitled from sitting in the Council before the omission to which we have referred can be remedied.

Lady Pharmaceutists.

By an almost unanimous vote of the Council of the English Pharmaceutical Society, the President — Mr. Sanford—alone dissenting, it was decided on the 1st of the month that two ladies—Miss Clarke and Miss Minshull —should be received as members of the Society. The permission given for the reception of these ladies was reversed on a former occasion by a small majority, on a vote of the members of the society at large, but it is anticipated that the next vote will be the other way, and that henceforth pharmacy is open to the female sex. We certainly do not see why it should not be so. We have already deprecated their exclusion from the medical profession by any special regulation, while at the same time we expressed our firm conviction that, as a rule, ladies are in all respects unsuited for anatomical and surgical study or practice. We do not, however, see their incapacity for dispensing medicines, and we therefore claim their right to a fair stage and no favour.

Surgeon-Major Reynolds, V.C.

We learn that the "Club" of the Royal College of Surgeons in Ireland, which consists of the present and past Presidents, Examiners, Professors, and Councillors of the College, hope at their annual dinner, which will shortly take place, to receive as their guest Surgeon-Major Reynolds, V.C., the hero of Rorke's Drift, who will visit Dublin next week. Surgeon-Major Reynolds is brother-in-law to Dr. Frank Davys, one of the Examiners of the College, and Coroner for the county, and it is most fitting that the College and its President should take the earliest occasion to recognise publicly their appreciation of his great gallantry.

The Anatomical Chair of Trinity College, Dublin.

The election of a Professor of Anatomy and Surgery in the University of Dublin, which takes place each seven years, was fixed for yesterday (Tuesday), too late for its result to be noticed in these columns. Dr. Benjamin G. M'Dowel, the present holder of the Chair, did not seek re-election. The appointment is worth about £800 a year, and carries with it, under the School of Physic Act, a surgeoncy to Sir Patrick Dun's Hospital. Three candidates have sent in applications for the Professorship, viz., Dr. Alexander Macalister, the Professor of Comparative Anatomy and Zoology, created by the Board in 1872; Dr. E. W. Collins, Surgeon to Jervis Street Hospital, and Senior Demonstrator of Anatomy in Trinity College; and Dr. Reuben J. Harvey, Lecturer on Physiology in the Carmichael College of Medicine and Surgery, and Assistant Physician to the House of Industry Hospitals.

The Difference between a Chemist and a Doctor.

We observe that the Chemists and Druggists' Trade Association has taken up the prosecution of unlicensed poison vendors, which duty had been hitherto performed by the English Pharmaceutical Society, with insufficient zeal. The Trade Association successfully prosecuted three persons for not having fully labelled the poisons which they had sold; and we are told that "These cases will serve to bring before the minds of magistrates the fact that the provisions of the Pharmacy Act for the safety of the public are being systematically disregarded by a great number of persons throughout the country trading as oil and colour merchants, grocers, drysalters, and patent medicine dealers. A great number of the poisons contained in the schedule to the Act are thus supplied to the public without bearing any of those precautionary protections against accident or misuse which the Legislature has indicated to be necessary." Far be it from us to discourage the enforcement of the law against unqualified poison sellers. May we not, however, claim our right to apply "like cause like rule" to the prosecution of unlicensed poison prescribers? The licensed pharmaceutist is armed with a law to stop the practice of pharmacy by quacks and druggist-grocers, and he does not allow anyone to plead that the public has a right to get its prescriptions made up where it pleases, or that a druggist-grocer has acquired a vested right in dispensing poisons by long years of usage. But he cannot recognise the same right in anyone else to put an end to unlicensed prescribing by himself, or by the avowed quack in the next street. It is strictly correct—according to his view —to compel the sick man to go to a qualified dispenser for his medicine, and to lock up in jail a trader who mixes the sick man's physic without having learned how to do so; but it is, nevertheless, he considers a monstrous invasion of the liberty of the subject, and an outrage upon the rights of free trading, if we seek to compel the same sick man to go to a qualified doctor for advice, or if we forbid a druggist to prescribe for him without having learned how to do so. Verily this is a verification of the recognised legal principle, that "one man may steal a horse, while another may not look over the hedge."

Widows and Orphans of Medical Men.

A Quarterly Court of the Directors of the Society for the Relief of Widows and Orphans of Medical Men was held on Wednesday last in the rooms of the Royal Medico-Chirurgical Society. The chair was taken by the President, Sir George Burrows, Bart., and the meeting was well attended, the change of hour from eight to five o'clock evidently suiting the convenience of the directors. Applications for grants were received from 58 widows, 12 orphans, and 3 orphans on the Copeland Fund. A sum of £1,250 was recommended to be granted at the next meeting. The expenses of the quarter amounted to £36. The Treasurer stating that the funds would allow of a donation at Christmas to each widow and orphan now receiving assistance, it was resolved that the same amount be presented this Christmas as upon the last occasion. The deaths of two widows were announced, and two orphans had become ineligible. One member was elected

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and the death of one reported. The consideration of the question of extending the area of the benefits of the Society was adjourned to the next meeting.

The Health of Dublin.

THE deaths registered in the Dublin District during the week ending the 4th October, represent an annual mortality of 25·6 in every 1,000 of the population.

In 20 large English towns (inclusive of London, in which the rate was 19·0) the death-rate averaged 19·9 per 1,009 persons living; in Glasgow the rate was 15·6; and in Edinburgh, 17·5.

Twenty-seven deaths from zymotic diseases were registered, being 6 under the average number in the corresponding week of the last ten years: they comprise 5 from small-pox, 7 from scarlatina, 3 from croup, 1 from whooping-cough, 2 from fever (1 typhus and 1 typhoid), 5 from diarrhœa, &c.

The deaths from small-pox, all of which occurred in South City Districts, are 1 under the average number for the preceding 5 weeks, and 4 less than in the week ending 27th ultimo. The new cases of this disease admitted into the Dublin hospitals also show a decline, the number for the week being 17, or 11 less than in the previous week, and 25 under the admissions in the week ending 20th September. Twenty-four patients were discharged during the week, 4 died, and 69 remained under treatment on Saturday last, being 11 less than the number in hospital at the close of the previous week.

Nineteen cases of scarlatina were admitted into the principal Dublin hospitals last week, against 6 in the preceding week. There were not many cases of fever or of pneumonia admitted into those institutions during the week.

The Professorship of Medicine in Galway.

FOR the Chair, vacated by Dr. Colohan, senior, the vacancy of which we alluded to last week, we hear of the following local candidates, in addition to Dr. Rice, whose name we have already mentioned—Dr. Lynham, Dr. Walsh, Dr. Maguire, of Cong, Dr. Brodie, Dr. Keyes, Dr. Nolan, and Dr. Colohan, junior. There are, we believe, many others from Dublin and elsewhere, whose names have not reached us.

THE *Times* obituary records the decease of two medical men of some note—Professor Mohr, of Bonn University, and Dr. Seng, of Vienna, the former aged 72, and the latter 80. Professor Mohr, like his father, was originally an apothecary at Coblenz; in 1864 he was attached to the Bonn University; and some of his works on chemistry, geology, and physics have been considered worthy of translation into foreign languages. His activity was inexhaustible, and on his death-bed he dictated scientific treatises. Ignaz Seng, the son of a German, who on the outbreak of the first revolution left Paris for Vienna and entered the army, was a pupil of the surgeon Mozart, nephew of the composer, and he had many tales to tell of the Great Napoleon, Beethoven, and other famous men with whom he had come in contact.

THE receipts of the Hospital Saturday Fund up to date are represented to be £4,700.

YELLOW fever is gradually abating at Memphis, United States; there were but 22 deaths from it last week.

AMONGST the wounded in the battle last week before Cabul was Surgeon Duncan "dangerously." There are three of this name in the Army, and as no initials are given, we are unable to chronicle more definite information.

THE first meeting of the session of the Society of Medical Officers of Health will be held at 1 Adam Street, Adelphi, on Friday, October 17th, at eight p.m., when an inaugural address will be delivered by the President, Dr. 1. S. Bristowe.

WE are requested by the Committee of the National Orthopædic Hospital, 7 Adelaide Road, Dublin, to state that our recent observations as to the advertising of a Dublin orthopædic institution, did not refer to it, and that a recent advertisement in a Dublin paper, inserted on behalf of a patient of the institution, was not published with their knowledge or consent, and would not have been permitted if it were anticipated.

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Portsmouth 15, Leicester 15, Leeds 16, Nottingham 16, Brighton 16, Oldham 17, Sunderland 18, London 19, Sheffield 19, Birmingham 19, Bristol 19, Wolverhampton 19, Newcastle-upon-Tyne 21, Norwich 22, Hull 22, Plymouth 22, Bradford 24, and the highest rate 26 in Dublin, Manchester, Salford, and Liverpool.

IN the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—in Calcutta 24, Bombay 36, Madras 34; Paris 25; Geneva 20; Brussels 24; Amsterdam 21, Rotterdam 20; The Hague 21; Copenhagen 27; Stockholm 16; Christiania 14; St. Petersburgh 33; Berlin 27, Hamburg 26, Dresden 30, Breslau 32, Munich 37, Vienna 23, Buda-Pesth 34; Rome 30, Naples 26, Turin 26; Alexandria 40 and New York 25, per 1,000 of the population. In Paris 20 deaths were referred to small-pox (against 6 and 16 in the two previous weeks), and 28 to typhoid fever.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANDERSON'S COLLEGE.—LECTURESHIP ON AURAL SURGERY.—The contest for this lectureship is being pushed with much vigour. The candidates are three well-known aurists, Drs. A. D. Stewart, Barr, and Kirk. Dr. Kirk, however, professes the throat in addition to the ear, but limits the latter field of operation to the orifices of the Eustachian tubes, and the immediately circumjacent parts. All the three candidates have undergone the requisite period of probation on the Continent; have sat under the

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Limes, and paraded the Ringstrasse. As a matter of course the trinity of aural theology, "the late James Hinton, of London, Weber-Liel, of Berlin, and Professor Politzer, of Vienna," must be trotted out in solemn show. The respectable "philosophers," and other managers of the institution will have much difficulty, no doubt, in arriving at conclusions as to the respective merits of the candidates, seeing that aural operations amount to barely three, viz., Eustachian Catheterism, Puncture of the Membrana Tympani, and the Pneumatic Aspiration of Guineas by a Politzer Air-Pump. For the guidance of the managers we may state that the late Mr. Syme, if we mistake not, scientific made the following classification of aural diseases :—(*a*) Diseases of the ear which every person can cure. (*b*) Diseases of the ear which no person can cure. A new scientifical aural field has been discovered since Mr. Syme's time, viz., the relationship of aural disease to life assurance; though we fear the motives which led to the discovery are not particularly alien from those whereby the Romish Church discovered the El Dorado of Purgatory. We cordially sympathise with the managers in the difficult duty which falls so soon to be performed by them.

CAMBUSLANG.—SCARLET FEVER AND HOSPITAL ACCOMMODATION.—Scarlet fever has just appeared in Cambuslang, and several grown up persons have succumbed to the disease, which is confined, however, to one portion of the village, reported to be in a bad sanitary condition. The local authority of the parish have just agreed to erect a hospital for the treatment of epidemic disease, and Mr. A. Lindsay Miller, architect, has prepared plans for submission to the board of supervision. A committee has also been appointed to select a suitable site for the proposed erection.

GLASGOW MORTALITY.—The deaths in Glasgow for the week ending the 4th inst., were at the rate of 16 per 1,000 per annum, against the same figure in the preceding week, and 21, 22, and 22 in the corresponding periods of 1876, 1877, and 1878.

HOSPITAL SUNDAY IN AYR.—The first Sunday in May is henceforth to be Hospital Sunday in Ayr, the most of the ministers in town having agreed to ask their congregations on that day to give a collection to the hospital fund.

REGISTRAR-GENERAL'S RETURNS.—The weekly returns of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, October 4th, says :—The death-rate in the eight principal towns during the week ending with Saturday, the 4th October, 1879, was 16·5 per 1,000 of estimated population. This rate is 3·7 under that for the corresponding week of last year, but 0·7 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen, viz., 12·7; and the highest in Paisley, viz., 22·3. The mortality from the seven most familiar zymotic diseases was rather under that for the preceding week, being at the rate of 2.5 per 1,000. Diarrhœa was the most prevalent of these diseases. Acute diseases of the chest caused 76 deaths, or 14 more than the number recorded during the previous week. A marked increase is observed in Dundee, while in Glasgow the number for the last week remains the same.

GLASGOW MATERNITY HOSPITAL.—A meeting of the subscribers to this charity was held in the Religious Institution Rooms on the 9th inst., Mr. R. Grant in the chair. The chairman read a statement drawn up by the directors, in which it was stated that they had long been of opinion that the present buildings were unsuited to the requirements of the hospital. A sub-committee had been appointed in November last to consider the matter, and after some time an architect prepared plans for a new hospital on the site of the present one. It was resolved to go on with this new building at a cost of £6,000.

HEALTH OF EDINBURGH.—The deaths in Edinburgh for the week ending the 4th inst. were 68, giving a rate of mortality equal to 16 per 1,000. The zymotic mortality was unusually low, and consisted of three cases of whooping-cough, one of which occurred in the New Town. There were only four deaths from diarrhœa, and two of these were under five years. Of the 137 births, 9 were illegitimate.

DUNOON CONVALESCENT HOME.—A meeting of subscribers to this institution was held in Glasgow on the 6th inst. From the report submitted it appears that no fewer than 2,337 patients have shared the advantages of the homes during the year, being an excess of 399 over the number admitted last year. Of these 2,059 were perfectly restored, and only 129 did not improve, one having died. Since the homes were established 14,584 convalescents have been admitted, and the proportion of the perfectly restored has been steadily maintained. The homes seem to have benefited from the fall in prices which have taken place during the year, for the weekly cost for each patient for maintenance has only been 5s. 10d., against 6s. 5d. last year.

SURGEONS' HALL, EDINBURGH.—At a meeting of the lecturers of Surgeons' Hall, Edinburgh, held on the 7th inst., the following appointments were made :—Dr. Affleck, Assistant-Physician to the Royal Infirmary, was unanimously appointed to the Lectureship on Practice of Medicine, vacant by the resignation of Dr. Muirhead; and Dr. Buist, Physician to the Western Dispensary, was also unanimously appointed Lecturer on Pathology, in succession to Dr. Wyllie.

BANFF.—Dr, Barclay has been appointed by the parochial board (as local authority under the Public Health Act), as medical officer, in succession to the late Dr. Clayton.

NOT TO BE DONE.—The following story is current in Scotch medical circles at present :—A pushing specialist being consulted by a well-to-do individual who lived in a house which he owned himself, was advised that a serious operation should be performed, and that the fee would be considerable. At first an exorbitant sum was demanded, and refused on the ground of straightened circumstances. This was halved, and further diminished, with the same disappointing result on the part of the patient. At last a happy solution of the difficulty appeared to the specialist, "Oh! put a bond on your house!" Patient made tracks!

THE CRICHTON ASYLUM, DUMFRIES.—By the retirement of Dr. Gilchrist from the Crichton Asylum, Dumfries, which comes into effect on the 11th November, prox., an important and valuable appointment will be thrown open to the psychological branch of the medical profession. It is understood that the board of direction is now occupied in making inquiries for a suitable successor.

ACTION FOR DAMAGES AGAINST A GLASGOW DOCTOR.—In the Glasgow Sheriff Court an action has been raised at the instance of James Pringle Rodgers, commercial traveller, against James Simpson Cumming, M.D. and Surgeon, St Vincent Street, to recover the sum of £500 as damages. The pursuer sets forth in his condescendence that on the 15th of February last, while leaving his own house he fell and broke his leg. The defendant was called in the next day, and he stated that it was a good and clean break, and would be all right in four or five weeks, but as pursuer's leg was then so much swollen and inflamed he could not set it. On the 22nd of February defendant set pursuer's leg with one splint, and did not again visit him till the 1st of March. From the 1st to the 8th of March defendant called upon the pursuer about three times, and although he promised to call again he did not do so; and after waiting about five weeks, pursuer called in another medical man. Pursuer alleges that, in consequence of the maltreatment and gross culpable neglect of the leg by the defender, he had suffered, and continues to suffer, in his bodily health, and has since been unable to follow active employment, and will not be able to do so for years. The defender stated that on being called to see pursuer he ordered the usual remedies to reduce the swelling, and promised to call again in a few days. He understood, and was led to believe, that the pursuer was in destitute circumstances, and was unable to employ medical assistance in the usual way. The defender further stated that he was not employed by the pursuer, and did not undertake any employment in the matter. What he did in coming originally, and in his subsequent visits, was done from motives of charity towards the pursuer. He recommended the pursuer's removal to the infirmary for more convenient treatment, but this pursuer objected to. The defender admits that a few days

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after the accident he set the pursuer's leg; and explains that in such cases it is not necessary to do more than call occasionally, and he called as often as the exigencies of the case required. The defender called at the pursuer's house at least twice after the date of his last examination, and failed to obtain admittance. Assuming that his services were no longer required he ceased attending. He explains that if the pursuer had given the leg proper treatment after having been set by him, he would have recovered in a satisfactory way. The defender had been informed, and believed, that the pursuer had kept moving about in bed, and that his limb not having been kept still, if anything has gone wrong it is the pursuer's own fault. The defender has been informed that during his confinement to bed, pursuer had been indulging to a considerable extent in intoxicating liquors, the taking of which had most injuriously prejudiced his recovery. The case has been continued for proof.

Literary Notes and Gossip.

THE publishing season of 1879 cannot so far be said to be a productive one, at least in medical books. Not one large or important English book has yet reached us, and even of smaller manuals and treatises fewer than usual have found their way to our table. True, there are a few new editions of existing works, such as Michael Foster's "Physiology," Bell's "Manual of Surgical Operations," &c., announced or have just appeared, but there is a decided absence of anything new or startling from any of the recognised publishing houses, still less gossip among authors as to works in preparation. It is the fashion to put everything down to the depression in trades. More students have entered the medical schools this session because of the "depression in trade," but trade depression should argue to the contrary for literary work, as deficiency in fees, means an overplus of time, and this latter an excitant to enterprise in other directions.

* * *

THERE is probably no wider field for enterprise, certainly not one in which fortunes are sooner made or lost, than in literature. As a striking instance of this, may be mentioned the *Daily Telegraph*, which claims "the largest circulation in the world." Started about a quarter of a century ago by Colonel Sleigh, that gentleman soon lost his all in the venture, and was glad to hand over the copyright to a printer of the name of Levy to settle a small claim. Mr. Levy borrowed £1,500, still it did not succeed. Upon the repeal of the paper duty, Mr. Lionel Levy, a brother residing in France, came over and assisted in negotiating a share in the paper for a very small sum, and soon after it began to pay its expenses. This same Mr. Lionel Levy has just died, leaving two millions sterling, amassed during these few years in a literary venture.

* * *

A LITERARY wit of scientific tendencies is rather hard upon Professor Tyndall, and thinks that the Dean of Westminster when he married him a short time since missed his opportunity. He is of opinion that when the Dean put the familiar query in the marriage service it should have run thus: Do you take this anthropoid to be your co-ordinate, to love with your nerve centres, to cherish with your whole cellular tissue, until a final molecular disturbance shall resolve its organism into its primitive atoms? The learned professor would probably have thought twice before answering, I will!

* * *

THE half-yearly volume of the *Journal of Psychological Medicine* to-hand, keeps up its reputation for sound work in its special line, and is, probably, well-supported, as it deserves to be by those for whom it is designed. The article on "The Education of Girls, connected with Growth and Physical Development," by Dr. Nathan Allen, of New York, shows evidence of careful study; and that on "Mental Responsibility and the Diagnosis of Insanity in Criminal Cases," by Dr. E. C. Mann, will well repay perusal. There is also more than the usual amount of editorial work in the volume, which should have an especial interest to proprietors of private lunatic asylums, whose cause it espoused in face of their detractors, with the self-evident conviction of the writer that *magna est veritas, et prævalebit.*

DR. A. W. FOOTE has published an exhaustive review in the October number of the *Dublin Journal of the Medical Sciences*, of Fleming's work on "Hydrophobia," and our report on the same subject. Strange to say, he has also criticised the small treatise by Dr. McNeil, we reviewed in the *Medical Press and Circular* of September 17th, 1879. We wonder how Dr. Foote omitted one important part of a critic's duty. He does not seem to have detected either source from which Dr. McNeil drew his information.

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THE *Quarterly Journal of Inebriety* for October maintains its character. We hope it meets the support it deserves. The temperance party in England is a large one, and a high class journal has long been a *desideratum*.

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As we are on the subject, we would like to ask how many thousands of pounds has been spent on the *Alliance News?* Would some statistician add up the weekly list of contributions received, and let us know the sum total?

* * *

DR. NORMAN KERR at the end of his paper on the "Temperance Movement," gave a list of books. Why did he omit the most important work, Miller's "Alcohol: its Place and Power." The Scottish Temperance League published the work in 1866. Thirty-six thousand copies are said to have been sold. In "Alcohol: its Place and Power," the profession will find a guide, philosopher, and friend. We need not say another word, *verbum sap.*

* * *

OF the magazines that have reached us during the past month, the majority are up to their usual standard of excellence. *Countries of the World*, like its subject seems to have no end, nevertheless it is a good publication, and when completed, will form a cyclopædia fit for any library. We would also specially commend *Greenhouse Favourites*, a work now appearing in monthly parts, for its beautifully coloured plates, and popularly written text; to those of our readers who are fortunate enough to possess the luxury of a greenhouse, no better guide will be found. We must also not omit to mention the *Boy's Own Paper*, a magazine of its kind without an equal. This extremely useful publication, was started less than twelve months since by the Society for Promoting Christian Knowledge in order to stem the tide of pernicious literature for boys; its editor, Dr. James Macaulay, being a member of the medical profession. Such has been its success that it has now reached the enormous circulation of more than a quarter of a million of copies. We have received the first volume, and can honestly say that nothing has been published which we would place in the hands of youth with greater pleasure.

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NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, August 6th, "Clinical Medicine," by Austin Flint, M.D. "Vocal Physiology and Hygiene," by Gordon Holmes, L.R.C.P. "Hygiene and Public Health," by A. H. Buck, M.D. "On Colour-Blindness, by B. J. Jeffries, M.D. "Ocular Therapeutics," by L. De. Wecker. Translated by Dr. L. Forbes. "On Eye-ball Tension," by W. Spencer Watson," F.R.C.S. "Chemical Notes and Equations," by R. Milne Murray, M.B. "The Mechanism of Man," by E. W. Cox, vol. i., third edition. "Tunstall on the Bath Waters," edited by Dr. Carter. "Essays in Ophthalmology," by G. E. Walker, F.R.C.S. "A Manual of the Operations of Surgery," by J. Bell, F.R.C.S. "Health Lectures for the People," delivered in Manchester. "Botanical Note-book," by E. M. Holmes, F.L.S. "Deaths in Childbed," by Æneas Munro, M.D. "Klein's Atlas of Histology," part vii. "Godlee's Atlas of Human Anatomy," part x. "On Contraction of the Fingers," by W. Adams, F.R.C.S. "San Remo," by A. Hill Hassall, M.D. "Manual of Practical Anatomy, by J. Cossar-Ewart, M.D. "The Dentists' Register," 1879 (official). "Clinical Lectures and Essays," by Sir James Paget Bart, F.R.S., second edition. "A Treatise on Cancer," by R. Mitchell, M.R.C.S. "The Pocket-Gray or Anatomists' *Vade Mecum.*" "The Female Organs of Generation, part iii., of Human Anatomy and Physiology," by Dr. Palfrey. "Proceedings of the Medical Society of London," vol. iv.

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PAMPHLETS.—The following have been received since the publication of our last list, August 6th. "Medical Educa-

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tion and Medical Organisation," by Walter Rivington, F.R.C.S. "On Acute Bronchitis," by D. J. Hamilton, M.B. "On the Process of Healing," by D. J. Hamilton, M.B. "On the Diseases of Animals which do not necessarily render them unfit for the Food of Man," by Francis Vacher, F.C.S. "The Metric System," by J. F. Baldwin, M.B. "Longevity, its Limits and Frequency," by W. J. Thorns, L.S.A. "English County Asylums," by the Hon. Francis Scott. "Natural Mineral Waters, their Properties and Uses." "Report of the Sanitary Condition of Birkenhead for 1878." "Notes on the Epidemic of Small-pox at Birkenhead," by Francis Vacher. "Il Clima di Catania," by Dr. G. B. Ughetti.

* * *

In a certain locality, much frequented by tourists, the editor of a local newspaper had a room at the hotel. Being absent one night, the landlord put a stranger in his bed. The next morning the following lines were found in his room :—

I slept in an editor's bed last night,
And others may say what they please ;
I say there's one editor in the world
That certainly takes his ease.

When I thought of my humble cot away,
I could not suppress a sigh,
But thought as I rolled in the feathery nest,
How easy editors lie.

The editor, after some inquiries of the landlord, made the following addition :—

The chap whose form has rested here,
And left his copy behind,
For a bad impression should be locked up,
As the cut is most unkind.

Behold a proof of how he lies !
In the morning he went away,
And, like many who use an editor's sheet,
He had forgotten the bill to pay.

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.

Mr. Baylis.—The Students' Number is almost out of print, and can now only be supplied by our publishers at double price.

Dr. Stretch Dowse.—The report will appear in an early number.

STATISTICS ON THE HYPODERMIC INJECTION OF MORPHIA.

Dr. H. H. Kane, of New York, who has for some time time past been collecting statistics on the hypodermic injection of morphia, writes us that he will consider it a favour if members of the profession in this country having had experience in the use of this drug will answer the following questions:—

1. What is your usual dose ?
2. Do you use it alone or with atropia ?
3. What is the largest amount you have ever given at one time ?
4. Have you had any inflammation or abscess at the point of puncture ?
9. Have you had any deaths or accidents thus produced ?
6. Do you know of any cases of the opium-habit from the use of this drug ?

In case of death, please give the results of the autopsy, if any was held. Any reference to journal or other literature on this subject will be thankfully received. All communications will be considered strictly confidential, the author's name not being used, unless permission to that effect is freely given. Address all communications to Dr. H. H. Kane, 366 Bleecker Street, New York.

Mr. J. C. Stirling, Crawley.—You will obtain the necessary information on addressing a letter to the Secretary of the Sanitary Institute, Spring Gardens, London, S.W.

MEDICAL ADVERTISEMENTS IN THE LAY PRESS.

The following letter is addressed to a medical contemporary :—

Sir,—With your permission I beg to call the attention of the profession to the system of medical institutions advertising for medical officers in the columns of the lay press side by side with those of cooks and butlers. When these advertisements are solely intended for the medical profession why not insert them in the medical journals ? In the Dublin papers almost daily there appear such advertisements in the same column as those of domestic servants. When it is considered that on the board of every medical institution there are some of our profession, it is surprising why they ignore their own representative journals and agree to order these advertisements to be inserted only in the lay papers. Although the Local Government Board for Ireland has a medical commissioner, still none of the Poor-law advertisements for medical officers are ever inserted in the medical journals.

Yours, &c.,
L.R.C.S.I.

[One of the chief reasons for the omission of the Irish Poor-law advertisements from the pages of medical journals is, that it is not desired by the guardians to secure any publicity for the vacant appointment. Not infrequently the election of the new officer is "squared" before the advertisement is published, often before the former officer resigns, and the guardians would, therefore, not advertise at all, but that they are obliged by law to do so. In a recent issue we called attention to a case in which the dispensary committee advertised an election and brought candidates from long distances, but held no election, and a fortnight afterwards appointed a young gentleman who could not possess the requisite qualification.]

FOREIGN DEGREES.

To the Editor of the Medical Press and Circular.

Sir,—I have read with interest your article on Foreign Degrees, and would like to draw the attention of your readers to the subject. The Brussels examination is held in English. Now I think this takes away from the merit of the degree very much. If a practitioner holds a foreign degree I naturally presume he knows the language of the country he was examined in. I imagine the following dialogue at a dinner party :—

Educated Host.—By-the-bye, Smith, you are an M.D. Giessen ; of course you speak German ?

Smith, M.D. Giessen.—No, the fact is I know nothing of German ; was examined in English.

Educated Host (*dubiously*).—Ha ! rather peculiar (*to himself*, I wonder who sold him his degree ?)

Or imagine the same about Brussels, and actually that any one should not know French in the present age.

Yours truly,
October, 1878. M.D., of nowhere.

To the Editor of the Medical Press and Circular.

Sir,—I think your remarks about Foreign Degrees will induce some of our English universities to follow suit, and all Englishmen have a chance of obtaining an M.D degree at home. Brussels has set an example which may soon be followed by other Continental Universities, so that the future number of M.D.s (foreign) will be innumerable, which no one would more regret than

Yours,
October, 1879. English.

Harveian Society of London.—On Thursday, Oct. 16, at 8½ p.m., Mr. Alderson, "A Case of Immense Enlargement of the Heart."—Dr. Fothergill, "The Immediate and Permanent Treatment of Disease."

Hunterian Society.—This evening (Wednesday), at 7½ o'clock, Council Meeting.—8 o'clock, Short Address by the President, Dr. J. Braxton Hicks.—Mr. Hutchinson, "On the Relationship between Locomotor Ataxy and Syphilis."

VACANCIES.

Ardee Union, Castlebellingham Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Oct. 24.

Castlerea Union, Castlerea Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Medical Officer of Health. Election, Nov. 1.

Dore Union, Hereford.—Medical Officer for the Workhouse and District. Salary, £80, with an additional allowance for the duties of Health Officer. Applications to the Clerk at the Union Offices before Oct. 20.

Great Northern Hospital, London.—House Surgeon. Salary, 60 gns., with board. Applications to the Secretary before Nov. 5.

Martley Union.—District Medical Officer. Salary, £50, with the usual extra fees. Applications to Mr. A. W. Knott, 14 Foregate Street, Worcester, before Oct. 30.

Queen's College, Belfast.—Professorship of Chemistry. Applications to the Under Secretary, Dublin Castle, before Oct. 18.

Royal Hospital for Diseases of the Chest.—House Physician. Salary, £80. Immediate application to the Secretary, City Road, London, E.C.

West Bromwich Hospital.—House Surgeon. Salary, £80, with board. Applications to the Hon. Sec. before Oct. 21.

West Sussex Infirmary.—House Surgeon. Salary, £80, with board, and £20 extra for duties as Secretary. Applications to the Secretary at the Infirmary, Chichester, before Oct. 25.

Births.

Mackintosh.—On Oct. 6, at 260 Clapham Road, S.W., the wife of Hy. Mackintosh, L.R.C.S.Ed., of a daughter.

Napper.—On Oct. 9, at Cranleigh, Surrey, the wife of A. Arthur Napper, M.R.C.S., of a son.

Nixon.—On Oct. 4, at 32 Upper Merrion Street, Dublin, the wife of C. J. Nixon, M.D., of a daughter.

Tellet.—On Sept. 30, at Ramsey, Isle of Man, the wife of Frederick S. Tellet, L.K.Q.C.P.I., L.R.C.S.I., of a daughter.

Deaths.

Campbell.—On Sept. 12, at Stoney Hill, Jamaica, Alex. B. Campbell, M.D.

Dowson.—On Oct. 8, at West Humble, Surrey, Ernest Dowson, M.D., of 117 Park Street, London, W., only son of J. Dowson, M.D., of Wimbledon, aged 47.

Greeves.—On Sept 20, at Clevedon House, Hammersmith, J. Greeves, L.S.A.L., aged 69.

Reid.—On Sept. 28, at Troon, Ayrshire, J. Litster Reid, L.R.C.P.Ed., aged 32.

Thompson.—On Oct. 2, at Gomersal, T. Young Thompson, M.R.C.S., aged 57.

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IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

Royal College of Surgeons,
Dublin, 30th August, 189.

RE THE NEW VACCINATION ACT.

(Continued from our last)

Section 5.—(*Verbatim.*) *Continued.*

THE principal change made by this section is that the certificate of a successful vaccination, performed by a medical practitioner other than the medical officer of the dispensary district, shall be forwarded to the registrar of births and deaths for the district WITHIN WHICH THE CHILD'S BIRTH WAS REGISTERED—hitherto such certificates were required to be forwarded to the registrar for the district in *which the vaccination was performed.* This alteration is very important, as it will facilitate the detection of defaulters, but in order that this may be done thoroughly every registrar of births should keep an index of the births registered, in which each entry should be marked off upon the vaccination being certified. The deaths of children who have died before three months of age being also marked off, as well as the cases of insusceptibility and those postponed on account of certified unfitness, the remainder would be the defaulters.

Although a merely voluntary duty, the Council advise the adoption of this method by all registrars of births as the most convenient, easy, and effectual one of detecting defaulters. It being hoped and expected that they will do their utmost to ensure that the provisions of the law are in every instance acted upon—early, efficient, and universal vaccination being essential for the public welfare.

Section 6 provides that the board of guardians shall pay to every medical officer for every person successfully vaccinated by him, within his dispensary district, the sum of TWO SHILLINGS."

For every successful vaccination or re-vaccination performed since the 15th August, 1879, the dispensary medical officers are entitled to claim two shillings instead of one shilling as formerly.

Section 7.—(*Verbhtim.*)

7. "Every person who prevents any dispensary medical officer from taking any child lymph, as provided by section four of this Act, shall be liable, on summary conviction, to pay a penalty not exceeding twenty shillings.

"The defendant in any proceedings under the Vaccination (Ireland) Acts may appear by any member of his family, or any other person authorised by him in this behalf.

"Where any parent or other person having the custody of a child fails to produce such child when required so to do by any summons under the said Acts, such parent or other person shall be liable, on summary conviction, to a penalty not exceeding twenty shillings.

"Every parent or person having the custody of a child who neglects to take such child or to cause it to be taken to be vaccinated, or after vaccination to be inspected, according to the provisions of the Vaccination (Ireland) Acts, and does not render a reasonable excuse for his neglect, shall be guilty of an offence, and be liable to be proceeded against in a summary manner, and upon conviction, shall be liable to a penalty not exceeding twenty shillings."

The maximum of each of the several penalties under this Act is *twenty shillings* in each instance—under the old Act *ten shillings* was the maximum penalty, and it was confined to default of vaccination within six months of birth, and neglect to bring the child for inspection on the eighth day after the operation.

Section 8.—(*Verbatim.*)

8. "Every medical officer, parent, or person, as the case shall require, who shall neglect to transmit any certificate required of him by the provisions of the Vaccination (Ireland) Acts, completely filled up and legibly written to the registrar within the time specified by the said Acts, and every medical officer who shall refuse to deliver the duplicate to the parent or other person, on request, or who shall refuse to fill up and sign the certificate of successful vaccination, shall be liable to pay upon a summary conviction a penalty not exceeding twenty shillings; and every person who shall wilfully sign a false certificate or duplicate under this Act shall be guilty of a misdemeanour, and punishable accordingly."

A certificate of successful vaccination is now required to be "*completely filled up and legibly written,*" and to be immediately transmitted to the registrar, under penalty of twenty shillings; heretofore such omission was punishable as a *misdemeanour*, which entails IMPRISONMENT, without the option of paying a fine instead; although that penalty was seldom, if ever, enforced, no right-minded or loyal subject can reasonably object to the change, which doubtless will not be required to be enforced more frequently than the much more severe penalty under the old Act. For a wilfully false certificate the penalty, though severe, can not be considered excessive. It will be observed that the several penalties are now made similar to those under the English Vaccination Act.

Section 9 provides that it shall not be necessary, in cases of prosecutions under thic Act, to *prove* that notice of the requirements of the law shall have been given to the defendant, nevertheless the usual notice must be given by the registrar of births. Heretofore it was essential to *prove* that the notice had been given, but henceforth every person is required to know that it is imperative to have every child born since the 15th August, 1879, vaccinated within three months of its birth.

Section 10.—(*Verbatim.*)

10. "The guardians of any union in Ireland may direct

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proceedings to be instituted for the purpose of enforcing obedience to the provisions of the Vaccination (Ireland) Acts. The medical officer of any dispensary district who may be required by the guardians of the union to attend, and who shall attend at any such proceedings, shall, in addition to his actual expenses, be entitled to receive for his remuneration for such attendance such sum, not exceeding one guinea for each day upon which his attendance shall have been required and given, as the court before whom the proceedings are had shall certify; and as to such remuneration and expenses, and all other expenses incurred in the prosecution, if the court is of opinion that they should be allowed, the justice or one of the justices shall ascertain and certify the amount thereof to the guardians of the said union, set forth in Form C in the first schedule of this Act, and such amount shall be payable out of the poor rates of the union in which the neglect or default shall have arisen; and such proceedings on account of neglect to have a child vaccinated may be taken at any time during the continuance of the neglect."

It will be observed that the amount of remuneration—not exceeding one guinea a day—to be allowed to a medical officer for attending and giving evidence at a vaccination prosecution is stilt left to the discretion of the justices to certify or refuse; but it appears that the actual expenses incurred by the medical officer, if proved by him, are to be allowed by the justices.

The perpetuation of this very unsatisfactory arrangemegt as to remuneration for evidence at vaccination prosecutions, is much to be regretted, it having for many years past been perhaps the most fruitful source of discontent, as far as the medical officers are concerned, and justly so, in consequence of the harsh treatment they usually received; and I can assure you that the Council did not fail to represent to the authorities the effect of such an unsatisfactory and unjust arrangement, which unquestionably tended to prevent the reporting of defaulters, and consequently to frustrate the provisions of the law. The Council, in the most forcible manner, urged the Government to provide for payment of a fee of *not less than one guinea a day*, nor exceeding two guineas a day, to each medical officer required to give evidence. (See the correspondence on this subject between the Council and the Local Government Board, and also with his Grace the Lord Lieutenant, published at the time—see report for the seven months ending 21st January, 1879, pp. 17 to 27—in the reports of this Association, and which, no doubt, evoked the new legislation).

The Government appear to be under the impression that this section will be fairly and liberally construed by the justices, and that, in future, each medical officer required to give evidence in such cases will be allowed the maximum fee of one guinea a day; every medical officer, therefore, who in future may be refused the fee of one guinea a day should promptly inform me, briefly, of the facts, in order that the Council may have the earliest opportunity of supporting, by evidence, the claims of the medical officers to a more equitable arrangement for payment of such fees.

It is to be hoped that occasion will not arise for questioning the course which the justices may see fit to adopt; but if it should, and that there are many instances of injustice to cite, the Council expect that they will be able to obtain from the Government a more satisfactory egulation in this behalf.

The 11th Section provides that a dispensary medical officer, who is not the registrar of births and deaths for his district, shall be kept informed—once at least in every month—of the particulars necessary to enable him to make out the returns of vaccination defaulters (Form P), but it does not affect anyone who holds the two offices of dispensary medical officer and registrar of births and deaths.

So far I have referred only to the provisions of the new Act as is stands, I will now briefly direct attention to its faulty omissions. The Bill drawn up by the Council of the Irish Medical Association suggested that the system of inspection and awards, now in operation in England, should be extended to Ireland, by which every dispensary medical officer who efficiently discharged his duties as a public vaccinator would, upon a favourable report of the results, be allowed a gratuity or premium of one shilling for each vaccination performed by him, in addition to the sum of two shillings allowed for each successful case. I am happy to be able to inform you that the justice of the claims of the Council, to the extension to Ireland of this system, has been unceasingly urged upon the Government by Mr. Meldon, M.P., and the Council are sanguine that, at no very distant period (probably in the next session of Parliament), their demand will be granted.

In many respects the new Act is not at all satisfactory, nevertheless it is all that could be ohtained; and it must be admitted to be a great improvement on the previously existing law.

The Council made a desperate struggle for a fee of half-a-crown for each successful vaccination, and did not yield this, or any of their demands, until within a few days of the end of the session, and then only because the alteration of *even one word* in the Bill would have been fatal to its passing. At the very last moment, but not until then, Mr. Meldon, M.P., was requested to withdraw all opposition to the Bill, and to endeavour to secure its being made law; but, owing to the opposition of Messrs. Brown, Hopwood, Biggar, King-Harman, and at the last moment of Mr. Macartney, especially, he found it very difficult to get all the amendments on the paper withdrawn; however, his great tact and ability were equal to the occasion, and it is chiefly to Mr. Meldon's exertions, supported by Mr. Mitchell Henry and a few othe members, that the law has been so far modified; and it is hoped that Mr. Meldon's valuable services will be duly appreciated by the members of the medical profession in Ireland, in whose interest he has been so able an advocate on this as well as on so many other occasions.

The Council also suggested the adoption of the term "public vaccinator," to comprise the dispensary medical officers and all other medical practitioners recognised by the Local Government Board as discharging such functions, but their suggestion was discarded; it remains therefore to be seen how the medical officers of the vaccine department of the Local Government in Dublin are affected by the new law, which does not appear to place them on an equality with the dispensary medical officers as regards remuneration for their services; but it is hoped that the Local Government Board have power to prevent such an injustice to their own more immediate officials.

With regard to this measure, the Council were placed in the very difficult position of having to accept or refuse the Bill *in toto* as it stood, it being utterly impossible to obtain the alteration of even a single word; but as several important amendments suggested by the Council had been adopted during the early stages of the Bill, they, under protest that it was not sufficient, deemed it expedient to accept the Bill, and thereby secure the advantages it confers, rather than refuse all, with only a mere visionary prospect of obtaining even those self-same advantages upon a future and probably remote occasion, if ever; and they trust that their action will meet with the approval of the profession.

As it is comparatively easy to prevent the passing of a Bill, the difficulty of getting one passed is consequently extreme; yet many members of the Association do not appear to recognise this fact, nevertheless the difficulties the Council have to contend with regarding legislative measures are simply enormous, to say nothing of the great expenses necessary to be incurred; and there can be no doubt whatever in the mind of anyone who is acquainted with the practical working of a medico-political body, such as the Irish Medical Association, that in order to obtain reforms in the law, energy, ability, unceasing hard work, devotion, and above all, ample funds are essential; and further, that but for the existence and energetic action of the Irish Medical Association the position of the members of the profession would have greatly deterio

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rated, and their official incomes seriously diminished, in consequence of the immense adverse influence of the ratepayers' representatives.

In conclusion, I would remind you that the new Vaccination Act is but a modification of the Bill drawn up and suggested by the Council of the Irish Medical Association, which advocated many important pecuniary and other advantages not as yet adopted by the Government, but which, the Council trust, may at no far distant time, at least gradually, be enacted.

In view of this prospect, and especially of what has already been obtained, as well as of the absolute necessity of funds sufficient for the purpose, I have again to request that every member of the profession in Ireland, who is not as yet a member of the Association, will now see the advisability of joining it and paying the insignificant and modest subscription of only ten shillings and sixpence a year, as a recognition of the most recent of many important advantages obtained for him through its zealous and untiring exertions, whereby, as is now announced, his income as a public vaccinator has been *doubled*. It is but poor encouragement to be supported by only one-third of the two thousand medical practitioners of Ireland who reap the benefits derived. If all were members of the Irish Medical Association, as they should be, the grievances of the profession would rapidly vanish.

As those who are not members of the Association are naturally reckoned as opposed to its action and demands (and they are in the proportion of two to one), the influence of the Association for the general benefit represents only one-third of the whole.

The effect of this want of union of those interested in their own welfare—which is doubtless due more to apathy, parsimony, timidity, or expectation of passing unobserved, rather than to a want of sympathy in the objects of the Association—is unquestionably a retardation and diminution of the recognition of their services, which the members of the medical profession in Ireland can only expect and obtain through the efforts of the Irish Medical Association.

I append a form which I trust every non-member will forthwith fill up, sign, and return to me without delay, announcing his intention to support the Association which has done so much, and has yet so much more to do, for the promotion and protection of his interests.

Of each non-member I would ask—will he help the Association to help himself? And if not, does he accept the benefits already obtained, towards which he has not contributed? Nay more, the earlier acquirement of which has been retarded by his own non-support of the Association? And I confidently expect an immediate reply from each in acknowledgment of realised benefits, promising what assistance he can give to obtain still further advantages.

I am, dear Sir,
Yours faithfully,
JOHN H. CHAPMAN, Hon. Sec.

ATHY UNION.

THE HOSPITAL RETURNS.

THE following letter was read :—

"Athy, October 8th, 1879.

"DEAR SIR,—I beg to acknowledge the receipt of a copy of a resolution adopted by the Board of Guardians at their meeting on the 23rd ultimo, whereby I was requested to make out certain statistical returns, and present them personally at the meeting to be held on this day. In reply, I have to say that the pressure and paramount importance of my professional duties prevented me from complying with that order; and besides, I have to submit that I do not consider it is part of my duty to do so. It is not for me to question the object, proximate or remote, which the board have in this matter; but I may be permitted to conjecture that it is for the purpose of determining to the board's satisfaction whether the alcoholic treatment, as it is administered in the union infirmary, is not calculated to shorten rather than prolong the existence of the patients. If this be so, there are not any data on which I could formulate statistics to satisfy them on the point, as eight-tenths of our admissions to that compartment are composed of persons labouring under incurable diseases or senile decay which would under any circumstances prove fatal sooner or later. The class from which useful inference could be drawn do not take advantage of our institution, as they consist chiefly of domestic servants, farm labourers, and tradesmen in the prime of life, who have a profound objection to be branded with the social stigma of pauperism, and, therefore, when afflicted with illness, either remain at home under the care of the dispensary physician, or, when capable of removal, seek relief in the more respectable atmosphere of a county infirmary, or metropolitan hospital. Our fever hospital, to which all classes labouring under infectious or contagious disease, as a rule gain admission, compares favourably with any institution in the land, both as regards the paucity of deaths in proportion to admissions, and the quickness of convalescence. To none of these classes of patients do I administer alcohol carelessly or recklessly, but prescribe it cautiously and carefully, having in view in case of incurables the assuaging of the pangs they have to suffer in their passage over the rugged road to the last scene; and of the others, the tiding of valuable lives in a time of stormy and critical peril to the haven of convalescence, and subsequently to hasten the latter beyond the line which separates it from complete restoration to health.—Yours very faithfully,

P. L. O'NEILL.

Dr. O'Neill—I do not think the guardians could derive any further information from the return, even if I had time to make it out. But it is no part of my duty to make out such returns, and if the guardians compel me to do so they will have to pay me. But the public mind should be disabused of the idea that the patients here are dosed with stimulants. Nothing could be more erroneous. The stimulants are measured out with the same accuracy as the poisons. I never administer them only where I find them absolutely necessary. I cannot be considered extravagant, for I consider I often err on the side of economy.

Mr. Redmond considered it was the doctor's duty to prepare the return. He was most anxious to ascertain the cost of drugs, as he had a motion to bring forward, but he was prevented from doing so in consequence of not having the return, and that was one of the reasons the return was moved for by Mr. Lefroy. According to Article IX. of the General Orders the doctor was bound to find the guardians any information they may require. In support of this contention, Mr. Redmond read the article referred to.

Dr. O'Neill—That has reference to any case of illness I may have under my care, a report of which you have every week from the master.

The guardians considered the explanation of the doctor satisfactory.

ANOTHER MODEL IRISH GUARDIAN.

THE county of Louth obviously enjoys special benefits from the services of the sort of persons who manage its public Poor-low affairs. We felt it necessary recently to resent the insolence of a roadside squireen at Ardee, who thought it fitting to apply publicly to the medical officers of his district language to which his tongue is, no doubt, well accustomed in his personal affairs. The local paper lifts last week from insignificance into a discreditable notoriety a person named M'Kenna, who, some way or other, has managed to get himself into the board of guardians. The occasion on which this person distinguished himself was the voting of a consultation fee to Dr. Murtagh, for his services in a midwifery case. Here is the debate thereon :—

Mr. Daly—You may vote a guinea as the fee, you have

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to get the man to take it. I met Dr. Kelly, and he said he would not go to any case such as Dr. Adrian called him in for, where surgical aid was absolutely indispensable, without a fee of £2 2s.

Mr. M'Kenna—It is all nonsense to be talking in that way. If one of these situations was open to-morrow you would have a dozen of doctors running after it and ready to take at £60 and £70; duly qualified men, too. No less than nine doctors came to ask me for my vote, humble as I am, when the last vacancy was here.

Mr. Farrell—Dr. Murtagh told us here distinctly to-day that he would not go for £1 1s.

Mr. M'Kenna—What if he doesn't? Let him resign; you will get sixty to take his situation to-morrow. Mechanics are of more importance to society than doctors or professional men, and yet when they dicate their terms you take a firm course with them. I ———

Mr. Daly—What's the use of talk like that; keep to something like what's practical.

Mr. M'Kenna—Take the case of tailors. Well, if all the tailors were to hold back from work, men would have to go naked, and the cold, in our artificial state, would perish all our fine gentry off the face of the earth. Still, important to society as tailors are, you do not allow them to dictate their own terms to you. If they, or any other mechanic, enter into a combination or strike, you meet them with their own weapons. Do the same here. If you appoint the doctors and that they dictate their terms to you, and enter into a combination, just deal with them as you would with any other class of men on strike.

Mr. Whitworth said Mr. M'Kenna had referred to the case of tailors as a parallel one. The tailor has got a piece of cloth to cut out; the doctor has to cut into the human body; a slip of the scissors with the tailor cannot do much harm—a new piece of cloth can be got; a slip of the knife in an unskilled hand may cost the patient's life, that never could be restored. (Hear.) The amount to be paid therefore to skilled hand for an operation was the value of a human life.

Mr. M'Kenna—You may say oh! but it's a fact; all the people that lived a hundred years ago—doctors and all—are all dead and gone. The doctors couldn't keep themselves alive, and small blame to them that they couldn't keep others; and all the people alive to-day will be all dead as Julius Cæsar before another hundred years, notwithstanding all this wonderful medical skill and science we hear such puffing about. What with Latin and prescriptions they get people to believe they work wonders, when in the great majority of cases they take credit for what our good old nurse—Mother Nature—does for us. I wouldn't give that for the knowledge of some of them. A most able physician in Glasgow went into a hospital a short time ago and cut the tongue out of a man's head in the most skilful manner possible, and the man died in an hour after. It is a mistaken idea when we think a doctor is required in a case of midwifery. Where were the doctors, I'd like to know, in the time of the Pharaohs, to bring all the children of Egypt into the world? How was it that the people of these far-back times, before doctors were to be had so plenty as they are to-day—how was it that they lived so long and enjoyed such good health and length of days, I'd like to know? There is no doctor wanted in a case of midwifery; Nature knows how to conduct her operations to a successful end in such cases without a doctor. It is all gammon, for the most part, we have been listening to here to-day from Mr. Daly and others.

We should not think it worth while to notice the remarks of this precious representative of the Drogheda voters from anything that either his opinions or he are worth, but we think it well to lose no opportunity of pointing out how hopelessly unfit for any public duty are some of the persons who are sent to boards of guardians. We always said that the hobby of local government has been ridden to death, at least in Ireland, and we need hardly offer arguments to show that it is a cardinal mistake to entrust the administration of sanitary medical law to a system under which it is possible to have such persons as these in the local executive.

FEES FOR INSURANCE CERTIFICATES.

The following proceedings have raised a question of some interest, and we therefore publish them, though they have been unduly delayed.

LIMERICK UNION.

The following letter was read;—

"My Lord,—In the published reports of the proceedings of your board, I have read with some surprise a statement 'That I had refused without payment of a fee of 10s. a certificate of the death of an inmate of this house to the relative of the deceased who had the life insured, the insurer, Mrs. Ryan, being at this moment in receipt of out-door relief from your board; also that the amount for which the certificate was necessary was a mere trifle for burial purposes, for which but a penny a week or so was payable.

The following were my reasons for demanding a fee in this case:—1st. Where a certificate of a physician is required by an insurance office, all medical men in Ireland require a fee of at least 10s.; but where the sum payable by the company is under £10 no certificate is required and no fee asked. 2nd. With regard to Mrs. Ryan, it is true that she has four children, and has been during her husband's illness in receipt of 4s. a week, but I knew that the insurance money had been over £10; also I believed then, as I do now, that though receiving out-door relief from your board through Mr. Myles, she is not destitute, especially as I have been informed that this woman is carrying on some small business, and has four children grown up, in good health, and three of them employed earning wages, and that a sum of money had been subscribed for her by the pig-buyers' society—to which occupation her husband belonged—of from £20 to £30 on the death of her husband.

"Your obedient servant,

"T. O'Dwyer Russell."

Chairman—I don't at all think that it in any way contradicts the statement made on the last board day. I heard that Dr. Russell refused to give a certicate of the death of the deceased without first receiving his fee. He does not deny that, he states in his latter that such was the case. I knew that the woman who applied for the certificate of the death of the deceased had his life insured at a penny a week, and at her husband's death was to receive something like £10. I did not at all know that she was carrying on business in a shop; I believed her to be very poor when she was receiving out-door relief, and certainly I thought it very curious, she at the time being represented as a very poor person, that Dr. Russell should refuse to give her a death certificate without first receiving his fees.

Mr. Cronin—We cannot at all control our medical officers. Dr. Russell was fully justified in asking his fee when he thought the woman in question was well able to afford to give it; and I say still that it is impossible that we should have any control over our medical officers. I say that Dr. Russell was fully justified in asking for his fee when he was assured the woman was able to give it. The woman, it has been stated, was in the receipt of 4s. a week out-door relief.

Dr. O'Shaughnessy—Well, gentlemen, I now propose that the slur which was cast upon Dr. Russell be at once removed by the board; and also for the board to say that they are quite satisfied with his explanation.

Mr. Bassett said he was quite sure the board were willing to accede to Dr. O'Shaughnessy's proposition.

Alderman Myles said they were after tying his hands from trying to do their business for the interest of the ratepayers. (No, no.)

Dr. O'Shaughnessy—Oh, no! Mr. Myers. We would be sorry to do that.

After some further discussion, the board considered Dr. Russell's explanation, as to his right of demanding a fee, satisfactory. The matter then dropped.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 22, 1879.

CONTENTS.

Original Communications.

INTRAVENOUS INJECTION OF MILK.

By AUSTIN MELDON, L. & F.R.C.S. Irel., L.K.Q.C.P.I., M.R.I.A.,

Surgeon to Jervis Street Hospital, formerly Demonstrator of Anatomy in the Catholic University of Ireland, &c., &c.

At the meeting of the British Medical Association held in August last, I read a paper on the intravenous injection of milk, illustrated by five cases. Since that time I have operated on three other patients with such favourable results that I deem it to be my duty to place the cases on record.

Lately a good deal has been written against the operation, and much trouble has been taken to show it is unphysiological. At present I do not purpose dealing with the subject on theoretical grounds, although much can be said even in this way in favour of the operation, but will be content to draw attention to the practical results of the operation. I may remark, however, in passing that the conclusions drawn from the experiments on dogs can hardly be taken as conclusive in so much as in these experiments, far too large a quantity of milk (comparatively speaking) has been used. It has been conclusively proved that if a large quantity of milk be injected into the human subject the operation is attended with the greatest danger. It has been urged that the oil globules are too large to pass through the smallest capillary vessels. The following cases show this assertion to be fallacious :—

E. J. M., a delicate-looking gentleman from Cheshire, æt. 30, first sought my assistance on the 29th November, 1878. He complained of pain in the head and back, loss of flesh, strength, and energy, slight intercurrent diarrhœa, and inability to sleep for more than one hour at a time. On examination I found the temperature 100 deg., the pulse 110, and considerable tenderness and gurgling in the ileo-cæcal region. A few rose-coloured spots were visible on the abdomen.

From the account given to me and from these symptoms I came to the conclusion that he was in the third week of typhoid fever.

During the next three days there was but little change in his condition, except that the treatment improved his sleep at night, but his temperature and pulse remained high.

On the fourth day there was a smart attack of diarrhœa, which was checked with kino, catechu and opium. On the 4th December the temperature was 105, and some blood had been passed at stool. On the 6th the temperature was 106, and the pulse 120. There had been a slight bleeding from the nose, a good deal of blood from the bowels, and recurring diarrhœa. During the next four days he improved somewhat. From this time, however, the temperature gradually rose until the 10th, when I was hurriedly summoned to his bedside. I found him in complete collapse, almost pulseless, breathing forty times in the minute, and the respirations short and incomplete. This condition, as well as what I learned from his friends, left no doubt in my mind that perforation of the intestines had occurred about half an hour before I saw him. Two grains of opium were at once administered, and repeated in two hours, and other appropriate treatment adopted. For some days he was kept almost completely under the influence of opium. A considerable amount of peritonitis ensued, and until the 17th December he was considered in a hopeless condition. From this date the temperature commenced to fall, and the pulse decrease in frequency and increased in volume.

On the 25th the temperature was but 98, and three days later he had a solid motion. From this date he took plenty of nourishment, *yet rallied very little.* On the 3rd January severe diarrhœa occurred, which reduced him to a moribund condition. Next day he was better, and continued to improve for a few days, when the diarrhœa recurred. Bed sores now formed.

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In this way matters went on till the 15th, when I made up my mind that his life could only be saved by transfusion. Having got the consent of his parents to the operation, I asked my friend Dr. Lyons to see the case in consultation with me. His opinion was, however, that in his then exhausted condition even the slight shock of the operation would prove fatal. He recommended that the body should be sponged with warm milk, and that he should be put on large doses of nitrate of silver. The result of this treatment was a slight improvement, which however lasted only a few days, when he gradually relapsed into his former exhausted condition. The thought of transfusion again occurred to me, and I made up my mind to try its effect. With this view I sought the assistance of my friend Dr. Robert M'Donnell, who, I knew had very considerable experience in the transfusion of blood. In consultation we agreed that it was a suitable case to try the intravenous injection of milk.

On the 23rd January I obtained a cow from Mr. Moore's extensive dairy yard, selecting one whose milk was of medium quality. Immediately before the operation the animal was milked on the premises, and the milk kept at the temperature of 98 deg.

The apparatus used in the injection was Dr. M'Donnell's simple but efficacious transfusion instrument, which, as is well known, consists of a glass funnel, having attached to it a piece of india-rubber tubing, with a small bulbous enlargement in the centre, which enables the fluid to be injected in jerks. The India-rubber terminates in a nozzle which is introduced into the vein.

Everything being ready for the operation, an incision was made over the median basilic vein of the left arm, which was then cleared and raised—a large needle being passed under to steady it. The vein was now opened, the canula introduced, and slowly about ten ounces of milk injected. The operation lasted nearly fifteen minutes. During the injection the pulse increased in force, the patient complained of great cold, and his face became of a dusky hue. No sooner had the operation been finished than the respiration became very much obstructed, the patient gasping for breath, and the fingers, feet, and lips became cold and livid.

The operation was performed at a quarter past one. At two o'clock his condition was as follows :—Temperature 96, pulse could not be felt, respiration 40, unable to speak, feet cold, lips and fingers livid, hiccough, and very restless, tossing about his head and arms. Burnt brandy, a subcutaneous injection of ether, and mustard leaves over the heart were ordered. During the next hour he remained pretty much in the same condition, those about him expecting every moment to be his last.

At 3.30 the respiration become more tranquil. At 5.30 the temperature was 100 and the pulse 110, respiration 24, feet warm, felt very thirsty, could speak well, and has taken during the previous hour a fair share of nourishment. At 11 p.m. his temperature was 98, his pulse 100, respiration 18, has a very healthy look, has been able to take nourishment freely, is much stronger and in very good spirits, says he feels quite well, is sitting up in bed describing his travels while he was yachting during last summer.

23rd, 8 a.m.—Has passed a very good night, has taken nourishment freely throughout, is in good spirits, and has not had diarrhœa. Temperature 98·2, pulse 96.

24th.—Pulse is much improved in character, no diarrhœa, but a small solid motion.

25th.—Bowels very healthy ; temperature 97, pulse 96.

26th.—Temperature still 97, pulse 100 ; has had a little diarrhœa, is rather weaker.

27th.—Temperature 97, pulse 110, diarrhœa has been checked, bed sores just healed, has slept well, and has taken nourishment freely.

28th.—Diarrhœa again severe ; weaker.

31st.—Pulse 120 ; is very weak and nervous.

Feb. 1st.—Proposed to inject milk again, but patient would not consent. He is still weaker.

2nd.—Continues to lose strength ; feels he is dying ; parents have very little hope, but will not consent to a repetition of the operation.

3rd.—Diarrhœa continues ; legs also swollen ; pulse intermittent, much quicker ; subsultus tendinum.

5th.—Pulse hardly perceptible ; respiration difficult ; diarrhœa checked ; has slept a little ; temperature continues 97 ; pulse 140.

6th.—Has consented to a repetition of the operation.

At 12 o'clock, having procured the same cow as on the last occasion, and having everything ready for the operation, I made an incision over the median basilic vein of the right arm. This I found in such a collapsed condition that it was with great difficulty I could satisfy myself that it was the vein I had raised. I injected 4½ oz. of milk at a somewhat higher temperature than that used at the former operation. The same symptoms followed, but in a much milder degree, and only lasted for about twenty minutes. The temperature rose to 101. The pulse became much stronger, and for some short time he seemed to be much improved.

Just two hours after the operation he remarked that his arm was numb, and on looking at him I perceived that he had a slight epileptic convulsion, after which for a few moments he became almost insensible. Three times within the next twenty minutes he had a repetition of these convulsions, each one of which only lasted a few seconds, and were followed by gradually increasing longer periods of insensibility. The last of these, which was of a more tetanic character, proved fatal.

P. M., æt. 27, a policeman, suffering from phthisis, consulted me about the 26th January last. I had seen him about a year previously, when he had extensive deposit in both lungs. I now found him in the last stage of consumption, both lungs and larynx being engaged. For some weeks there had been constant diarrhœa, and both legs were much swollen. All my efforts to improve his condition or to check the diarrhœa having failed, and his only anxiety being to be able to be moved home, a distance of upwards of 40 miles, I entertained the idea of injecting some milk into his veins. With this view I asked my friend Dr. Collins to see the case, but his opinion was rather against the operation, as he did not think it could be of any service to him.

About 2 o'clock on the 7th February I was summoned to his bedside, and found him moribund. The friends were most anxious that transfusion should be tried. Yielding to their earnest solicitations, I injected about 2¾ oz. of milk into the median cephalic of the left arm. The respiration immediately became hurried and the face somewhat livid, but the usual symptoms were not so severe as on the former operations, and the patient expressed himself greatly improved. I saw him again that evening, and I found that the diarrhœa had been completely checked, and that he had improved much in spirits and in strength. There was some albumen in the urine. The temperature was 100.

Next morning, the 8th February, he felt so much better that he dressed himself without assistance, and without fatigue was able to go to Moate, a part of the County Meath, by train, a distance of upwards of 40 miles.

T. W., a druggist, æt. 42, residing at Skerries, first consulted me on the 2nd May. The history of his case he thus gives :—

"Twenty-eight years ago I was seized with fever, accompanied with obstinate constipation, loss of appetite, and great prostration. From this I recovered very slowly, and remained for a considerable time extremely weak, and almost unable to walk.

"On several occasions since I had a recurrence of these symptoms. For twenty years I have had large ulcers on my legs, which have only within the last few years healed. The only medicine I took was sarsaparilla and iodide of potash. The attacks have been more frequent of late, and I have lost flesh gradually."

He was supported into my study, being unable to walk

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and I have never seen any one so attenuated—being, in fact, little better than a skeleton. For some weeks he had been unable to dress or do anything else for himself. I failed to detect any pulse at his wrist; his heart's action was barely perceptible, and in a word, his condition was such that I felt very uneasy lest he would die in my study. I strongly advised him to remain in town, and ordered him ammonia, ether, and other stimulants. I saw him that evening, when he had revived a little, and for a week I attended him without being able to perceive any further improvement.

I suggested to him the advisability of having milk injected into his veins, and he readily assented, as he looked upon himself as in a very hopeless condition. On the 12th May I injected 6 oz. of goat's milk, which had been rendered more distinctly alkaline by the addition of some ammonia, into the median basilic vein of the left arm. During the operation his breathing became hurried, and he was continually sighing and yawning. His pulse improved, and his face became somewhat livid, but in about an hour's time, this latter, as well as the hurried respiration, subsided. Soon after, he commenced, and remained during the day, perspiring profusely. The temperature rose immediately after the operation to 104 deg., but towards evening sank to 98·1 deg. No albumen was perceptible in the urine. Next morning his pulse was much stronger than I had before known it, and his appetite was greatly improved; he had some colour in the face, that before the operation was a ghastly white, and during the night he had slept well.

14th.—Is somewhat low this day, and has had a little bilious vomiting.

15th.—Greatly improved; appetite much better; feels stronger; pulse continues to improve.

18th.—Sat up for a while in bed; pulse better; appetite good; and is in good spirits.

19th to 22nd.—Continued to improve, and a few days later was able to return home.

Has since continued to improve.

S. M., æt. 52, was a healthy woman all her life until about four years since, when she discovered that she had gradually been losing flesh for some time, and also that her appetite had of late considerably failed. During the past two years she has suffered much from cold feet and loss of sleep and strength.

I first saw her about nine months ago. She was then greatly emaciated; eat little; complained of severe headache, pains in the calves of the legs, and shortness of breath on the least exertion; her pulse was very weak, but no organic lesion could be detected. Six months' treatment, during which she took nourishment, tonics and stimulants in every form, failed to arrest her disease. Ten days before I operated on her she was confined to bed, unable to stand from weakness. She cared very little for food, and her friends expected her death every moment. On the 30th of May I injected 6 oz. of goat's milk, at the temperature of 100 deg., into the median cephalic vein of the left arm. The usual train of symptoms followed. Her temperature reached 104 deg., but she expressed herself as feeling very comfortable, and during the day felt stronger and better than she had for twelve months. Next day she was able to take with relish a considerable quantity of nourishment, and was able to walk across the room. Each day I found her improved, until the 10th of June, when she was able to sit up the entire day. On the 15th of the same month she was able to walk in the open air, and a week later, was strong enough to visit her solicitor and transact her usual business. Since that date she has continued to improve.

M. M'G., æt. 39, has been the subject of well-marked phthisis for upwards of twelve months. Of late he has lost a considerable quantity of blood from the lungs, and since the 15th of May his friends have been in daily expectation of his death. On the 16th of July I injected 3½ oz. of goat's milk into the median basilic vein of the right arm. The goat, which was brought into the bedroom, was not milked until the vein was raised, and Dr. Collins, who assisted me, tested the milk as it left the udder, and found it distinctly acid. Immediately on being milked, 10 grains of carbonate of ammonia were added to 10 oz. of the milk. The operation *was not followed by any disturbance of respiration*, but the pulse became much stronger, and the temperature rose two degrees. Since the operation the patient has become materially improved.

The history of intravenous injection of milk is not without interest. Dr. Edward M. Hodder, of Toronto, Canada, was the first to perform the operaton, and he was led to use it by the fact that Donné had without injury injected milk into veins of both dogs and rabbits. Dr. Hodder performed it in 1850 on three persons, moribund from Asiatic cholera, injecting as much as fourteen ounces at one operation. Two of these cases recovered. Strange to say, for twenty years the operation was not repeated until in 1873 Dr. Joseph W. Howe, of New York, injected six ounces of goat's milk into the cephalic vein of a patient dying from tubercular disease of the stomach, and mesentery. The operation does not seem to have had any influence on the termination of this case, the patient having died four days afterwards. In the following year a patient of Dr. Gillard Thomas, of New York, who was fast dying of hæmorrhage from the uterus after ovariotomy, was saved by the injection of six ounces of milk. It was next performed by Dr. Howe in a case of phthisis, but the patient died comatose in four hours after the operation. Sometime later he transfused four ounces of goat's milk into the veins of a woman far advanced in phthisis, complicated with syphilis, and this operation was followed by marked improvement. Subsequently, Dr. Thomas had other patients, making in all three cases and seven operations performed by him. Drs. John H. Brinton and Charles T. Hunter have also operated successfully on several cases. Dr. J. C. Hutchison and Dr. Bullard have each had one case. No European ones have been published.

The five cases which I have now read to this Association make twenty-two, the total number as yet on record. A careful analysis of these cases is most favourable to the operation. For this purpose I am disposed to divide them into four classes:—

First. Those in which the operation cured the disease, which necessitated its performance.

Secondly. Those in which the operation prolonged life.

Thirdly. Those in the which the operation was productive of neither good nor evil.

Fourthly. Those in which the operation, in all probability, shortened life.

The first class includes eight cases; the second ten; the third two; and the fourth two.

The eight patients cured by the operation consist of two cases of Asiatic cholera, four of pernicious anæmia, one of impending death from hæmorrhage, and one of gastric ulcer. All these patients were in a hopeless condition, and the operation was only undertaken as *un dernier ressort*. In one of the cases of anæmia (Dr. J. Hutchison's) transfusion of blood had been first tried, with out the slightest benefit.

In the two fatal cases, the results may be traced to the fact that the milk was either acid or kept for too great a time before transfusion, or too large a quantity was injected.

It has been conclusively proved that if milk, which has been kept for any considerable time, be injected into the veins of dogs, it invariably proves fatal, whereas, if used directly after being milked, it can be injected with impunity.

The severity of the symptoms following the operation is in direct proportion to the quantity injected. ounces should, I believe, be the largest quantity inje at one time. As much benefit seems to follow the u four ounces, and far less alarming symptoms than af larger quantity.

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I do not think it is necessary to strain the milk, if it be milked into a perfectly clean vessel, but I think it would be well to add a few grains of carbonate of ammonia to each injection. I did so in my three last cases.

It is not generally known that milk taken from some animals which have been in confinement for some weeks is slightly acid, even when it leaves the udder.

In three of the successful cases the milk was boiled before being used.

The presence of albumen, I think, is accidental. I found it in two of my cases, but then both patients had been taking considerable quantities of white of eggs, to check diarrhœa.

In conclusion, I have only to add that unless future experience changes my ideas on this subject, after a careful consideration of the cases published, as well as from the experience of my own cases, I have made up my mind that I will not allow any patient under my care to die of exhaustion without an attempt to save them by the intravenous injection of milk, and I am strenghthened in this resolution by the knowledge that out of twenty-two cases in which it has been resorted to, eight lives have been saved, and ten others prolonged by this operation.

FURTHER OBSERVATIONS ON CONSUMPTION.

II.

By William H. Pearse, M.D.,

Physician to the Plymouth Public Dispensary.

During the past four years I have been systematically treating phthisis by arsenic; the physical signs have been carefully recorded at the first consultation. My case-book has now over two hundred and fifty of such recorded cases, which have been more or less under the same treatment. The difficulty of keeping cases steadily at treatment, the fact that a very large proportion of the patients, not presenting themselves after the second time, and thus, for a time, being lost sight of, makes results imperfect; not the less, I have been so often made cognisant of good results to cases, that I think a notice of the experience may be of value.

The arsenic has been given mostly in the following form:

Liq. arsen. hydrochlor., ℥ lxiv.;
Quiniæ sulph., gr. viij.;
Acid hydrochlor, dil ʒiij.;
Syrup aurant, ℥j.;
Infus chirettæ, ad ℥viij.

This mixture equals sixteen doses, of which one was taken three times a day, after meals. In many cases ten minims of sea water were added to each dose; in others two grains of sulphate of manganese. The patients were directed to continue the medicine during six weeks, then to allow an interval of a week, and again to resume treatment. Although some patients have taken arsenic in this way, during periods of a year or more, in no instances have any untoward symptoms shown. About fifty of the cases took 1-120th of a grain of arsenic (acidum arseniosi) in pill, combined with three grains of the powder of the dried vesicles of the fucus vesiculosis; the vesicles were collected in September, in which season they are full of a gelatinous secretion.

However true it may be, that many consumptive cases follow chronic and repeated bronchial attacks, such are insignificant in number, compared to those which develop naturally at certain ages, in certain well marked vito-physically typed individuals. Taking such individuals in the early stages of the failure of their health, and prior to advanced stages of tubercular disease of the lungs, the aim has been to sustain their general health, and thus to prevent tubercular deposition; to seek to supply to the body certain mineral and other elements, which should co-ordinate the growth of lung tissue to normal and healthy rates. The human body is viewed as an evolved and evolving series of being, correlated to all physical existences; where failure of the healthy growth of tissue at certain ages — *e.g.*, of the lungs—occurs, physical causes must exist for such deviations into disease; such wants of full physical correlation, may be mostly in the absence of the full external relations, which are essential to, and one with, living beings, or yet more in inherent defects of the composition of the body itself.

Physical types.—Viewing the cases, and of which the larger proportion were in early stages, certain physical types of body arrest the attention; such anatomical types or states are noticeable in the teeth, hair, eyebrows, skin, nails, alæ nasi, &c.; the physical type varies much in different cases, but some one or more of such changes may be tracedin most; in previously robust men of over forty years, who pass into phthisis, I have generally found one or more such anatomical types. The teeth have often beautifully white and semi-transparent enamel; the changes in the teeth, which indicate a probable future development of phthisis, and which for periods varying from months to years, precede the deposit of tubercle in the lungs, are the lateral decay of the upper incisors: little dark spots of decay appear, often in a well-marked crescentic form. I have endeavoured to correlate their decay with changes in one or other lung; the following is the result since I commenced to record the state of the teeth: where the right and left upper incisors were gone, the right lung was diseased in six, the left in eight cases. Where right upper incisors were gone, the left lung was diseased in seven; the right in no case. Where the left upper incisors were gone, the left lung was diseased in six, the right lung in four. All the upper incisors were gone in fourteen cases in which phthisis was in early stages. In only two cases, where phthisis was developed, were the upper incisors sound.

The number of cases under observation has been far too small to indicate the exact prevailing order of relation in time and place of upper incisor decay and lung disease; not the less, however, a very pronounced relationship will be found between the early lateral decay of the upper incisors, and the subsequent deposit of tubercle in the lungs: the phenomena appear to be parts of one series.

When such lateral decay of the upper incisors appears, in somewhat delicate young people, they may adopt that mode of life most likely to ward off phthisis.

Another marked anatomical feature in many who are passed into, or will pass into phthisis, is an excess of the natural lateral twist of the upper maxillary region, nose, &c.; the nose and upper incisors unduly twist to one or other side. We see this commonly as a normal condition in the middle-aged and old, but it often earlier shows, and in a greater degree, in those who are phthisical. Since I began to record this condition, my cases are far from numerous enough to indicate, with probability even, the exact relation of disease in one or other lung, to one or other of the lateral directions of the upper maxillary segments of the body: where the twist existed to the right, the left lung only, was diseased in four cases; both lungs in two cases; the right lung in two cases. Where the twist was to the left, one case only has presented, the disease was in the right lung. Other well marked anatomical conditions, chiefly of the skin system, exist in those who tend to phthisis: an exquisite softness and fineness of the skin has long been recognised as frequently associated with phthisis; we may often see the exquisitely-shaped and semi-transparent nails, the hair is often in great amount, a very considerable number have shown shaggy large eye-brows, and which tend to meet in the mesial line; the hair of the whiskers and beard may be lank and thin, and scattered.

Although the great proportion of consumptive persons are of the fine-boned type, with small chest and delicately cut features, yet there are very marked exceptions; in one splendid young man, whose thorax was well developed in the infraclavicular regions, the lungs rapidly

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broke up; he had the peculiarity of eye-brows, heavy and meeting in the mesial line. Some few women also have had the thorax and mammæ well developed. The hands are often abnormal, being variously large and cold, or exquisitely shaped, or cold and small, &c.; some few women have shown the skin more downy with hair than is common.

Anatomical conditions involving the order of the evolution or development of the supermaxillary segment, and of the whole skin system, are correlated to tubercular growth, as in some degree parts of the same series; such phenomena point to some morphological law or order, which shall embrace phthisis, as related to such anatomical changes. When we remember that in the phenomena of goître and cretinism, the actual bones of the base of the cranium may be altered, and that such a fundamental change in man, is dependent on some small but slowly acting physical condition; and further, when we remember that some of these diseased changes may be arrested by a mineral element (iodine), we have strong analogy for expecting that some small defect in physical composition or co-ordination may be the condition or cause of the failure of vital "energy," at certain ages of the individuals, of the lung nerve segments; and we are led by analogy to the further hope of being able to supply the system with its just composition and co-ordination, so that the deviation into phthisis cannot occur.

Phthisis must be viewed not as a distinct disease, or "specific" existence, but as a varying deviation of normal growth, a varying failure of vital formative energy. The phenomena of phthisis appear after varied depressions. Thus phthisis appears after a group of fevers (measles, &c.), in those who habitually go to bed cold; from the mentally depressing influences and confinement of nun life; from the change from out-of-door to indoor life negroes in Demarara); from want of proper food, &c. Phthisis thus appears within the circle of those phenomena of the animal kingdom, which, latent in the system, reappear under certain depressing influences, and which are classed under the terms "contained variability."

Functional Changes.—In a large proportion of cases the patients do not come for chest symptoms. It is only in reply to questions that they remember that they, probably months ago, spat a streak of blood, or that they have had, for perhaps a year or two, a slight throat-clearing cough in the morning. The symptoms which, in most cases, lead them to consult a medical man, are those of some form of indigestion; or often the chief complaint is expressed by, "I am always tired," "I have no strength." There is often some gradual wasting of the body; or again, amenorrhœa may be the symptom which brings the patient. Such symptoms, be they wasting, weakness, indigestion, amenorrhœa, are signs of a more general malady of the system than these terms are usually used to imply; just as phthisis itself, though known locally in the lungs, yet fundamentally is a "general" disease. It is quite a popular belief that amenorrhœa "throws" the young girl into phthisis; and it is no easy matter to impress on the patient and her mother that the amenorrhœa is but a symptom of a general vital weakness, and that it can only be restored slowly by building up the constitution by a general and long-continued, yet judicious, tonic regimen.

In the class of indigestion cases great good follows the use of arsenic combined in the form I have stated; a degree of costiveness usually co-exists; for this the patients often habitually seek relief in some popular aperient pill. This I prohibit, and prescribe a mild course of Kissengen Water (Rakocsi). Such a water taken to the amount of a wine-glassful or two at night during a period of four or six weeks, has a most restorative effect on the digestive function, and without purging; the bowels become more regular, the appetite and strength improve, the "indigestion" disappears; the arsenic and mixture is taken daily after meals during the same period. Kissengen Water contains a small amount of sulphate of magnesia, but a far larger proportion of chloride of sodium. It would open up too wide a subject here to attempt an explanation of the causes of the great curative power of natural mineral waters. Whether it be, that in their extremely complex mineral composition, they supply some "force" or "energy" to the tissues; or still further, whether their elements and atoms are combined in certain "nascent" conditions, the fact remains that they have a most potential and lasting result for good against many symptoms and diseases. The appetites of those who are in the early "verging" stage of consumption are poor and capricious; fancies for particular foods are frequent. We all know that many phthisical patients, during many years, and even from childhood, loathe fat; but it is remarkable that delicate young people, both those who are quite free from disease, and those who are in the earlier stages of phthisis, and also many who are in somewhat advanced phthisis, and who all may loathe most kinds of fat, yet often have a craving for fat pork; and further, such fat thoroughly agrees with them. It is constantly recurring in my practice such patients crave for fat pork; where craved for it agrees. I was lately consulted by a gentleman, much emaciated, in advanced phthisis, and with *fistula in ano*, who had been formerly of fine muscular development. He had consulted a physician four years before, who had strictly prohibited pork, cheese, potatoes, and suet pudding. Yet these were the very articles he craved for, and digested without inconvenience.

I continually find phthisical patients crave for onions. They eat them cooked, or raw with salt, not only without inconvenience, but with great benefit. This craving for onions is not universal, but is very general; and where it exists it is very strong. Where patients do like and eat onions, I have often noticed that a day or two after eating them the breath loses the peculiar faint smell so common, if not peculiar, to early phthisis. I find that phthisical patients eat more largely of other food, if allowed chalots or onions. Many phthisical patients crave for salted foods, such as salt fish, corned beef, bacon, &c.; when craved for, I have never known them disagree. Again, pickled onions, and other pickles, are often craved for, and agree. I very commonly find that all such articles of food are debarred the young and delicate, and those threatened with phthisis. I can most emphatically say that I see great good from their use. Phthisis is in most cases a very gradual failure of vital power, and it cannot but be of great importance to supply the system with any treatment and elements of food in those forms which each individual case may most easily digest. These cravings of patients have deep foundation in Nature's wants. Not only is their gratification important to the individual patient, but they are most suggestive towards further inquiry. These subjects may not appear highly scientific, but they are not the less important. In Nature single facts viewed in a right method may lead to wide general truths.

The long existing early vital failure, as shown in the varied functional symptoms which precede the actual appearance of tubercle in the lungs, point to wide and general relations in the body. Thus, this early vital failure directs us to fulfilling not only the just external physical conditions under which animal life can alone exist, but also to efforts at potential co-ordination of vital "energy" by the supply of the elements wanting to the system's composition, and in this latter direction the "cravings" for special articles of food have profound significance.

The benefit from the combined arsenic and hydrochloric acid treatment in a large number of cases has been so marked that I feel it a duty to lay a statement of my trials before the profession, that others may confirm or correct the practice, and perhaps arrive at a more exact prophylaxis, and a truer and wider generalisation. My aim has been to seek to prevent the development of tubercle in the lungs, in those cases in which strong hereditary or natural tendency to such growth exists; to apply

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to them means, both externally hygienic, dietary, and internally by certain mineral elements, which may sustain the general vital powers of the body, and possibly the formative powers of those nerve segments of the body to which the lungs belong. The history of knowledge leads us to expect that the discovery of a prophylaxis to tubercle may be recognised, by analogy, long before mathematical analysis has determined the rate of the series of vital evolution, or before spectrum analysis shall have determined what mineral elements are wanting in the systems of those who pass to tubercle.

The history of knowledge, further, has ever shown, that the greatest general truths in Nature have been first observed in and of one series, with single facts; if, therefore, arsenic does do good; if it add to the vital power (and it undoubtedly does); if it thus, in any degree, sustains the growth of normal lung tissue, it is just to expect that in its use, in some of its forms, or in its *isomers*, may be found effectual co-ordinators of vital formative force.

Whilst I can confidently state that good results have followed the treatment in a large number of cases, yet it has failed to arrest the progress of tubercular deposit and softening, in some advanced cases, with strong hereditary tendency, in which I determinedly pursued the treatment. In some advanced cases, the patients have found themselves better, and with increased appetite, under the treatment.

Prevention becomes the great aim: in other words, during the years of youth, to avoid those varied depressing influences which lower the vital powers. I have already referred to the injury done to young people by prohibiting those articles of food which they most desire; the indoor life of our present civilisation, especially in reference to girls, injurious as it is, seems beyond the physician's power to remedy generally; but one may do great good individually. I have often been able to send out-of-doors, almost daily throughout the year, young girls who were being kept in during months, lest they should "catch cold." Such an indoor life is an almost sure road to phthisis in many cases; another very powerful depressing influence, and tending to phthisis, is that children, year after year, are sent into cold beds, and lie for hours with cold feet.

In giving arsenic, quinine, &c., during lengthened periods, to delicate young people, I have always remembered the authoritative cautions of Trousseau, as to the dangers of iron, and of rashly interfering with the constitutional habit of body of such cases; but I have not observed any contra-indications to the treatment which has been pursued.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Cases under the care of Mr. E. STAMER O'GRADY.

AMONGST the patients whose cases came to a conclusion during the last half of August and the month of September were the following:—

Ovariotomy—Recovery.—Patient unmarried, æt. 30, a smoker. Swelling first noticed four years ago; it began on the right side. Catamenia regular, lasting usually seven days. General health has been of late much impaired; takes but little nourishment; breath very fœtid. Renal secretion scant. The greatest circumference was 42 inches; from the umbilicus to either groin measuring 10 inches. Fluctuation very obscure; it was best marked in the upper part of the tumour. The sound showed the uterus to be free. The operation took place in a room in a small wing detached from the hospital proper, and where such cases are usually placed for and after the operation. A short incision readily exposed the cyst, which contained a very thick brown fluid; no adhesions. Pedicle clamped, and glass drainage tube inserted below it. This acted well, and was removed after 79 hours; the clamp being unscrewed after a week. For some days the prospect of the case was such as to cause considerable anxiety. Ice freely applied to the head and over the abdominal surface did good service, as also did rectal alimentation. Finally, a satisfactory and perfect recovery was obtained. It may be mentioned that during the earlier period of the treatment of this case a general and severe epidemic of erysipelas broke out in the city.

Fibroid Tumours of Uterus removed by Ecraseur and Enucleation.—The patient, æt. 34, had profuse menorrhagia for ten years. This had become much worse since her marriage, one year previously. Now enfeebled, and blanched to a degree, she sought operative interference. Digital examination found the os dilated to the size of a florin, with a polypus the size of a walnut presenting. The hand over the pelvis showed that further and more extensive trouble was present. Severe and continuous bleeding following the examination, the extirpation of the polypus was proceeded with the next day. The neck of the presenting fibroid was easily severed by an écraseur wire. After removing it, the globular-shaped extremity of another and very much larger growth was felt. The écraseur wire was applied to a somewhat narrowed portion which at first seemed to be the point of attachment of the growth; as the steel loop was tightened, and the mass drawn down, it became evident that the instrument was working in a constriction or waist-like depression in the growth, the real attachment of which was a wide insertion larger than a crown-piece into the immediate fundus. The écraseur firmly imbedded into the fibroid, enabled this to be manipulated as one wished. The steady traction exercised thereon greatly aided the shelling out, or enucleation process, which a limited incision, striking on the bed of the fibroid, enabled to be most satisfactorily practised, mainly with the right index, though the serrated scoop was of material assistance in the tougher spots. *The extremely firm grip of the écraseur facilitated greatly the extraction, or "delivery," of the mass.* Scarcely any bleeding attended or followed the operation, which was right well borne without chloroform. A good deal of febrile disturbance supervened. This abated in a few days. Later on there was lurking inflammatory trouble in the right iliac region, coincident with well marked sometime troublesome diarrhœa. After which the patient rapidly regained health and strength, being able to return to her country home 43 days after the operation. One catamenial period had occurred, the discharge being normal, both in quantity and duration.

Endometritis—Phantom Tumour.—Occurred in a well-nourished girl, æt. 17, who was also somewhat hysterical. In the abdomen was a tense firm tumour about as large as the pregnant uterus of the seventh month. In appearance and feel it closely simulated an ovarian tumour. The abdominal parietes were very thick, and masked the percussion sounds. A considerable amount of endometritis also existed. This was treated by swabbing out the canal, first with iodine paint, subsequently with concentrated nitric acid. A varied treatment, including free use of the bromide, was given internally. After a stay of nearly seven weeks, the girl left, greatly better in health, and having been for some time free from any appearance of the tumour.

Anteflexion of Uterus—Sympathetic Pain.—A well-built, healthy, florid-looking girl had suffered considerably for a long time from constant pain below the ensiform cartilage. She frequently vomited, the discharge being sometimes sanguineous. The catamenial flow was described as being preceded by, and attended with, excruciating pain. Examination showed anteflexion of the uterus; the organ was easily replaced, the reposition being attended with a feeling of immediate relief. Vomiting occurred during the manipulation, but not subsequently. During the time this woman remained under observation [including the next period, which was passed over with much less suffering than usual] she remained free from her old trouble.

Epithelioma of Lip (Three Cases).

By a curious coincidence two of these cases were instances of operation for recurrent disease. In the first

A.—The trouble was situated towards the right side of the lower lip of a man, æt. 68; was limited in extent to a portion of the thickness of the lip. Anterior and posterior elliptical incisions of less than an inch in length completely circumscribed the affected portions. The little wound was whipped together with the continuous catgut suture; it healed perfectly in a few days. This man had been operated on nine

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years previously for a similar growth on the left side of the lip, where a small cicatrix is now visible.

B.—Patient æt. 70, disease towards right angle of lower lip, and recurring on the site of the former trouble, which had been operated on a year previously. On the present occasion the malady had reached to about the size of a filbert, and stretched somewhat deeply into the tissues but was dealt easily with by the ordinary V incision. Two hare-lip needles, and two carbolised catgut sutures, one at the red border, the other at the lower angle, were required to close the wound.

C.—Male, æt. 56, disease somewhat more extensive than it was in the preceding case; similarly operated on and treated. Both patients recovered nicely, and were able to leave hospital in a few days.

Epithelioma of Ear treated by Nitric Acid.—In a man, æt. 68, the right ear had been extensively affected, the lobule tragus concha and anti-tragus alone not being ulcerated, though the tissues were all more or less deeply infiltrated. The unbroken skin being duly protected with oil, fuming nitric acid was freely applied by means of a lint swab to the ulcerated surface. The process repeated every few days for three or four times caused marked improvement in the appearance of the parts. The applications were attended with but very moderate pain.

Necrosis (Two Cases).

A.—*Of Tibia.*—In a lad, æt. 16, the trouble being in the right leg, and having originated from injury in jumping a fence two years previously. A large portion of the front and lateral portions of the tibia were removed as exfoliations, or gouged away where the diseased action sank deeply into the shaft of the bones. Low down, near the ankle, and above the centre of the limb, deep fossæ had to be cleared out. Subsequent exfoliations occurred, but a considerable amount of repair became effected. The ultimate result, however, was still doubtful when the lad left for the country, three months after the operation, Though the parts were healing steadily, the probe led to diseased bone in various places.

B.—*Of Femur.*—A delicate, red-haired, strumous lad, æt. 20, the trouble being seated on posterior and lower surface of the left femur. An exploratory incision showed a large flat piece to be nearly loose. The contiguity of the joint and artery rendered it necessary to clip this into fragments before extraction. The subsequent repair was prompt and satisfactory.

Warts (Extensive) on Penis (Two Cases).

A., æt. 24, the surfaces of the entire glans and opposing prepuce being converted into one huge cauliflower-like mass. The growths were clipped and mown off by scissors and scalpel, compression at the base of the organ being maintained. The hæmorrhage, which was inclined to be very free, was effectively controlled by introducing a short catheter, and firmly bandaging the parts down by strips of lint steeped in muriate tincture of iron. In a few hours the catheter was withdrawn, but the dressing remained unchanged for a few days, when it loosened, revealing a healthy granulating surface. The patient was made an "extern."

B., æt. 21, subject of acquired phymosis, concealing a sloughing sore which bled freely, and was attended with the characteristic offensive discharge. On slitting up the inflamed and œdematous foreskin, the glans was found in state similar to what it was in the previous case, there being in addition a sloughy sore as large as a fourpenny-bit situate on the dorsum. After clipping off the warts, nitric acid was freely applied to the entire surface. In ten days the man was made an extern, the parts then healing healthily.

Ingrowing Toe-Nail (Two Cases).

A., male, æt. 28, the diseased action affecting both sides of the left great toe, the soft parts were pared freely away, so as to make oblique inclined planes on either side from the nail. Local pressure by small cylindroid pads was kept up in the subsequent dressing. A fortnight after the operation patient could walk with comfort, and left hospital.

B., æt. 22. The right great toe-nail was the seat of long-standing disease. It would have been a case well-suited for the same mode of treatment as adopted in the preceding case, but the patient insisted on the total removal of the nail, which was done by an avulser. In twelve days the parts had hardened sufficiently to enable him to leave the hospital and attend as an extern. The occupation of both these men necessitated considerable exercise and constant standing, one being a nurse, the other a waiter.

Tenotomy (Two Cases.)

A. *For Bent Knee.*—A girl, æt. 15, whose left knee had been contracted to about a right angle since she was five years old (*i.e.*, for ten years), had the joint straightened under chloroform, after section of the hamstring, and some strong fascial bonds. At first the punctures healed kindly, and the case did remarkably well, the girl being able after a few weeks to get out and go about with a parafine bandage on. Subsequently, however, diffuse suppuration of an extensive and troublesome character occurred up the thigh. This was followed by erysipelas. On recovery therefrom the girl was sent to a convalescent home, where, after nearly a month's residence, she was seized with a second attack of erysipelas. This ran a favourable course, and left the girl with a limb consolidating firmly, the toes coming to the ground, and likely to become a useful member.

B. *For Club-Foot.*—Male infant, æt. 8 months. Talipes Equino valgus; tendo Achillis divided. Case treated on a simple splint, the limb being kept in position with adhesive straps, pads, and bandages. The progress of the case was most satisfactory.

Nævoid Tumour of Upper Lip.—Male child, æt. 1; disease the size of a small filbert in the substance of the upper lip; of firm cavernous structure, producing much deformity and projection under the nose. The growth was tied subcutaneously. Subsequently, setons required to be passed through isolated portions. Suppuration eventually became established, and was persistent, continuing freely for some time after the infant's return home.

Internal Hæmorrhoids—Ligature.—In a butcher, æt. 40, one very large bunch was transfixed, and tied with stout hemp cords. The superficial portions were then cut off; very little annoyance followed. In four days the ligatures had cut through, and the patient left hospital quite well within a week.

Severe Comminuted Fracture of Leg occurred in a tall lad, æt. 16, from a slab of marble, said to weigh over a ton, toppling over on his right leg; both bones were broken in several places, and the limb was largely distended with effused blood. Well-marked and extensive synovitis occurred in the knee of the same side. The case treated in the ordinary box-splint of the hospital made a rapid and capital recovery. The patient left the hospital with a well consolidated limb 31 days after the accident.

Partial Excision—Pre-patellary Bursa.—The swelling, as big as a very large orange, covered the entire front of the right knee of a stout girl, a servant, æt. 25. A free anterior incision having exposed the sac, the integuments were dissected off it, till about three-fourths of its surface were bared, when the cyst gave way. The exposed portions were now cut off, and free vent given to a quantity of thick rice-like material. A large drainage tube, pendent at the extremities of the cut, was inserted, and the wound closed with interrupted sutures. The progress and result was satisfactory; the girl being able to leave hospital twenty-two days after the operation.

Poisoning by Paraffine Oil.—A gentleman, æt. 24, at an hotel, was given a glass of this fluid instead of brandy. The liquid was swallowed at a gulph. Emetics were promptly given. Beyond a not unreasonable perturbation, no special symptoms were observed, and the individual left hospital the morning but one after the occurrence apparently in his ordinary health.

Reduction of a Shoulder, Eight Months out.—A thin, spare, weakly man, æt. 53, a tailor, presented with a subclavicular dislocation of the right humerus. The accident had occurred eight months previously. Under chloroform, long continued extension was maintained by pulleys, and the adhesion further broken up by free movements of the limb. After various manœuvres, ultimately with the heel in the axilla, displacement was effected, and the head of the bone gotten back to its normal location, allowance being made for the filling up of the glenoid cavity. Much and constant care was necessary to keep the head of the bone in its improved position, where it was when the man left hospital fifteen days after the reduction. The utility of the limb was still considerably crippled, but the patient was well-satisfied with what had been done, and refused to allow further interference.

Complicated Double Hare-lip.—Male infant, aged 11 months, the child of a paralysed mother. Himself formerly delicate, and the subject of cutaneous trouble. The protruding inter-

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maxillary mass was divided at the neck, forced back, and secured by interosseous suture. The lip, a deep one, required two needles and two carbolised catgut sutures, one of the latter being on the red border. Scarcely any blood was lost, not more than a drachm or two; the operation seemed to be well-borne, and the case looked very promising. In the evening all appeared to be doing well, but in the early morning, 17 hours after operation, the infant suddenly became convulsed, and remained so till death occurred three hours later. Save for a ravenous and insatiable appetite, this infant, at the time of the operation, seemed in every way healthy.

Excision of Elbow.—Male, æt. 24, a labourer, of notably unhealthy aspect; strumous diathesis well marked, with much glandular and suppurative mischief in the neck; also traces of former eye trouble. The elbow disease resulted from a blow of an iron bar ten years previously. The limb was extended, and numerous sinuses led down to diseased bone. On the anterior aspect of the elbow was a large ulcerated surface, which materially interfered with the after dressing. Elbow excised by the straight incision, the operation being attended with more than ordinary trouble in consequence of the dense and matted condition of the parts. Large portions of all the bones had to be removed. The limb was at first put up straight on an anterior-hinged gutter splint, which enabled it to be flexed to a right angle within a week. The progress of the case was wonderfully satisfactory; in ten days the patient was able to take regular out-door exercise. In eighteen days the splint was dispensed with; a marked improvement in the general health had now occurred. The case steadily progressed to recovery, leaving hospital with a strong useful limb and good moveable joint.

Amputation of Breast (Two Cases).

A. For scirrhus tumour, size of a small apple, on upper and outer part of gland. It had been growing a year. Slight adhesions existed to both the skin and the great pectoral. No glandular implication. Nipple not retracted. The breast and tumour removed by elliptical incision, the implicated portion of integument and a slice of the pectoral muscle being taken with the mass. The wound progressed most favourably, being healed in a fortnight. In the earlier part of the treatment free provision was made for drainage. Adequate support was carefully maintained throughout, with absorbent dressings.

B. For large adenoid tumour in a stout single woman, æt. 42. The growth was seated in the upper part of a very large breast. It had been four years growing, and was first noticed by accident. Latterly it had become very sensitive and painful on handling. The tumour and breast were removed by an inverted A meeting an elleptical incision below. Eleven vessels required ligature. The earlier progress of the case caused some anxiety; there was much increase of pulse and temperature; the margins of the cut, as well as large portions of the upper flaps, mortified. The mischief, however, was limited to where the attenuated skin had been tightly stretched over the tumour. The sloughs quickly separated, and subsequent repair was rapid, the patient leaving the hospital nineteen days after the operation, with the wound almost entirely healed.

Large Sarcomatous Tumour of Finger, occurred in a baker, æt. 41, who had the termination of his left index imbedded, a growth as big as an apple. This was in places ulcerated on the surface. By some dissection the trouble was proved to spring from the ungual phalanx, and the finger was amputated through the centre of the middle one. The little wound did kindly, and the patient left hospital at his own request in a few days, and before it had entirely healed. He seemed likely to have unimpaired power of movement over the digit. Section showed several minute cysts in the growth.

Amputation of Thigh (Two Cases).

A. On male patient, æt. 52, for disease of the lower half of the femur, sequent to former severe injury, received many years previously, which also extensively involved the knee. Before resorting to operation long and careful trial had been made of constitutional treatment. The amputation—almost trochanteric—was by long anterior and short posterior flaps. The vessels, numerous and large, were secued by carbolised catgut sutures as the operation progressed. The femur was very dense at the point of section. The case progressed satisfactorily to a speedy cure.

B. Also male, a strong, healthy labourer, who long suffered from disease of the knee, the result of injury received seventeen years previously. The joint was excised; for a couple of days the patient did well, but then spasmodic trouble became developed to an extreme degree. This was uninfluenced by treatment. The parts locally went to the bad. The patient, racked by unintermittent pain, sank rapidly, being, when the limb was amputated a week after the excision, in a truly deplorable state. The amputation was done as a *dernier ressort*, in the ward, the patient being in such a state that one darest not move him to the operation room. The steps of the procedure were as in the preceding case, the condition of the bone requiring its division at the junction of middle and upper thirds. For some days the state of the patient remained critical enough, but repair once started was rapid, and the stump was healed in a little more than three weeks. (*a*)

In both these cases pretty much the same after-treatment was resorted to. Immediate application of a solution of chloride of zinc to the wound; provision for free drainage and undisturbed rest, secured by careful strapping and position. Both men required tonic and stimulant treatment for a time.

Compound Dislocation of Ankle (Two Cases).

A.—*Amputation of Leg.*—A rearing horse fell over on a groom, a strong, healthy man, æt. 20, causing a compound comminuted fracture of the lower end of fibulæ, tearing out the peroneus longus and brevis. tendons, opening the ankle-joint, and fracturing the astragalus. The patient would not permit amputation till after he had been more than three months in hospital, during which time much local inflammatory trouble, extensively spreading up the leg, had taken place, so that it was a matter of considerable management to obtain material for "a circular" below the knee. Convalescence was somewhat slow, it being six weeks before the stump had entirely cicatrised.

B.—A wall fell on the left leg of a healthy, well-preserved man, æt. 55 (the same limb had been previously the subject of injury at the hip). There was extensive comminuted fracture of the fibulæ; and save for the ruptures of the peronei tendons the appearance of the case bore a very considerable general resemblance to what was presented in the foregoing one, the subject of which lay in the adjacent bed. The finger freely entered the joint, both anteriorly and posteriorly, everywhere meeting broken bone. The patient would not permit amputation. He seemed to suffer but little, and took nourishment freely. Nevertheless, after a few days, he began to sink. Delirium supervened; and he died eight days after the accident.

Transactions of Societies.

HARVEIAN SOCIETY.

FRIDAY, OCTOBER 17th, 1879.

The President, H. C. STEWART, Esq., in the Chair.

Mr. ALDERSON exhibited

A GREAT ENLARGEMENT OF THE HEART.

This was a heart of unusual size. It came from a young man, a cab-driver, who drove from Cambridge to London in one day within a week of his death. He had been the subject of recognised heart disease for some time before his death. A double mitral murmur was heard in life; and on the post-mortem examination, the mitral orifice was found narrowed, and also rigid, so as to permit of regurgitation. During the last few days of life convulsions, with unconsciousness were common. There was great enlargement of the ventricles, especially the left; and the aortic valves were just commencing in chronic valvulitis. The kidneys could not be examined. The heart was full of clots, and altogether weighed 38 ounces.

The PRESIDENT, Dr. WILTSHIRE, and Dr. FOTHERGILL spoke, after which,

Mr. ALDERSON replied.

(*a*) There was under treatment simultaneously with this case another, in which also amputation of the thigh had to be performed, subsequent to excision of the knee. The stump healed entirely in a fortnight, but the patient is still an inmate of the hospital, for the remains of bad bed sores.

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Dr. MILNER FOTHERGILL then read the paper of the evening, on

THE IMMEDIATE AND PERMANENT TREATMENT OF DISEASE.

He pointed how in many cases the treatment which gives immediate relief is not that to be continued in the permanent interests of the patient. He instanced first the free use of opium in the hacking cough of phthisis, and in chronic bronchitis, which gave immediate relief, but did harm eventually. Then in the diarrhœa due to impacted masses in the rectum, astringent mixtures might give immediate relief, but they were not curative, while removal of the masses was. So, too, in neuralgia the injection of morphia eased the pain for the time, but if continued, was more likely to confirm it than to cure it. Likewise in dyspepsia, of reflex origin; it was all very well to give the ordinary mixture to relieve it, but its cure depended upon the removal of the exciting cause. In gout, too, the application of cold, or of leeches, give instant relief; but he quoted Garrod in illustration of the evil consequences which follow such treatment. But of all instances of the conflict betwixt the present and the permanent treatment of disease, that furnished by endocarditis was, he said, the most striking. It was the rule to give tonics as soon as possible, and to get the patient up; but, he contended, the proper plan of treatment is to keep the patient flat in bed for some days after all evidence of active mischief has passed away. The growth of connective tissue in the valve-curtains, which is lighted up by the inflammatory storm that passes over the endocardium, persists some time after the endocarditis itself is over; and it is the mutilation, caused by the contraction of the neoplasm, which we have chiefly to dread. Consequently, the true line of practice is to reduce the strain upon the inflamed valve-curtains by complete rest, and the administration of agents which lower the blood-pressure within the heart and arteries. The more the connective tissue growth could be limited at the outset, the less the future mutilation of the valves. A few days in bed are nothing compared to future valvular disease.

The PRESIDENT, Dr. CLEVELAND, Dr. MORTON, and Mr. CRIPPS LAURENCE took part in the discussion which followed, after which

Dr. FOTHERGILL replied.

The Society then adjourned.

THE NEW ORDER OF MEMBERSHIP OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

OUR readers will recollect that the College has obtained a revision of its Charter by the Government authorities, with a view to the establishment of a new order of graduates between its licentiates, or mere diploma holders and its fellows, or supreme governing body. The bye-laws and regulations in reference to membership have just been approved by the College and the Government, and are as follows:—

I.—The grade or order of members of the King and Queen's College of Physicians in Ireland is distinct from that of the fellows of the College, and the members of the body corporate of the president and fellows of the King and Queen's College of Physicians in Ireland.

II.—The members of the College alone are eligible to the fellowship. They shall have the use of the reading rooms, library and museums, subject to the regulations relating thereto, and shall be admitted to all lectures, and shall enjoy such further privileges as may from time to time be defined by the bye-laws.

III.—All persons who have been admitted licentiates of the College, before December 12th, 1878, shall be entitled to be admitted members of the College without payment or examination, on giving six weeks' notice, in writing to the registrar, of their intention to avail themselves of the privilege conferred by the supplemental charter, and on complying with all or any other prescribed conditions, provided that they have, since their admission as licentiates, obeyed the bye-laws of the College.

IV.—Every candidate for the membership of the College must be a licentiate of this College for three years at least, computed from the day on which he shall have subscribed his name on admission as a licentiate, or, a licentiate of one year's standing, and a graduate of arts of a University in the United Kingdom, or, a licentiate of one year's standing, and a registered practitioner of seven years' standing.

V.—Every candidate for membership shall furnish proof that he has attained the age of twenty-five years.

VI.—Every candidate shall produce a testimonial from a fellow or member of the College, or from a fellow of the Royal College of Physicians of London or of Edinburgh, satisfactory to the College, to the effect that as regards moral character and professional conduct he is a fit and proper person to be admitted a member of the College.

VII.—No candidate shall be admitted to examination who is engaged in trade, or who directly or indirectly vends medicines or drugs, or who practises medicine or surgery in partnership, by deed or otherwise, so long as that partnership continues.

VIII.—Every candidate for examination shall produce evidence of having attended courses of practical instruction in ophthalmology and histology; he shall also produce evidence that he has held during at least six months the office of resident physician or resident medical pupil, or has acted for the same period as clinical clerk in the medical wards of an hospital recognised by the College, or that he has been in medical charge, for at least twelve months, of any public institution for the treatment of the sick.

IX.—Every candidate, before being a member of the College, shall subscribe the following declaration in the presence of the president and fellows:—

"I do hereby solemnly and sincerely promise that I will observe and obey the statutes, bye-laws and regulations of this College, relating to members, and will submit to such penalties as may be lawfully imposed for any neglect or infringement of them."

"I further promise and declare that I will, to the best of my ability, do all things in the practice of my profession for the honour of the College and the good of the public."

EXAMINATION FOR MEMBERSHIP.

X.—Stated examinations for the membership of the College are held quarterly, in the months of January, April, July, and October.

XI.—Every candidate for the membership must return his name to the registrar of the College, and lodge with him his certificate, bank receipt of fees, and his schedule, (*a*) at least *four* days before the first Friday in each of the above-named months. Should the evidence produced by the candidate be in accordance with the bye-laws of the College, the candidate will be permitted to present himself at the ensuing examination.

XII.—Every candidate for examination will be required to translate into English a passage from a Latin author, or to show that he possesses a knowledge of Greek, or French, or German.

He will also be required to pass a professional examination in the following subjects:—Pathology, medical anatomy, histology, medical chemistry, principles of public health, including climatology and meteorology, psychology, forensic medicine, and clinical medicine. (*b*)

XIII.—The fee (*c*) for membership shall be twenty guineas.

Conditions under which Candidates who were admitted Licentiates of the College, before December 12th, 1878, may be admitted members of the College.

1. They shall comply with bye-laws IV., V., VI., and VII.

2. They shall also satisfy the College that they have, since their admission as licentiates, obeyed the bye-laws of the College.

3. They shall give notice, in writing, to the registrar, of their intention to avail themselves of the privilege.

4. Should the College be satisfied that they have complied with the above regulations, they shall be admitted

(*a*) Blank schedules are to be obtained on application at the College, or by letter addressed to the registrar, College Hall, Kildare Street, Dublin.

(*b*) The examination will be conducted by printed questions, and orally, as well as at the bed-side in the medical wards of one of the hospitals.

(*c*) This fee must be lodged to the credit of the King and Queen's College of Physicians in Ireland, in the Royal Bank, Foster Place. All cheques made payable to the Treasurer, to be crossed Royal Bank.

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members without fee or examination, on taking the declaration required of members. (a)

Should the candidate wish to obtain the parchment diploma of member, he shall pay one guinea.

(Signed),

J. MAGEE FINNY, M.D., Dub.,
October 15, 1879. Fellow and Registrar.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
,, IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 22, 1879.

THE RELATION OF THE STATE TO MEDICAL EDUCATION.—III.

IT is, in fact, the inequalities of the existing system of medical licensing in this respect which has caused it to break down, and has necessitated the erection of a uniform standard of educational competency, upon which the Government and Parliament are now engaged. The higher class of licensing bodies, as for instance, the English Universities, and the University of Dublin, occupying a position of monetary independence, have been enabled to give effect to their desire that their *alumni* should be men of culture and of the highest qualification, and have demanded from candidates an extent of study, a degree of knowledge, and an expenditure of money, which could only be repaid to the student by the lucrative practice of cities or by the highest public appointments. These bodies, in fact, lay themselves out to supply a limited and high-class medical market, and they do not pretend that their degrees are qualifications suited to the wants of the profession at large or of the great mass of the community.

On the other hand, certain of the licensing bodies, being coerced by the struggle for existence, have offered their diplomas to all comers who could bring their diploma fee in their hand and support a pretence of professional competency by a smattering of medical knowledge. These bodies supply the lowest medical market with a qualification below even its needs, and do not aim at any higher function than guaranteeing enough medical knowledge to enable the practitioner to pass muster. The high-class body undoubtedly does its duty, by requiring strict proof of the capability of those whom it qualifies, but it cannot be said, in any degree, to fulfil its function of supplying the public with medical practitioners suitable for their use. The low-class corporation is guilty in many demonstrable instances of sending out into the world men utterly unfit to undertake the treatment of the most ordinary diseases, and, in fact, dangerous to the lives and health of the community.

Yet the degree of the high-class bodies occupies legally, exactly the same position as the nominal guarantee given by the low-class corporation, and neither institution fulfils the duty which the public expects from it—that of supplying for the public use practitioners thoroughly competent to take charge of patients, and at the same time willing to work for the remuneration which the community at large can offer.

As long as the supply of practitioners is not over-restricted, and that the public suffers no inconvenience by the over-education of medical practitioners, it is obvious that the State has no reason to interfere in the regulation of high-class licenses, inasmuch as they are all sufficient as guarantees of competency, and are requisite for the wants of the more wealthy of the community. But the amount of education suited to the requirements of the lower classes of the community cannot be left solely to the limitation of the law of demand and supply; and, inasmuch as the Medical Council have failed in imposing a proper educational limit, it has become the duty of the State to interfere.

For these reasons it must be borne in mind by the framers of the schemes of conjoint examination, which are to be the entrance gates of our profession in the future, that it will be their duty to insist upon nothing more than reasonable practical competency to treat every-day disease and to grapple with surgical emergencies of ordinary occurrence. This, and nothing more, should be the definition of professional efficiency, as demanded by the State; and it will require discretion to frame such a scheme of education and examination as shall mark that limit at its proper position in the medico-educational scale. We are all conscious that there is really no such entity as perfect and comprehensive medical and surgical capability, and that whatever degree of education we may demand, it will always fall short of that which is required to deal with occasional emergencies. We must, therefore, place restraint upon our desire—the offspring of this consciousness—to force upon all practitioners the acquirement of skill suitable to these exceptional emergencies, and we must not lose sight of the fact that the community at large neither needs nor is capable of paying for such attainments, and that, generally speaking, the patient has facilities for obtaining the benefits of this high degree of skill when it is urgently needed.

(a) In case the residence of any candidate should be out of Ireland, the candidate will be required to send a copy of the declaration, written in his own handwriting, with his name subscribed and duly attested.

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We would, therefore, urge that in the construction of conjoint schemes of education and examination all considerations—scientific and social—should yield before the superior claims of the practical, and that it should be constantly before the mind of the framers of our future system that thorough competency, such as can be achieved under all the existing circumstances, can be best secured by insisting that the student shall have learned thoroughly the groundwork of his daily average practice, and that he shall prove by actual demonstration that he knows how to use that groundwork to his patient's advantage.

In connection with conjoint examination we, therefore, deprecate the dilution of the education or examination by high science, advanced theory, or literary erudition. Had we the dictating of the system, we should ask nothing more and accept nothing less from the student than a thorough knowledge of the anatomy of the viscera, and of all those parts that meet the eye in surgery, or the mind in practice of physic; a knowledge of physiology thoroughly sufficient for the comprehension of disease as it is seen and felt in every-day practice; a full acquaintance with the chemical and physical relations of the animal functions; a perfect understanding of the principles—mechanical and pathological—upon which surgery is founded, and a knowledge of the therapeutic effects of drugs in their various combinations.

All knowledge beyond this—advanced chemistry, pharmacy, hygiene, botany, forensic medicine, comparative anatomy, and so forth—I would encourage and reward, but not demand. Finally, I would insist that every candidate for admission to the profession should prove the thorough competency of his mind, his senses, and his fingers to apply the knowledge thus tested to his practice. He should prove his quality upon the sick patient, the dead subject, and the model, with knife, bandage, splint, stethoscope, and test glasses. He should show me that, unaided, he was capable of examining a patient, diagnosing the disease, and attacking it with hand and with drugs. Beyond this—for a qualifying examination—we would not go one step, and would to relegate Fellowships and Doctorates a knowledge of all those theoretic investigations and literary crudities which form, under the present system, no insignificant part of the student's work.

Should the method which we advocate be pursued, we may, possibly, have uncultured and ill-read practitioners, but we will, at least, not be chargeable with receiving into the ranks of our profession and letting loose into general practice men who have never acquired, or been asked to acquire, the commonest elements of medical theory, the most moderate knowledge of animal structure, or even a limited acquaintance with disease or its treatment.

THE ADMINISTRATION OF THE PUBLIC HEALTH ACT IN IRELAND.

We have already devoted two articles, published since the issue by the Irish Local Government Board of the sealed order with reference to the appointment of medical officers of health, to the purpose of pointing out that the tendency, and, apparently, the object, of the Board is still, as it has always been, to neutralise the intention of the Public Health Act in Ireland, and to discourage sanitary activity on the part either of local authorities or their officers. We protested most earnestly—and we reiterate the protest now—against any public department undertaking to change the policy of Parliament, and, by manœuvring the limited powers confided to them, to defeat the purpose of the law which is entrusted to their administration, and we cannot refrain from giving expression to our surprise and disgust that the Local Government Board for Ireland should, through many years, have accepted and continuously occupied the position of the enemy of sanitary improvement. It is not necessary that we should repeat our references to the evidence that the Board has deliberately assumed and maintained this attitude; we propose now to appeal to history to show that the admitted break-down of the Irish public health system is the natural outcome of this policy.

We have already narrated how the Irish Local Government Board initiated its obstruction by illegally abolishing the office of Medical Superintendent Officer of Health, which was created by the Act of 1879, and by illegally creating the sham appointment of Consulting Sanitary Officer, for which there is not, and never was, any authority in the law. We have reminded our readers that their second step was, under the cloak of the Treasury, to forbid sanitary authorities to give anything like an adequate salary for sanitary duties. When these salaries came to be fixed the boards of guardians were utterly ignorant as to the nature or extent of the duties to be performed, and sought information from the Local Government Board. That department did not afford the information, but replied, in effect, that the sanitary authorities might vote a nominal salary for the time being, and increase it when they pleased. Doubtless the L. G. B. knew quite well that the authorities would *not* please, and served their own purpose by inducing such authorities to fix sham salaries as a temporary measure, being pretty certain that the said sham salaries would, in many instances, be permanent. Therefore, very many of the medical officers undertook their public health duties on salaries of £3, £5, or £10 a-year, and never got beyond that noble scale of remuneration.

Thus, the execution of the sanitary law of Ireland began under not very encouraging circumstances—its administrators themselves often the worst offenders against sanitation, and educated for all their lives in dirt and sanitary neglect. Its officers, new to their work, and uninstructed as to their duties, paid next to nothing, required to discharge functions which they knew would be inglorious, uncomfortable, and unpopular; its governing department anxious that both the local authorities and their officers should do as little as possible, and give as little trouble as might be by overzeal. Of such a state of things the natural and inevitable tendency would be that the officers would speedily learn that it was "the buttered side of their bread" to take their salaries and do as little as possible, and leave sanitation to take care of itself. That such results did not actually accrue was proved by the Parliamentary returns made on the 21st of March, 1878, upon the motion of Mr. O'Leary, M.P. This document gives the number of sanitary reports made

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by each sanitary officer in Ireland for the successive years 1875, 1876, and 1877. We have taken pages of this return at random, totted the numbers of reports made by 250 officers named on these pages, and calculated out the proportional numbers for the whole of Ireland. The result is as follows :—

Number of reports made by 802 sanitary medical officers—

1875	25,479
1876	11,159
1877	9,011

It will thus be observed that on an average each medical sanitary officer made, in the first year of his appointment—

1875	32 reports.
1876	14 ,,
1877	11 ,,

There was, in fact, a falling off of sanitary zeal in each successive year, as compared with its predecessor : for

1876	56 per cent.
1877	13 ,,

It is obvious that the number of inspections recorded in this return could have had no appreciable effect upon the amount of insanitation existing in Ireland, and we must, therefore, conclude from these figures that, in consequence of the discouragement administered to their officers by the sanitary authorities and the Local Government Board for Ireland, nearly three-fourths of the work which the Public Health Act provided for ceased to be performed, and that, since that time the sanitation of Ireland has remained, to all intents and purposes, absolutely neglected. We appeal to these figures as proof beyond dispute, that the Dispensary and Workhouses Medical officers of Ireland were always ready, anxious, and competent to carry into execution the sanitary law of Ireland, that, in spite of such readiness that law has ceased to operate, and, we insist that for that failure, the Local Government Board for Ireland, and it alone, is directly answerable.

Having, as we have said, opposed and hindered the sanitary officers in the performance of their duty, the local authorities and the Local Government Board, have not hesitated to make use of that failure of efficiency, for the purpose of still further discouraging sanitary reform. On the recent readjustment of salaries, the sanitary authorities have, one and all, made use of the argument that, as little or no work was done, they were justified in decreasing the pittance hitherto paid for the performance of such work. Not one Board of Guardians in Ireland, so far as we have seen, has realised the fact, that it has had, in return for the sum which, if paid, much more than its value in labour, nor has the Local G. B. had wit enough to see that, the more they reduce the salaries the less work they will get out of the dispensary medical officers, and that they themselves are solely to blame in the matter. There must be no misapprehension on this point. Parliament has thought fit to force certain duties on a certain class of professional men, without their having sought for the functions. That class of officers have accepted the duties without protest, and have, *pro tanto*, made themselves liable to perform the duty efficiently as long as their employers observe their part of the contract. But an item in that contract is that the employers shall pay a fair remuneration for the work to be done ; and if they have failed to do so, neither Parliament nor the Local G. B., nor the sanitary authorities, have any moral right, nor can they have any power, to compel these officers to perform the duties efficiently. We feel ourselves morally justified, and fully authorised, to tell the Local Government Board that they will obtain from the health officers of Ireland what they pay for only, and no more ; and that they have no reason to expect, from their recent proceedings, any other result than a sham execution of Irish sanitary law, and ultimately a disgraceful and disastrous breakdown, and a thorough public exposure.

Notes on Current Topics.

Changes in the Profession in Ireland.

In the compilation of the Irish Medical Directory fo the forthcoming year, in addition to several thousands of changes in appointments, &c., the names of 310 members of the profession will have to be removed from the last issue, 54 of these have died since the 1st January last, and 256 have left Ireland. During the same period 135 members have been either registered, or have settled to practice in Ireland, 126 have changed their addresses to other parts of Ireland ; these returns show the need for such a publication. The edition for 1880 will contain above 2,550 names, and amongst the list of distinguished members, the new issue will contain the names and particulars of those members of the profession who are holders of the Victoria Cross.

Registration.

In our advertising columns to-day, will be found a notice which is very important to many of our readers. It is often forgotten that by Section xiv. of the Medical Act, qualified practitioners are liable to have their names erased from the official Register, and thus, by Sections xxxi. to xxxvii. of the said Act, to lose the right to hold certain appointments, to sign valid certificates, or to recover in any court of law charges for professional services. For their own interests, therefore, we would counsel all who have changed their residence since registration or whose names or addresses appear incorrectly in the present edition of "The Medical Register," to at once send a rectification thereof, to the Registrar, in order to avoid the annoyance and inconvenience that would necessarily follow omissions or inaccuracies, for which they alone are responsible.

The will of the late Dr. Radclyffe Hall, who formerly practised at Torquay, Devon, has just been proved, and the personal estate sworn under £90,000.

The German Medical Congress at Eisenach has declared vivisection necessary in the interests of science in general and of medicine in particular.

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The Wisdom of Guardians.

THE inmates of the Bethnal Green Workhouse are at present suffering under the infliction of guardian-wise regulations, which are likely, if persisted in, to eventuate in a serious epidemic of disease. By a decision of the guardians of the Bethnal Green Parish, a well has been recently opened in the grounds of the workhouse, and from it the paupers have been, and are still, supplied with drinking water. By analysis of the liquid, Dr. Frankland has arrived at the conclusion that it is distinctly poisonous, and in spite of this the authorities continue to insist on the use of the deleterious water by the eleven hundred inmates of the union. In face of the expressed opinion both of Dr. Frankland, and one at least of the guardians sitting on the board, this determination cannot be regarded in any other light than as a direct negligence on the part of the members who concur in the act of the majority; and further, it must be thought that any ill effects, such as may be confidentally expected to follow continuous ingestion of a noxious element, will be the effect of a culpable disregard of public duties by public servants. Surely, however, the medical officer of the union can exert a sufficient amount of authority to stop the further consequences that must follow should the guardians, after due warning, persist in the decision they have already expressed.

Railway Comforts.

THE Great Northern Railway Company has just commenced a train service which will be a means of adding much to the comforts of those who require to take frequent and hurried journeys by train. One of the chief discomforts of the present system—a discomfort productive of very considerable digestive disturbance—is the inadequate accommodation for feeding afforded by the refreshment rooms of most stations. Further, too, the hurried bolting of the food to which passengers are forced is the cause of many an attack that follows after journies by rail. The introduction of a saloon dining car, therefore, on the Great Northern line to Leeds will be hailed with satisfaction by business men, to whom time and health are valuable. If they should become sufficiently generally employed on our lines to lead to the closure of the ordinary refreshment room, then will be destroyed one source, at least, of very much of the casual illness of this country.

Dr. Bristowe on Preventive Medicine.

THE inaugural address on the opening of the new session of the Society of Medical Officers of Health was delivered on Thursday last by Dr. Bristowe. In the course of his speech he dwelt on the great importance of studying the progress of preventive disease, with the object of introducing methods whereby its course may be obstructed at an early stage; and he expressed an opinion that the rapid strides made, and being made, in pathological knowledge, must result in a very extended field for the application of the expectant treatment. A hopeful view was to be taken of the endemic diseases, such as goître, cretinism, dysentery, and malarious fevers, and though the exact cause of them may be at present unknown, daily progress was being made in the way of ascertaining facts that would lead to a rational ætiology. As an indication of the points necessary to be followed out, and as sketching the modes of procedure to be adopted by observers, the address possesses a distinctive value; and since it will be printed and circulated by the society before which it was delivered, it will probably be serviceable by stimulating medical officers of health to enter on a more searching inquiry into the causes and possible prevention of disease.

The Howard Medal.

THE Statistical Society announces that the Howard Medal, to be awarded in November, 1880, will be for the best essay on "The Oriental Plague in its Social, Economical, Political, and International Relations, especial reference being made to the labours of Howard on the subject." In addition to the medal the winner will receive a money grant of £20 from the Council of the Society. Papers must be sent in to the house of the Society on or before June 30th, 1880.

An Interesting Surgical Case.

WE extract the following note from *Nature*:—

"An interesting surgical case was recently reported by M. Larrey to the French Academy of Medicine. A young carpenter received a blow from an axe on his right foot. The big toe was almost completely detached; it was held merely by a small shred of skin, and hung on by the side of the foot. Dr. Gavey, who was at once called in, detached the toe completely; then after having washed it, and the wound on the foot, he adapted the two surfaces as well as possible, one to the other, and made them hold together by means of strips of lint soaked with collodion, and placed along the toe. When the collodion had set, another strip was wound round. Further, an apparatus was used to keep all the parts of the foot in perfect immobility. Twelve days after the dressing gave no bad smell, the patient was very well, and desired to go out; and twenty-four days after the accident the cicatrisation was perfect."

It is to be regretted that no mention is made in the above record of the dressing employed in treating the case. From the account given, however, we infer that antiseptic precautions were employed, though possibly from the nature of the injury, and the immediate attention it received, it may have done thus well under the older plan.

The Italian Colony in London.

A SPECIAL commission deputed by the *Lancet* to report on the condition of the Italian colony on Saffron Hill, has recently issued an account of its investigations. From the description there given it is abundantly clear that very energetic measures of sanitary reform must be speedily adopted to prevent the neighbourhood from becoming a hot-bed of epidemic disease. In every house in the quarter, overcrowding is practised to an extent unusual in even the most thickly populated English regions, very many of the rooms inspected being so filled with inmates during the night that there was as little as fifty or sixty cubic feet of air to each person; and in no instance was it found that anything approaching the amount of cubic space necessary to health was enjoyed by those sleeping in the rooms. The surroundings, too, were of the most disgusting description. The accumulated filth of years lay everywhere

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around, in defiance of all hygienic law, and the natural concomitants of such neglect, vermin and noisome effluvia, were apparent to eye and nose often to an extent unbearable to any but the accustomed senses of the organ-grinder. The common rules of decency, too, were violated, by the huddling together of both sexes indiscriminately in a single apartment, no regard being made either to family relations or the fact of no family ties at all connecting the inmates. The utter ignorance of the dangers attending them through the presence in their midst of persons suffering from infectious disorders, shown by these people, and pointed out in the report, presents, in our opinion, the gravest indications of a possible spread of disease through the agency of the peripatetic street musicians; and it becomes a matter of some moment to the public of London, and of those other large towns where similar colonies of Italian emigrants exist, to adopt prompt and efficient means of ensuring that the dangers to be apprehended from this source shall be as limited as they possibly can be. The attention of the sanitary authorities will doubtless be d awn to the nuisance now that it has been thoroughly exposed, and habits of cleanliness, and precautions against the risks of infection, however uncongenial to them, will be forced on the unwilling foreigners who locate themselves in the midst of crowded districts.

Aristotle's Theory concerning Right-Handedness.

Dr. Crichton Browne has lately been lecturing on the subject of "Right-handedness," thus reviving a topic which has not been overlooked by the ancients.

Aristotle has written on the subject, and Mr. Pearson, of Emmanual College, Cambridge, contributed a paper to the Cambridge Philosophical Society, 1874, on "Aristotle's Notions of Right-handedness." The following synopsis of Mr. Pearson's paper, read by the light of Dr. Browne's more recent theories, will be interesting to all who have read Dr. Browne's lecture. After referring to the paper by Dr. Hollis on this subject, communicated ast year (Nov. 30, 1874, *Journal of Anatomy and Physiology*, vol. ix., p. 263), Mr. Pearson stated that he had been led by Aristotle's great reputation to inquire what his views on the subject might have been.

Partly from a perusal of much that Aristotle has written on the subject, but mainly from the new index by Prof. Bonitz, he gave a *resumé* of the passages bearing on the subject. These passages seemed to show that Aristotle considered (1) that the right hand or side was naturally the source or origin of motion; (2) that in nearly all living creatures capable of motion it is the better or stronger side; (3) but that while the heart is always the origin of vitality, it is in the human race only set towards the left side of the body; in all other living creatures it is in the centre of the body or trunk. And though it may be a fair question how far Aristotle was misled by the preferential use of the right hand by the human race, to attribute an excellence in the right side to the animal world, there can be no mistake about the distinct language in which he does so. Some observations were added about terms in which Mr. Lewes in his work on Aristotle (1864), criticises some errors into which that writer has fallen in his works on natural history, while it was admitted that he is probably right in considering that there is no reference in Aristotle's writings to the anatomical examinations of any but animal subjects; though the fact that Macrobius ascribes to Erasistratus and Herophilus—two celebrated physicians of the succeeding generations—the practice not only of dissection, but of vivisection of human bodies, it shows that if the story be true, public opinion could not have been quite unprepared for it.

Mr. Pearson also refers to a passage in the Encyc. Britann., art. "Com. Anatomy" (202-205, ed. 1810, but not occurring in later editions), in which the preferential use of the right hand is discussed and ascribed to a natural peculiarity in the form of the subclavian and carotid arteries on that side, in which it is stated that a similar preference for the right side may be traced in dogs, if not in horses.

He said, however, that he would not answer for the existence of such a preference himself in those animals, nor in the lion and camel, to which Aristotle and Pliny after him especially ascribe it. He concluded by exhibiting a lobster, of which the right claw is distinctly larger and stronger than the left, as is especially mentioned by Aristotle.

In the subsequent discussion, Mr. Neville Goodman considered that the paper had only shown the superiority of the inductive to the speculative method of reasoning, although proving Aristotle's skill in adducing facts from the great repertory of Nature in favour of his own views.

He quite admitted that many facts indicate the right side as having a preferential motor function. In addition to the examples given, the whole order of Gasteropods were mentioned as having their chief organs on the same side, while the ordinary snail exhibits an excessive development in the same direction. To this rule, however, there are many exceptions. Again, the flat fish (*Pleurovectidæ*), though quite asymmetrical in their form, have not by any means always their motor functions to the right, the sole being generally developed to the right, the turbot to the left. He doubted the preferential use of the right side in animals, and though in ancient art the left leg is advanced, the position he thought purely conventional.

The Health of Dublin.

The deaths registered in the Dublin Registration District during the week ending October 11, 1879, represent an annual mortality of 28·8 in every 1,000 of the population. The average annual death-rate represented by the deaths registered in eight large town districts of Ireland (including Dublin), last week was 23·5. In London the death-rate was 19·7; in Glasgow it was 18·0; and in Edinburgh, 18·9.

In the Dublin district the deaths amounted to 174. The number of deaths from zymotic diseases registered is 27, being 9 under the average for the corresponding week of the last ten years: the deaths in this class include 2 from small-pox, 3 from measles, 9 from scarlatina, 1 from whooping-cough, 5 from fever (1 typhus, 3 enteric, and 1 simple continued fever), 4 from diarrhœa, &c. The registered deaths from small-pox are 3 less than in the preceding week, and are much under the average of recent weekly numbers, but the admissions to hospital of new cases of

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this disease, which have of late fluctuated considerably, were, last week, in excess of those for either of the two weeks preceding, the number being 36 against 17 in the week ending 4th inst., and 28 in that ending 27th ult.; in the week ending September 20, 42 new cases were admitted. Twenty-one patients were discharged last week, 4 died, and 80 remained under treatment on Saturday last, being 11 over the number in hospital at the close of the previous week.

The number of new cases of scarlatina admitted into the principal Dublin hospitals last week was 10, against 19 in the previous week, and 6 in that ending 27th ult. But few cases of fever or of pneumonia were admitted.

The quarterly summary just issued of the number of deaths in the district during the quarter ended September 27 amounted to 1,970, affording an annual ratio of 25·0 in every 1,000 of the population. The average number in the third quarter of the ten years 1869-78 was 1,724, equivalent to an annual mortality of 22·0 per 1,000 persons. Thus the deaths during the past quarter show an excess of 246, or 14 per cent., over the average of the corresponding quarters of the past ten years, and a rate of mortality in excess of that average amounting to 3·0 per 1,000.

The ratio for London during the quarter was 18·4 in every 1,000 of the inhabitants; in Glasgow, 16·9; and in Edinburgh, 16·5 in every 1,000 of the estimated population.

The number of deaths from zymotic diseases registered during the quarter was 383, being 138 less than in the second quarter of the current year, and 47 under the average for the third quarter of the past ten years. The deaths from this class were at the rate of 4·9 per 1,000, against an average of 5·5 per 1,000. Omitting deaths of persons admitted into Dublin hospitals from localities outside the district, these seven principal zymotic diseases caused 289 deaths, being equivalent to an annual mortality of 3·7 per 1,000. These deaths consisted of 60 from small-pox, 29 from measles, and 68 from scarlatina.

In the deaths registered from the seven principal zymotics there has been a decrease of 60 in small-pox, 31 in measles, 14 in scarlatina, 2 in diptheria, 7 in whooping-cough, and 18 in fever, and an increase of 17 in diarrhœa, as compared with the second quarter.

During the quarter there were 261 cases of small-pox admitted to the Dublin hospitals, against 462 in the preceding quarter. At the close of the quarter, on September 27, there were 80 cases of this disease under treatment, as compared with 93 at the close of the second quarter, on June 28. Towards the end of the quarter small-pox showed a tendency to become more prevalent in the Dublin district; the lowest number of weekly admissions to the hospitals was 5 in the fifth week of the quarter, and the highest, 42 in the twelfth week, and 28 cases were admitted during the thirteenth week.

Diseases of the respiratory organs (exclusive of phthisis) caused 308 deaths, being 118 in excess of the average for the third quarter of ten years, but showing a diminution of 299 as compared with the preceding quarter.

The annual rates represented by the deaths from all causes in the several registrars' districts range from 14·4 per 1,000 inhabitants in Rathmines to 33·1 in No. 1 South City (Meath Street) district. There were no deaths from small-pox for any of the suburban districts except Rathmines, to which 3 are chargeable; they were registered in the weeks ending September 6 and 13. There were no deaths from measles in the suburbs. Two deaths from scarlatina occurred in Kingstown, and 1 each in Rathmines, Donnybrook, and Blackrock. Diphtheria caused 1 death in Kingstown, but none in the other suburban districts. There were no deaths from whooping-cough in the suburban districts. The total death-rate for the city was 26·3 (27·2 on the north side, and 25·5 on the south), and for the suburbs 16·7 per 1,000 inhabitants.

The respective annual death-rates represented by the deaths registered during the quarter, in the seven provincial town districts included in the weekly returns are:—Belfast, 22 per 1,000 of the population; Cork, 22 per 1,000; Limerick, 22; Londonderry, 17; Waterford, 18; Galway, 15; and Sligo 14 per 1,000.

In Belfast the annual rate presented by the deaths from the seven principal zymotic diseases registered during the quarter was 3·4 per 1,000; in Cork the rate was 3·0; in Limerick, 1·5; in Londonderry, 1·0; in Waterford, 0·5; in Galway, 0·8; and in Sligo, 1·6. Whooping-cough caused 53 deaths in Belfast, where the disease has been prevalent during the last nine months, and 44 of the 497 deaths registered in Cork resulted from scarlatina, the disease being most prevalent in No. 7 (south-west, or Bishopstown) district.

Tetanus following Vaccination.

The question of the danger of vaccination has been frequently discussed, as well as the best and most reliable methods of performing this simple but all-important surgical operation. Dr. Ross in the *Southern Clinic* reports the following important case of death due to unclean vaccination:—

Edward K., three-and-a-half years old, of healthy German parentage, never sick since a mild attack of scarlatina in early infancy, was visited at eight o'clock p.m., June 5th, 1879, and found to be suffering with tetanus, from which he died before 8 a.m. the following morning. He had no evidence of having, either recently or remotely, received an injury of any sort—no wound by puncture, laceration, or incision at any time since birth, with the exception to be mentioned. It was only during the early part of the day that his family noticed a peculiar expression about his face, and an occasional elevation of his arms and shoulders, which culminated at dinner in a pronounced convulsion. The jaws were tightly locked, and as night advanced, spasms recurred with rapidly increasing frequency, and only ended with his death. Three weeks previous to his attack, he had been *vaccinated* by a German midwife, the virus inserted in two points on the left arm. Upon one of these sites, a normal looking, almost dry crust appeared, and at the other a *highly inflamed ulcer*, from which the crust had evidently been forcibly torn.

We have always strongly condemned and deprecated vaccination being performed by any other than a skilled professional medical man, who conscientiously exercises as much care in this as in the performance of any of the major operations. Until late years in this country it was too common an occurrence for children to be vaccinated

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by some midwife or woman popularly credited with the possession of medical skill and knowledge. In this case presumably the instrument employed—probably a rusty needle—contributed materially to the fatal result that ensued.

Elastic Caustic.

An elastic pencil of lunar caustic may be prepared by dipping a laminaria tent, two millimetres in diameter, into tolerably thick mucilage, and then rolling it in finely-powdered nitrate of silver. After drying, an elastic pencil, the size of the ordinary slate, remains, which may be readily introduced into the uterine or other cavity without fear of fracture. The above method of cauterising the cervix and interior of the uterus will be found of ready service and of extreme value by those engaged in gynæcological practice.

The Sins of Tobacco.

At the annual meeting of the British Medical Association at Cork, in the sub-section of ophthalmology, tobacco was seriously impunged, as being the cause of a form of amblyopia, and in the *Contemporary Review* Dr. Richardson further accuses tobacco of very serious effects. He says: "Amongst those who are total abstainers from alcohol few were found who could bear tobacco in the most moderate use of it. Under tobacco the heart seems rapidly to run down in power, and alcohol is called for, to whip it up again, also as it seems.....A few abstainers smoke tobacco, but as the habit seriously taxes their physical health, most of them in due time forego the luxury of the weed as soon as they discover its injuriousness."

We were under the impression that abstainers were large smokers; from our own observations amongst teetotal friends we find that the weed is a favourite luxury. Moreover, the use of tobacco is common in countries, such as Turkey, where alcohol is not habitually used. We do not know that any serious effects have resulted from aught but its excessive indulgence. We require, therefore, some further evidence before accepting the dictum of Dr. Richardson, or advising our smoking readers to entirely abandon those habits which have called forth such an impeachment.

Siderodromophobia.

In a late number of the *Medical and Surgical Reporter* of Philadelphia, is a brief notice of a new form of disease, described by Dr. Rigler, a German railway surgeon, to which he has applied the above name. This is a form of intense spinal irritation, coupled with a hysterical condition, and morbid disinclination for work, which is the result of shock, and occurs among railroad men; most commonly seen in cases of railway-engine mechanics who have some altered nerve condition, or irritation of the nerve-centres. It is the perpetual jarring, shaking, and noise which lead by degrees to this change, and which under the influence of some unexpected shock completely breaks up the nervous equilibrium.

This form of nervous disorder is particularly interesting as often preceding the most intractable cases of inebriety. It is the experience of every one acquainted with the clinical history of inebriates, that railroad men, of all other classes, present a combination of special symptoms, consisting of convulsions and paralysis, when they become inebriates. Alcohol seems to unmask and bring to light the results of nerve irritation and strain so common among railroad men. Probably no class are more subject to inebriety, as a result of their irregular life, and the constant strain and exhaustion to which they are subject. Many railroad men feel a craving for alcohol or its compounds which, for a long time, they are able to control; others give way precipitately to it. In all cases it is a clear hint of exhaustion of the nerve-centres, demanding rest and relief. Alcohol is found to paralyse this want, or obliterate it temporarily, hence it is used.

Stimulants in Workhouses.

Apropos of the report of Dr. Webster respecting his experience in the use of stimulants in St. George's Workhouse, London (which report has been used throughout Ireland by the temperance party, and has produced a decided effect), we think it right to print an opinion which seems to us to bear much good sense. Miss Stephen, well known for the attention which she has given for many years to visiting workhouses, writes concerning the infirm women's ward of St. George's Union, that the cutting off of the daily half-pint of beer at the workhouse by the medical officer in carrying out his rule for the abolition of the use of alcohol, has been severely felt by the old women, who were making the best of the hard end of a hard life, inasmuch as neither soup nor coffee is substituted, and the dinner is unaccompanied by any comforting drink. She thinks it a pity that this experiment in teetotalism should be tried on these poor old women.

We are very sceptical that there is anything virtuous n stopping the daily beer of poor old decrepit paupers, who are not philanthropic enough to appreciate the advantages of total abstention.

Exporting Diseased Sheep from Ireland.

At the Ballinasloe Sessions last week, a Mr. Lambert sought the recovery of £50, value of twenty-seven sheep, from Patrick Finn, which were said to be sound, yet died from disease in November, 1878. A man named Ruane swore he brought some of the sheep from Mr. Lambert as rotten sheep, and exported them to Liverpool. Witness said he often put a few rotten sheep among sound ones when sending to Liverpool. Rotten sheep paid sometimes better than sound ones.

The Queen's University and the British Medical Association.

At a meeting of the Senate of the Queen's University in Ireland, held in St. Patrick's Hall, Dublin Castle, on Wednesday last, the degree of M.D. *honoris causâ* was conferred by the Chancellor of the University, His Grace the Duke of Leinster, on Dr. Denis Charles O'Connor, President of the British Medical Association; and, *in absentiâ*, on Dr. Randle Wilbraham Falconer, ex-President of the Association, in recognition of the late annual meeting of the Association in Cork, one of the University's College towns. The honorary degree of Master in Surgery

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was also conferred on the same occasion on Mr. William MacCormac of St. Thomas's Hospital, and a distinguished *alumnus* of the Queen's University, in recognition of his services as chief of the Anglo-American Ambulance during the Franco-Prussian War, and of his eminence in his profession.

The Medical Society of London.

THIS, the oldest of the medical societies of London, opened its 107th Session on Monday, with an address by the President, Dr. Cockle. Amongst the remarkable works in the possession of the Society is the picture which surmounts the Presidential Chair, a picture believed to be painted by Copley, illustrating the famous Dr. Lettsom presenting the deeds of some property in Bolt Court, Fleet Street, to the society in 1775. The figures are all portraits, including the only known one of Dr. Jenner, together with those of Dr. Sims, Sir John Hayes, Babington, and others. The picture is often consulted by antiquarians, and is of much historical interest.

Deaths from Chloroform.

ON Monday week an inquest was held at Ashton-under-Lyne, by the district coroner, on the body of a young lady named Mary Handford. The deceased had been suffering from a tumour upon her breast, and by the advice of her medical attendants, Dr. Gardiner and Mr. E. Lund, professor of surgery at Owens College, Manchester, she consented to have it removed. The two gentlemen named attended at her house on Saturday for this purpose, and Dr. Gardiner administered the chloroform by means of an inhaler. She had inhaled the anæsthetic for only about two minutes, and had not passed into the second stage of narcosis when her pulse became feeble and she died. Both medical men had previously given it as their opinion that she was a fit subject to receive chloroform. The verdict was one of "death by misadventure."

On Wednesday week Dr. Hardwicke held an inquiry at Tottenham Court Road as to the death of Harry Knowlton, aged six years, son of a smith, who died in University College Hospital, while under the influence of chloroform. For two years past he had been under treatment in different hospitals for contraction of the sinews of the legs. On Thursday, Mr. Marshall, the senior surgeon, performed an operation on him, and the next day it was decided that splints should be placed on his legs. Chloroform was given to the child, and he was about to be operated on when it was noticed that he had ceased to breathe. Artificial respiration was resorted to, but without success. The jury returned a verdict of "death from misadventure."

King and Queen's College of Physicians in Ireland.

AT the annual stated meeting of the college, held on St. Luke's Day, the 18th inst., the following officers were elected for the ensuing year :—President, Dr. Head ; Censors: Dr. Churchill (Vice-President), Dr. Walter G. Smith, Dr. Hawtrey Benson, Dr. MacSwiney ; Registrar, Dr. J. Magee Finny ; Treasurer, Dr. Aquilla Smith; Examiners in Midwifery, Dr. Sinclair, Dr. A. V. Macan ; additional examiners (under Supplemental Charter, 12th Dec., 1878) : Dr. W. G. Smith, in Anatomy ; Dr. Duffey, in Chemistry and in Medicine; Dr. J. W. Moore, in Materia Medica and in Hygiene ; Dr. Purser, in Physiology ; Dr. Macan, in Midwifery ; Professor of Medical Jurisprudence, Dr. Travers; Representative on the General Medical Council, Dr. A. Smith.

The following candidates were elected to the Fellowship of the College: Reuben Joshua Harvey, M.D., Dublin, 1873, L.K.Q.C.P.L., 1876 ; John Rutherford Kirkpatrick, M.B. Dublin, 1855, L.K.Q.C.P.L., 1859 ; Francis John Boxwell Quinlan, M.D., Dublin, 1862, L.K.Q.C.P.L., 1859.

The Anti-Vivisectionists and Canon Duckworth.

WE commend to the notice of the fanatics who are riding the vivisection hobby the following words uttered by Canon Duckworth in the course of his speech at the opening of Westminster Hospital for the session :—"I make bold to say a word in defence of the humanity of the whole profession, in answer to those unjust aspersions which have lately been cast upon it. To read some of the fanatical vapourings of people who are agitating for the total abolition of vivisection, one might imagine that the sole object of most youths who embrace your profession is to find indulgence for the most inhuman passions that can degrade our nature. I resent such an imputation on your behalf as a shameful libel; and I have never failed, when opportunity has been given to me, to state my firm belief that no stricter regulations than those which exist are needed to protect the lower animals from wanton cruelty at your hands. It is to me inconceivable that, from among a public which is daily enjoying the benefit of your gentleness and sympathy, daily taking advantage of your ill-remunerated and self-denying labours, there should be formed a party so unjust to you, so ignorant of your proverbial character, and so blind to facts of every-day experience."

Queen's University in Ireland.

THERE was a meeting of Convocation of the Queen's University in Dublin Castle on the 10th inst. to elect two senators in the room of the late Sir Richard Griffith and Sir Thos. Larcom. The first vacancy occurred about a year ago, and in the meantime Dr. McKeown, of Belfast, and Dr. Thornley Stoker, of Dublin, have been pushing a keen canvas for the seat. The other vacancy took place recently, and for it there was only one candidate, Mr. Wilson, of London, Barrister-at-Law.

The voting was as follows: Mr. Wilson, 247 ; Dr. McKeown, 183 ; Dr. Stoker, 82. Mr. Wilson and Dr. McKeown were declared duly elected.

Although the medical faculty is the most important, and the medical graduates number about half of the Queen's men, Dr. McKeown is at present the only representative of medicine, whilst four seats are filled by lawyers.

THE well-known Parsee philanthropist, Mr. Byramjee Jeejeebhoy, C.S.I., has given 20,000 rupees towards the establishment of a medical college at Ahmedabad, to be called after him. The same gentleman gave 40,000 rupees for a similar institution at Poonah.

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The Death of Mr. Alfred H. Garrod, F.R.S.

We very much regret to observe that Dr. A. Garrod, F.R.S., has just lost his eldest son, well-known in London as one of the most distinguished of our young zoologists and comparative anatomists, at the early age of 34. Mr. Alfred H. Garrod, M.A., F.R.S., after taking a first class in natural sciences, was elected a Fellow of St. John's College, Cambridge, in 1873, and was subsequently appointed Professor of Physiology to the Royal Institution, Prosector of Anatomy to the Zoological Society, and Professor of Zoology at King's College, London. His many contributions and numerous memoirs in comparative anatomy, and on the structure and affinities of the higher vertebrate, are so well-known, that they need no special enumeration and mention.

The London Water Supply.

We learn from Col. Bolton's report, that the result of Professor Frankland's analyses of the water supplied to the metropolis during the month of September, shows that the Thames water, delivered by the several companies, Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth, was rather less polluted by organic matters than in the previous month, and all the companies filtered it efficiently. The Lea water, distributed by the East London Company, was no better than Thames water, but that sent out by the New River Company was of superior quality. The deep well water of the Kent and Colne Valley Companies, and the Tottenham Local Board, was of excellent quality for all dietetic purposes. That of the Colne Valley having been softened by Clarke's pumps, was also suitable for washing.

At the annual meeting of the Royal College of Surgeons of Edinburgh, on Wednesday last, Dr. Andrew Wood was unanimously re-elected Representative of the College in the General Medical Council for the next three years.

At the same meeting Mr. Francis Brodie Imlach, F.R.C.S. Ed., was chosen President of the Royal College of Surgeons of Edinburgh for the ensuing year; Mr. Joseph Bell, F.R.C.S. Ed., Treasurer, and Mr. David Wilson, Librarian.

We regret to announce the death of Dr. Leared, of London, which occurred on Thursday last. The deceased was a M.D. Dub., F.R.C.P. Lond., and a Member of the Royal Irish Academy. He was the author of some important medical works. Deceased was a frequent contributor to this journal, a good linguist, and a great traveller; only a few days since he returned from a holiday tour, in Portugal, where, it is reported, the seeds of typhoid were sown, which terminated in death.

According to the Registrar-General's returns the annual rates of mortality per 1,000 last week in the principal large towns in the United Kingdom, were—Bristol 14, Wolverhampton 15, Leicester 15, Portsmouth 16, Birmingham 16, Hull 17, Newcastle-on-Tyne 17, Glasgow 18, Bradford 18, Oldham 18, Brighton 18, Norwich 18, Sheffield 19, Leeds 19, Edinburgh 19, London 20, Nottingham 20, Plymouth 20, Sunderland 22, Salford 23, Manchester 24, Liverpool 25, and the highest rate 29 in Dublin.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—in Calcutta 30, Bombay 37, Madras 35; Paris 23; Geneva 15; Brussels 27; Amsterdam 20, Rotterdam 17; The Hague 15; Copenhagen 24; Stockholm 19; Christiania 19; St. Petersburgh 31; Berlin 31, Hamburg 27, Dresden 21, Breslau 27, Munich 35, Vienna 21, Buda-Pesth 31; Rome 31, Naples 23, Turin 27; Alexandria 35; New York 26, Brooklyn 23, Philadelphia 16, and Baltimore 18 per 1,000 of the population. Small-pox caused 9, and typhoid fever 27, deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Edinburgh University Court.—The Edinburgh University Court met on the 13th inst. Present: Principal Sir Alexander Grant, Bart., in the chair; the Lord Provost, Mr. Clark, the Rev. Dr. Lindsay Alexander, and Professor Campbell Fraser. *Inter alia*, Mr. Dittmar, Ph.D., was reappointed Examiner in Chemistry for one year, from 12th October next. Professor J. B. Balfour's resignation of the office of additional Examiner in Botany was accepted, to take effect from the end of 1879, on the understanding that a substitute should be appointed to act for him at the ensuing examination. It was ordered to be published that at the stated meeting in January next, the Court would proceed to the appointment of Examiners in Practice of Medicine, Natural History, and Botany, in succession to Dr. Duckworth and Dr. Mackintosh, whose period of office expires at the end of the present year, and Professor J. B. Balfour resigned. The appointment of Dr. D. J. Cunningham as Assistant to the Professor of Anatomy was approved.

Edinburgh Royal Maternity and Simpson Memorial Hospital.—The medical board have appointed Wm. Spence Reid, M.B., C.M., and Arthur Murray Ram, M.B., C.M., as House-Surgeons at this hospital for the quarter commencing on 1st November, in succession to George Hurst, M.B., C.M., and Thomas A. Machattie, M.B., C.M., whose term of office then expires. Dr. J. Halliday Croom has been medical officer on duty during the present quarter, and will e succeeded on 1st November by Professor Simpson.

Royal College of Surgeons of Edinburgh.—At the annual meeting of the Royal College of Surgeons of Edinburgh, held on the 15th inst., Mr. Francis Brodie Imlach was unanimously appointed president for the ensuing year, and at the same meeting Dr. Andrew Wood was unanimously re-elected representative of the College at the General Medical Council for three years from the 8th inst.

University of Aberdeen.—At a meeting of the Court of the University of Aberdeen, held on the 15th inst., the following gentlemen were appointed Examiners in Medicine for one year, viz.: Robert W. Reid, M.D., London, Robert Smith, M.A., M.B., London, T. Jeffrey Parkes, B.C., London, David Greig, M.D., Dundee, and Clement Godsman, M.D., London.

Health of Edinburgh.—During the week ending the 11th inst. the deaths in Edinburgh numbered 79, and the rate of mortality was 19 per 1,000. Only one death from fever was recorded, and that occurred in the Old Town. The mortality of the New Town was unusually low. Of the 141 births 18 were illegitimate.

The Health of Partick.—The report of Dr. Patterson, the Medical Officer of Partick, which was read at the meeting of Police Commissioners, held on the 13th inst., stated that the health of the burgh during September was good, the deaths recorded being 29 or, 12·51 per 1,000 of the population. Provost Kennedy stated that the death-rate last month was the lowest the burgh had ever reached.

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HEALTH OF GLASGOW.—At a meeting of the Police Board, held on the 13th inst., Dr. Russell submitted a report, which contained the following :—During the fortnight ending 4th October there were 348 deaths registered, as compared with 376 in the fortnight preceding, representing a death-rate of 16 in place of 17½ (of 17 in place of 18¼ in our lowest estimate of the population). The death-rate in both weeks of the fortnight was the same, viz., 16. The number of deaths of persons below one year was 90, the same as in the last fortnight; and of persons aged 60 years and upwards, 52, in place of 48. The number of deaths from pulmonary diseases was 112, in place of 95, representing a death-rate of 5 in place of 4 per 1,000, and constituting 32 in place of 25 per cent. of the total deaths. The number of deaths from fever was 2 in place of 9, both from enteric fever. The number of deaths from infectious diseases of children was 17 in place of 21, viz., 13 from scarlatina, 11 from whooping-cough, and 2 from measles. The number of cases of fever registered was 72 in place of 46, viz., 58 of enteric fever, and 14 of typhus. There were also 81 cases of scarlet fever, 36 of measles, 72 of whooping-cough, and 5 of diphtheria, which were the occasion of inspection and sanitary assistance and supervision in various forms. Scarlet fever does not seem to have spread much.

KIRKINTILLOCH —MORTALITY.—There were 15 deaths during September, being equal to a death-rate for the burgh of 25·7 per 1,000. The medical officer said the high death-rate was due to the prevalent cold and wet weather; 5 deaths were those of chronic cases; 5 from diseases of the respiratory organs.

REGISTRAR-GENERAL'S RETURNS.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday, October 11th, says: The death-rate in the eight principal towns during the week ending with Saturday the 11th October, 1879, was 17·3 per 1,000 of estimated population. This rate is 1·3 under that for the corresponding week of last year, but 0·8 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 7·8; and the highest in Paisley, viz., 21·3. The mortality from the seven most familiar zymotic diseases was at the rate of 3·2 per 1,000, being 0.7 above that for the previous week. The increase was chiefly due to diarrhœa. A death from diphtheria was the only one which resulted from these diseases in Greenock.

PROSECUTION UNDER THE FOOD AND DRUGS ACT.—Before Sheriff Spens, of Glasgow, on the 16th inst., Alexander Beaton Chalmers, druggist, 229 Stirling Road, pleaded guilty to a charge at the instance of the sanitary department of having sold powders prescribed for a patient of Dr. Neil Carmichæl's, in which the ingredients were defective in quantity to the extent of seven-eighths in each powder. A penalty of £5 was imposed.

SCOTTISH AMICABLE LIFE ASSURANCE SOCIETY.—Dr. Leishman has, it is understood, been appointed medical adviser to this society, instead of the late Dr. J. G. Fleming. The contest was a keen one, the patricians of the profession being in *en masse*. "It's worth the risk to life and limb and neck, boys, £300 per annum!"

TRIPLETS.—A case of triplets occurred in the practice of Dr. A. I. Kelly, of Glasgow, recently. The infant children, three boys, are now aged six weeks, and all doing well.

FIRE IN A LUNATIC ASYLUM.—A fire broke out on Thursday night in the West Tower of Woodike Lunatic Asylum, Lenzie, near Glasgow. It was caused by the scullery chimney taking fire and igniting a wooden cupola surmounting the tower. The fire brigade of the institution and a detachment of the Glasgow brigade, which soon reached the scene, succeeded in confining the flames to the tower, which has been completely gutted. There were 500 inmates in the asylum. No one was injured. The damage is estimated at about £6,000.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 15th inst., your Northern Correspondent uses an expression (too infamous to repeat) concerning what he is pleased to designate the "Romish Church." So gratuitous an insult to every Roman Catholic reader of your paper, it would be hard to equal, and impossible to surpass. I am sorry to have to complain that remarks of a similar nature, though not so atrocious, have too frequently defiled the pages of your journal.

As your Northern Correspondent is so invinci bly ignorant as not to know, or so rude as to not to care, when he insults the religious convictions of your Roman Catholic readers, I must appeal to you, sir, to insert this letter as a protest against such vulgar ribaldry, and now that attention has been drawn to the matter, I hope to be able to avail myself of the pleasure of reading the *Medical Press and Circular* without hearing my religion spoken of in this semi-blasphemous manner.

Yours, &c.,

A ROMAN CATHOLIC DOCTOR.

[We insert the letter as requested lest it might be supposed by our correspondent that we are afraid of rebuke. But we think him rather gushing and unnecessarily indignant. We have distinctly stated that we do not identify the journal with the opinions of its correspondents, and we are, therefore, not directly answerable for our Northern correspondent's peccadillo. We do not approve of the introduction of religious controversies into the pages of a medical journal, and should, therefore, have struck out the observation complained of, but that it, unfortunately escaped our attention. Moreover, it is not true, as stated, that we have ever permitted publication of "remarks of a similar nature," and we shall feel particularly obliged if our correspondents at large will understand that their business is to chronicle and criticise medico-chirurgical, scientific, and medico-political matters, and to reserve their views upon religious subject for debate elsewhere than in our pages.—ED. M. P. & C.]

Correspondence.

THE CLAMOUR ABOUT VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the cycles revolve it would seem the same ideas return. The recent scare about vivisection is but an epidemic similar to that which prevailed in 1820. There was then a vulgar outcry against direct experiment upon living animals, which drew forth an indignant protest from Dr. Barry, to whom we are indebted for so much light on the subject of the circulation and poisoned wounds.

Hypocritical cant takes the place of true philanthropy, and the vociferations against the pretended evils of vivisection are but the utterances of hypersensitive fanatics. Your able advocacy of the question entitles you to the best thanks of the practitioners of Great Britain. The universal consensus of the profession is in favour of experimentation, conducted under certain conditions, by means of which the greatest amount of good, not only to man, but to all other animals, is attained and the least amount of suffering inflicted upon the victim. It is useless to recapitulate all the arguments in favour of vivisection, or to adduce the opinions of anatomists of bygone ages on its importance for the progress of medical science. We know it has been practised by men of the deepest religious feelings, by Harvey, Haller, Hunter, &c., and that the results have been of incalculable service, not only in human but in veterinary medicine, and it is almost lamentable to think that we have still to insist upon its necessity, or that it is necessary to distribute the address of Dr. Pye-Smith as a corrective, as suggested by Mr. Jabez Hogg in the *Press and Circular* of August, 1879, to counteract the craze of the anti-vivisectionists. In Dr. Barry's time a few hypersensitive surgeons joined in the cry, and Dr. Barry had to contend not only with public, but professional, ignorance, and he well says of both classes of opponents: "They who inveigh most loudly against experiments upon living animals, and who affect an excess of sensibility, have never made any experiments themselves. They are contented with the exposition of what they in their wisdom suppose Nature ought to do, instead of investigating what she actually does."

Others talk of needless cruelty. If any useful knowledge is to be obtained by an experiment, none of the means necessary to arrive at this knowledge can be needless, and none else can be adopted without defeating the purpose aimed at; therefore, in useful experiments there never is needless cruelty, or, in other words, unnecessary pain inflicted.

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When medical men are praised at public meetings, and their letters read with applause, in which they express their determination neither to open the living body of animal nature themselves nor permit it to be opened by the youths committed to their charge, our best feelings are allowed to take a very wrong direction. There are those, however, who have had the candour and the honesty to assert in the face of this vulgar clamour, that we have as good a right to make animal life subservient to the increase of our useful knowledge as of our bodily strength and amusement. This is plain common sense, and must in the end prevail.

Yours, &c., COMMON SENSE.

CALOMEL IN TYPHOID FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much interest the communication in your pages concerning the origin of typhoid fever, and the use of calomel in treating that disease. I, for one, am quite willing to receive Mr. E. Marlett Boddy's explanations as correct and his treatment as proper, if I find them borne out by further experience; but I am anxious to know how he reconciles the following facts with his statements—viz., that at the commencement of a case of typhoid fever, we rarely, if ever, are able to discover the presence of fæcal accumulation in the intestines; that after the onset of diarrhœa we rarely find scybellæ in the stools, and when scybellæ do appear they are present in such small quantity that they would not lead one to suppose constipation had existed for any length of time. Also, that many well authenticated cases on record, which seem to prove conclusively the infectious nature of the malady; an opinion entertained by no less an authority than the late Dr. Stokes. Lastly, if typhoid fever is produced by constipation, how are we to account for the fact that it frequently occurs as an epidemic.

Yours truly,

Oct. 17th, 1879. G. HARRISON YOUNGE, L.K.Q.C.P.I.

Literature.

TRANSACTIONS OF THE ROYAL MICROSCOPICAL SOCIETY. (a)

THE Transactions of the Royal Microscopical Society, under the able editorship of Mr. Frank Crisp, have become a thorough record of current research, relating to microscopical science. The August and October parts contain papers and matters of much interest and value. Mr. H. J. Carter, F.R.S., F.R.C.S., contributes, first, a paper "On a new Species of Excavating Sponge"; second, a "new Species of Rhaphidotheca;" and third, "a new Genius of Foraminifera." Professor Balbani's observations on a new parasite he lately discovered on Notemmata Werneckii, clear up a matter which has puzzled many microscopists, namely, the horny excessories or swellings that often occur on the Vancheria. These swellings, it now appears, are the work of a parasite, a minute cyclops-lapula, which bores its way into the cellular tissue of the plant, thus inducing a disease almost identical with that recognised under the term gall. This form of parasitism is but little known, and the learned Professor has conferred a service upon microscopists by tracing out the several phases of its existence, and accurately delineating them in a series of well-executed drawings, and which have been admirably transferred to the "Transactions." We cannot, however, say so much for all the drawings, that of the kidney and iris, page 612, are both far behind the ordinary run of those met with in our manuals. Dr. Fripp's paper "On the Theory of Illuminating Apparatus," is far too diffuse in its general characters, and he appears to have unnecessarily occupied a large amount of space to the depreciation of the labours of other writers. When a writer on a given subject thinks it necessary to comment upon so essentially a modern scientific instrument, as the compound achromatic microscope, and devotes page after page to matters, written when it was in its veriest infancy; then all such references, whether they exhibit the truth or fallacy of the views enunciated, must be pronounced irrelevant to the general issue. Dr. Fripp would have us believe that it was the duty of the earlier writers of manuals for the microscope to have first furnished the student with an elaborate treatise on optical science, as a necessary preliminary to the use of the microscope. It does appear, however, by his own showing, that an attempt of the kind might, for many good reasons, have been a signal failure, or at all events, have frustrated his object, for what do we find? Why, that Dr. Fripp devotes no less than eight diagrams! one of which, by the way, he and his draughtsman have contrived to render unintelligible, and twenty-six octave pages to the explanation of certain views, he entertains, in the identity or non-identity of the action of the plane and concave mirrors in reflecting parallel or converging rays, and in quoting from Wollaston and Brewster data, for the construction of illuminators, which he (Dr. Fripp) thinks worthy of support or condemnation. We can scarcely imagine that any other writer "On the Theory of Illuminating Apparatus," would not have looked upon this parade of obsolete discussions and appliances as an utter waste of time. Nor does Dr. Fripp mend matters by references to the views of Helmholtz and Abbe, which he gives in so abstract a form as to almost defy comprehension. We cannot then close our eyes to the fact that he has travelled out of his way to depreciate certain well-known popular hand-books of the microscopes from one or other of which he, in all probability, obtained his earliest knowledge of the use of the instrument, because forsooth, they do not enter into the theory and practice of the most modern appliances, and which it is quite certain are not perfectly well understood by half-a-dozen men in England. Indeed, we notice with some surprise tha even the latest German writers on the microscope. Nageli and Schmender, 1877, quoted by Dr. Fripp, fall far short of the mark in this matter, we, therefore, wait the termination of the papers before we can attempt to assign to Dr. Fripp the credit he evidently thinks his due for the labour bestowed in collating and presenting us with "scientific" views of the subject, premising that as he has found a field so congenial and open to him, in which he claims to be the first in this country to treat scientifically, we shall expect matter of a superior quality to that which appears in Part I., otherwise we shall feel constrained to fall back upon the old-fashioned rule of thumb, or, "the ordinary school boy crib from some elementary treatise on dioptrics."

We have scarcely reserved space enough to notice the papers of Dr. Wm. Ord, "On the Cause of Brownian Movements," of Dr. Woodward, "On the Study of Amphipleura," and of the laboriously compiled "Record of Current Research," classified and arranged for the use of the student in zoology, botany, and microscopy.

(a) "Royal Microscopical Society's Transactions and Proceedings." 1879.

Novelties.

CHEILO-ANGIOSCOPY.

DR. HÜTER, of Griefswald, has been the first to extend the actual observation of capillary circulation to the human subject. It is a matter of some surprise that the obvious ease with which, in the lower animals, the course of the blood through plexuses of small vessels can be seen, has not long before this led to the application of a similar mode of determining the conditions under which the circulation is proceeding in the diseased. Dr. Hüter's apparatus for effecting this is so simple and so readily available, that we may look to see its use introduced largely in the future as

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an aid to diagnosis- It consists of a small fixed platform which is brought conveniently near to the head of the patient, a spring clip serving to hold the head in a fixed position. The under lip is then drawn out and forward, and secured on the little platform by means of a padded spring holdfast. A brilliant light being thrown on the upturned mucous surface, the delicate capillary network is evident even to the naked eye. However, a microscope of low power can be easily adjusted for more accurate examination, and by its aid the most valuable information is obtained concerning the condition of the blood, the relative proportion of red and white corpuscles, rapidity of flow, &c., &c. By slight pressure on the lip it is possible to produce all the phenomena of stasis, and the epithelial cells of the mucous lining of the mouth can be perfectly seen. We can readily agree with the inventor of the cheilo-angoscopic apparatus that its extensive employment will immensely assist the medical practitioner in attaining a speedy and accurate acquaintance with the most important data to guide him in forming his estimate of a patient's state.

THE "PERFECTED" COD LIVER OIL.

VARIOUS attempts have been made from time to time to render cod-liver oil less nauseous to patients; and experiments have been devised by importers to disguise its objectionable flavour with the aid of syrups. But these have not met with the success they deserved, which is probably owing to the notion—often wrongly entertained—that the disguise was nothing more than adulteration or the masking of an inferior article. Messrs. Allen & Hanbury, one of the oldest established drug-houses in London, having fisheries and manufactories in Norway, have tried to meet these difficulties and objections by introducing the first quality of oil, in the highest degree of purification, which they term the "Perfected" Cod-Liver Oil. We are, of course, unaware of the process of refinement by which the removal of the fishy taste and odour have been removed, but we understand that it is the result of years of study and experiment. This much we can say; having personally tested it, and having moreover given it to one or two delicate patients, we think the most fastidious will not object to take it on the score of taste, and no nauseous eructations follow after it is swallowed. We wish Messrs. Allen and Hanbury success with their venture, although we fear the price is prohibitory for hospital use.

LIQUOR OPII. DIALYSATUS.

AVAILING themselves of the well-known law of endosmosis the well-known firm, Corbyn, Stacey and Company, have been the first to introduce a preparation of opium which we consider likely to be of use, and we gladly welcome this addition to our list of remedies. The solution contains all the crystaline active principles of opium in the same relative proportions as the crude drug, being quite free from extractive, resinous, waxy, and caoutchouc substances, and retaining only a minimum proportion of colouring matter. The continued use of it does not produce constipation, headache, or stomach disturbances.

The dose is the same as the ordinary tincture of opium.

SYR. HYPOPHOS. COMP. FELLOWS.

THIS is a genuine compound syrup of the hypophosphites, in fact it is our ancient friend, Easton's syrup, with the addition of manganese, lime, potassa, and hypophosphoric acid. The combination is said to be due to the experiments of Mr. Fellows, a chemist of St. John's, New Brunswick, "who treated and cured himself by its use of pulmonary tuberculosis in 1865." Not having stethoscoped Mr. Fellows, and not having had the opportunity of testing its curative powers in the disease from which he is said to have suffered, we can only vouch for the composition of the preparation, that it contains in a very agreeable form the ingredients specified. The importers are Messrs. Burroughs and Co., 8 Snow Hill, London.

King and Queen's College of Physicians, Ireland.—At the October examinations the following gentlemen obtained the licence in Medicine and Midwifery of the College:—

MEDICINE.—Dean Bennett, John Noble Bredin, Charles Davidson, John Farrell Esmon, Hugh Parry Jones, George Robert Lawless, Joseph M'Donnell, Michael de Courcy O'Grady, George Thomas Albert Staff.

MIDWIFERY.—Charles Davidson, John Farrell Esmon, Joas Henrique Fialho, Hugh Parry Jones, Joseph M'Donnell, Thos. Beattie Moffitt, Michael De Courcy O'Grady, George Staff.

Dublin Sanitary Commission.—Mr. W. Jerrold Dixon, eldest son of Mr. Hepworth Dixon, Secretary to the Royal Sanitary Commission, was found dead in his bed on Monday morning, in Belgrave Square, Dublin. He had only concluded his labours on the Committee, which has been sitting during the last fortnight, on Saturday last.

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.

MR. F. WILSON.—Under the title of "Foreign Degrees, and How to Obtain them," in our issue of Oct. 1st, you will find all you desire to know on this question. We do not advise the taking of these degrees; those obtainable in this country are of more value in every way. Foreign diplomas of recognised universities are only useful in the way indicated in our article.

MR. DOUGLAS HEMMING, Bournemouth.—Received with thanks; will appear in an early number.

THE EDITOR, *New York Med. Gaz.*—In reply to your communication, we have directed our journal to be forwarded regularly in exchange.

CHROMIDROSIS.—See Tilbury Fox on "Cutaneous Diseases."

OLEUM ZINCI.—We have no formula for this preparation.

EMIGRATION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I have a little book in hand, "Hard Times, and How to Meet them." I shall have a chapter on emigration. I shall be greatly obliged if any of your readers can add reliable information to what I have already got relative to the suitability of different countries for emigrants.

I am particularly anxious for information that will meet the case of small tradesmen, shopkeepers, clerks, and others who have no handicraft and no capital.

I have also a chapter on diet, and shall be glad of receipts for cheap dishes.

Yours, &c.,

Parsonstown, Oct. 14, 1879. ALEX. WALLACE.

HARVEIAN SOCIETY OF LONDON.—On Thursday, Nov. 6, at 8.30 p.m., "Intra-Cranial Syphilis," by Dr. Hughlings Jackson.—"The Action of Salicine and Salicylic Acid in Rheumatism," by Dr. W. Squire.

THE PORO-PLASTIC JACKET.—Mr. Cocking is anxious to correct a slight inaccuracy which occurred in Mr. Ormsby's communication last week: Mr. Cocking is made to say that surgeons can easily apply the jacket "without the aid of surgical instruments;" it should read, "surgical instrument *makers*," no small advantage in remote districts and to country patients.

PAUPERISM AND DRINK IN WORKHOUSES.—We have received from Mr. Dolan, F.R.C.P., of Halifax, a paper on this much debated question, with valuable tables and statistics, which we hope to place before our readers in an early number.

SEWER GAS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your annotation on this subject last week induces me to write to suggest that if over "each opening from which sewer-gas now rises" a post was erected like a lamp-post, the gas would be carried above the heads of passers-by, and so get mixed with the open air as to render the effluvia innoxious. If you think the suggestion worth anything, please publish this short note in your useful journal.

Yours faithfully,

13 Delahay Street, Westminster. THOS. HAMILTON.

MR. MORTIBOY.—The Students' Number contains all the information you require. You will be able to see it at almost any of the medical colleges and principal hospital reading-rooms. It is out of print at our office.

CLINICAL SOCIETY OF LONDON.—On Friday, Oct. 24, at 8½ p.m., Dr. Southey, "On Two Cases of Acute Rheumatism."—Mr. Lawson, "On Cancer of the Breast following upon Eczema of the Nipple of long standing."—Dr. Wilks (of Ashford), "On a Case in which a Man was Struck by Lightning."

VACANCIES.

Ardee Union, Castlebellingham Dispensary.—Medical Officer. Salary, £100, with fees, and £15 as Sanitary Officer. Election, Oct. 24.

Bromyard Union, Herefordshire.—Medical Officer for No. 2 District. Salary, £150. Also for Workhouse. Salary, £30. Applications to the Clerk of the Guardians before Oct. 30.

Castlerea Union, Castlerea Dispensary.—Medical Officer. Salary, £100, with fees, and £25 as Medical Officer of Health. Election, Nov. 1,

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Chipping-Norton Union.—Medical Officer for District No. 2. Salary, £65. Also for Workhouse. Salary, £40. Applications to the Clerk before Nov. 4.

Macclesfield Infirmary.—Junior House Surgeon. Salary, £70, with board. Applications to the Chairman of House Committee on or before Oct. 27.

Northampton General Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary before Nov. 3.

Royal Free Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary on or before October 16. (See Advt.)

West Sussex Infirmary.—House Surgeon. Salary, £80, with board, and £20 extra for duties as Secretary. Applications to the Secretary at the Infirmary, Chichester, before Oct. 25.

APPOINTMENTS.

BALL, C. B., M.D., M.Ch. Univ. Dub., Demonstrator of Anatomy to the School of Physic, Trinity College, Dublin.

CALLAN, M., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer to the Workhouse, Ardee Union, co. Louth, and Consulting Medical Officer of Health.

COYNE, F. K., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Ballyroan Dispensary, Abbeyleix Union.

D'ALTON, P. R., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer, &c., for the Boffin Division, Clifden Dispensary, Clifden Union, and Medical Attendant to the Royal Irish Constabulary.

FAIRCLOUGH, J. J. K., M.D., L.K.Q.C.P.I., M.R.C.S.E., a Surgeon to the Chorlton-on-Medlock Dispensary.

FENWICK, S., M.D., F.R.C.P.L., a Physician to the In-patients of the London Hospital.

FIRTH, C., M.B., F.R.C.S.E., a Medical Officer to the Norwich Dispensary.

KING, W. L., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the No. 4 District of the Downham Union.

MACALISTER, A., A.B., M.B. Univ. Dub., L.R.C.S.I., Professor of Anatomy to the School of Physic, University of Dublin.

MAYER, D., M.D., C.M., Medical Officer for the Parish of Dalrymple, Ayrshire.

NUGENT, G. P., M.B., B.Ch. Univ. Dub., Demonstrator of Anatomy to the School of Physic, Trinity College, Dublin.

SCATLIFF, J. M. E., M.D., Honorary Physician to St. Mary's Hospital, Brighton.

SIMON, R. M., M.B., B.A., M.R.C.P.L., Assistant Physician to the General Hospital, Birmingham.

WILSON, T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Yoxall District of the Lichfield Union.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major A. Johnstone, M.D., retires on temporary half-pay; Surgeon-General T. Crawford, Principal Medical Officer in Ireland, embarks for India early next month to assume duty as Chief of the Medical Department of the Indian Army: Deputy Surgeon-General E. Gilborne has returned to Dublin from leave of absence and resumed duty as Principal Medical Officer of the Dublin District.

NAVY MEDICAL SERVICE.—Staff-Surgeon Geo. Hill to H.M.S. *Comus*; Staff-Surgeon George H. Madeley, to H.M.S. *Albatross*; Surgeon Jas. B. Clibborn to H.M.S. *Comus*.

Births.

FALKNER.—On Oct. 11, at 10 Breffni Terrace, Kingstown, the wife of R. Falkner, L.R.C.S.I., of a daughter.

FRAZER.—On Oct. 15, at Yorevale, Bournemouth, the wife of William Fraser, M.D., of a daughter.

LEARY.—On Oct. 13, at Castlederg, co. Tyrone, the wife of T. Leary, L.R.C.S.I., of a son.

LITTLE.—On October 12, at 14 Stephen's Green N., Dublin, the wife of James Little, M.D., of a son.

WHITE.—On Oct. 10, at Kingston-on-Thames, the wife of George Farr White, F.R.C.S., of a son.

Marriages.

BLOOD—DRURY.—On Oct. 9, at Whitechurch, Robert Blood, M.D., A.M.D., to Catherine Sarah, youngest daughter of Wm. B. Drury, Esq., Boden Park, Rathfarnam, co. Dublin.

LAWLOR—MAGEE.—On Oct 15, at Terenure, co. Dublin, Joseph S. Lawlor, M.D., Delaforde House, Templeogue, to Agnes, youngest daughter of James Magee, Terenure Road.

RICHARDSON—FLEMING.—On Oct. 15, at Christ Church, Edinburgh, Ralph Richardson, Writer to the Signet, to Mellville, eldest daughter of Andrew Fleming, M.D., Bengal Army.

WIDDUP—PEEBLES.—On Sept. 30, at Glasgow, John Charles Ponsonby Widdup, M.D., L.R.C.S.I., to Zoila Elena, third daughter of Robt. H. Peebles, Esq., of Chanaral, Chili, South America.

Deaths.

BLACK.—On Oct. 12, at Queen Anne Street, Patrick Black, M.D. aged 66.

DUNNAGE.—On Oct. 15, at Ailbury House, Surbiton, Arthur R. Dunnage, M.R.C.S., aged 32.

FLEMING.—On Oct. 11, at Hope Bank, Dunoon, J. Fleming, L.F.P.S.G., late of Glasgow, aged 78.

INNES.—On Oct. 5, at Rhyl, James Innes, M.R.C.S.E., formerly of the Hon. East India Company's Madras Medical Service.

JAGOE.—At Bandon, co. Cork, Benjamin Jagoe, M.R.C.S.I.

SHEDLOCK.—On Oct. 9, at Madeira, Rose Anna, fourth daughter of the late Rev. John Shedlock, M.A., aged 29. Friends will kindly accept this intimation.

FITZGERALD.—On Oct. 15, at Tiverton-on-Avon, Bath, Dudley L. Fitzgerald, M.D., T.C.D., aged 30.

LEARED.—On Oct. 11, at 126 Old Burlington Street, London, Arthur Leared, M.D., F.R.C.P., M.R.I.A.

PEARSE.—On Oct. 14, Elizabeth, wife of Charles T. Pearse, M.D., late of Croydon, aged 74.

SALTER.—On Oct. 15, at Bovingdon, Herts, Eliza, widow of Thos. Salter, J.P., F.R.C.S., late of Poole, Dorset, aged 90.

Intermediate School of Art, IRELAND.

ANATOMICAL & PATHOLOGICAL SECTION.

THE Class for Anatomical and Pathological Modelling and Construction of Wax Coloured Preparations, Drawing, and Colouring in Water, will open on 1st October, under the Direction of JOHN WOODHOUSE, A.R.H.A., at

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½ oz. and under, clear white phials	plain or graduated to teaspoons	4s.	0d. "
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3 and 4 oz. any shape, plain or graduated		8s.	0d. per gro.
6 and 8 oz. ditto ditto		9s.	0d.
½ oz. White Moulded Phials		4s.	0d. "
1 oz. ditto ditto		5s.	0d. "
1½ oz. ditto ditto		5s.	6d. "
2 oz. ditto ditto		6s.	6d. "

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IRISH POOR-LAW INTELLIGENCE.

THE IRISH PRISON SURGEONS.

On Wednesday evening, at five o'clock, a deputation from the surgeons of prisons in Ireland waited on the Chief Secretary, at the Castle, to express the views of that body with respect to the proposed scale of salaries under the new regulations. The deputation consisted of the following :—Dr. Brunker (Dublin), Dr, Thompson (Omagh), Dr. Jacob (Maryborough), Dr. Kincaid (Galway), Dr. Middleton (Mullingar), Dr. Mayne (Longford), and Dr. Johnston (Kilkenny).

Dr. Brunker, addressing the Chief Secretary, said—When I had the honour of waiting on you, sir, in company with Dr. Maconchy, in London, in July last, after hearing the statement then made you were kind enough to say you would confer with the Treasury on the subject of the prison officers' salaries. As we were informed that the Chancellor of the Exchequer and the Secretary of the Treasury would be in Ireland early this month to make inquiry into several important matters, and it was believed these salaries would then be finally settled, we were anxious to have an interview with you, and are much obliged for your kindness in granting it. At a meeting of the prison surgeons of Ireland, held on the 7th of October, the following resolutions were unanimously agreed to :—1. "That we respectfully ask the Government to reconsider the proposed salaries of the medical officers of prisons, as considering the very great increase of duties to be performed at present, in many cases three or four-fold, we are of opinion that the salaries offered us are quite insufficient as remuneration for the greatly increased responsibilities and many duties we are called on to perform. 2. That in the event of our reasonable request being conceded, then that such surgeons as are unwilling to undertake the mechanical duties of compounding should be allowed either to employ a compounder, who should have access to the jail surgery when required, or be supplied with a suitable hospital warder." Such an arrangement would be most likely to smooth the compounding difficulties, and induce most if not all the prison surgeons to meet the wishes of the General Prisons Board, and cheerfully assume the responsibility of superintending the compounding. The following opinion of the College of Physicians, expressed in a memorial presented to the Lord-Lieutenant, is most important :—"That your memorialists are of opinion that it is highly desirable that in such public institutions as the prisons there should be a second officer through whose hands the prescriptions should pass, that in the case of an inquiry at an inquest, &c., the public should be satisfied that all legitimate means had been used. Your memorialists pray that your Grace will take the foregoing matters into your favourable consideration, and take such measures that each prison shall contain among its officials a properly qualified compounder." The attention of the Government is respectfully called to the salaries of the surgeons of the English prisons, many of which do not contain a greater number of prisoners than do some of the Irish prisons, and in which the duties are much more trying, and appear to occupy a greater portion of time, as will appear from some of the Irish prison surgeons which will be laid before you. The following is an extract from the resolution of the College of Surgeons :—"That in the opinion of this Council the proposition of the General Prisons Board to the effect that surgeons of prisons shall be required to compound medicines, without affording them any option, unless at a loss of salary, is highly objectionable." There are various provisions and rules which the medical officers feel as pressing hardly upon them, and which can be advantageously altered, but they will endeavour to meet the wishes of the General Prisons Board as they are now announced, relying on the fair consideration of individual cases and remuneration.

Dr. Jacob asked leave to say a few words in explanation of the statement which had just been made, and to renew their assurance of their readiness to carry out the rules of the General Prisons Board as they now exist. They should do so cheerfully and to the best of their ability. They felt that some of them—most of them—might be greatly softened in such a way as to press less severely upon them. Some of them were such as to lead to a great deal of hardship and unnecessary vexation. Though he was aware of only one instance where that means of annoyance had been brought to bear on the prison surgeons, yet the rules were such that they might be made the means of giving great annoyance. However, their object in coming there that day was not so much to ask a reconsideration of the rules. That would hardly become them. Their object in addressing the Chief Secretary was to ask him again to have the scale of salaries that was proposed to be offered to them reconsidered. Some of them felt that they were really insufficient; and no doubt he (the Chief Secretary) would feel they were insufficient if he read that portion of the prison rules which applied to the medical officers. His own (Dr. Jacob's) was about the medium place on the scale. In his case the salary offered him was 3s. 3d. a day. In addition to all that had been stated there were certain dangers surrounding their position. He had charge of some 55 or 60 convicts. He had daily intercourse with them. He was the medium of communication between them and the Government, under whose control they were. They were placed in the position of detectives, if he might say so, between these men and the board. If a man said he was sick they were to say whether he was an impostor or not. If the doctor said the man was not ill he immediately took a dislike to the doctor. He himself had been threatened several times by prisoners, and many others had been threatened.

The Chief Secretary—How threatened?

Dr. Jacob—Threatened with assault; several doctors had been severely wounded.

The Chief Secretary—In the prison?

Dr. Jacob—In the prison, and threats had been made

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after leaving the prison. He could exhibit a poniard that was prepared for his father on one occasion. This should not be forgotten in considering the salaries. There were many other duties which they were called upon to perform, and which did not appear in the rules. The prison surgeon was the medium between the Government and the prisoner. He was not to be the instrument of a prisoner, or to pass over a sick person from carelessness or inattention. If he might venture to say so, if he (the Chief Secretary) were ill and sent for a medical man, the latter assumed that all he stated to him was true or believed it to be so; and when they came to deal with a prisoner they had to divide their attention between reality and his statements. He had to deal with a troublesome set of men, and so far as numbers were concerned he occupied a middle-class position.

The Chief Secretary—Better for me to say at once that the Government have decided to appoint a departmental committee to report upon this question, with the view of ascertaining how the matter really stands. Any statements you may have in writing will be of value if you can send them in to that committee. That is the course we propose to adopt.

Dr. Thompson drew attention to the increased duties put upon them since the Government took over the prisons. The duties were increased fourfold. In the Omagh prison he was obliged to visit prisoners within twenty-four hours after admission, to inspect them before their discharge, to visit every prisoner in the hospital every day, to visit every prisoner in the dark cell every day, visit every prisoner previous to his being placed on punishment, and to inspect the diet. For these increased duties he received no additional salary. The salary of the Roman Catholic chaplain had been £40, that of the Protestant chaplain £40, and that of the Presbyterian chaplain £40. Part of their duties consisted not only in attending to the spiritual wants of the prisoners, but also inspecting the diets. This latter duty had been taken off them, but the salary of the Roman Catholic chaplain had been doubled, and that of the Protestant chaplain increased by one-third. He, of course, did not object to the salaries of the chaplains being increased. Referring to the duty of compounding, he said in Ireland most of the doctors had not been accustomed to compound medicines, as was the case in England.

Dr. Jacob pointed out that there were several doctors that had never compounded during their life, and that could not see their way to undertake it now. He had neither the leisure nor the inclination to undertake it, and he really could not do it if he were willing to do so.

The Chief Secretary said the only object of the committee to which he had referred would be to consider each individual case on its merits, and not so much to lay down general propositions.

Dr. Jacob.—May I ask if that committee would deal with the question of compounding or confine its study to what would be a proper salary?

The Chief Secretary.—The object would be to consider the whole question of the remuneration of prison officers. I am glad to find that matters have advanced a great deal since I last had the pleasure of meeting you. Gentlemen then spoke of compounding as derogatory to the profession, and I pointed out that some of the most distinguished gentlemen in the profession in England had no objection to compounding. It seems to me to be more a question of compensation than anything else.

Dr. Thompson. Certainly, I would have no objection to compounding.

Dr. Jacob said no amount of salary could compensate him for the amount of time compounding would occupy, and he supposed the time of many prison surgeons was as valuable as his.

Dr. Thompson remarked that, by the rules of the College of Surgeons, some doctors were prohibited from compounding.

The Chief Secretary said he thought that would be a good argument to bring before the council as to the advisability of having compounding omitted. He thought, however, that the probability was that the duties of compounding would have to be discharged.

Dr. Kincaid said that some men, who had not been educated in the matter of compounding, could not undertake the duties now.

The Chief Secretary thought the course for such men as that to adopt would be to resign.

Dr. Jacob said he would not be prepared to resign. In four years more, if he should become incapacitated, he would be entitled to a substantial pension, which would be forfeited if he resigned.

The Chief Secretary hoped Dr. Jacob would be spared for many years to come, and that his services would not be discontinued. If all these matters were put into shape, he would take care that they were submitted to the committee.

Dr. Thompson asked if they could count upon being paid for the last two years.

The Chief Secretary said he would rather not go into that. But the committee should go into it, and consider the particular merits of each case.

Dr. Jacob asked if the decision of the committee would be final in the matter?

The Chief Secretary explained that the committee was a departmental one, appointed to go into these matters. That committee would not do anything more than consider the matters and report to the Government.

The deputation then withdrew.

REDUCTION OF SALARIES.

To the Poor-law Medical Officers of Ireland.

Gentlemen, — Already proposals for reducing our miserable salaries have been adopted by some Boards of Guardians, and would, notwithstanding the gross injustice to us, have been carried into effect, but for the timely interposition of the Local Government Board.

Indeed, in dealing with us, illiberality seems to be the dominant principle of most guardians; but never did the niggard, cheeseparing disposition manifest itself at a more inopportune juncture. Monetarily affected by the loss of all collateral sources of income, and menaced by a recurrence of the untold hardships and privations that fell to our lot during the disastrous famine years, we perhaps needed this last indignity to stir up amongst us a spirit of resistance and self-reliance, through which alone we can expect redress. Though not unmindful of the action of the Local Government Board in this matter, I must say that we ourselves are to a great degree responsible for this and antecedent ill-treatment, such as would never have been presumed upon had not the public accurately estimated the feeble resistance to be anticipated from isolated members of a disorganised profession.

Emancipating ourselves from the baneful influences of anarchy and disunion, and adopting the motto that unity is strength, let us even now join issue, and see if, by unanimity and determination, we shall not yet achieve more suitable recognition for our services.

Towards this end, I would in the first instance suggest, that in future no medical man shall canvass for, or accept of, any dispensary appointment, unless the salary be at least £200 per annum, or, if a workhouse, £140, the minimum remuneration for temporary duties to be also fixed at £4 per week. Any deviation from this rule to cause the delinquent to be cold-shouldered and black-balled by the entire profession. If this were so, guardians would be deprived of at least one argument frequently used against us, namely, that if we resigned our appointments others would be had to accept of them at any remuneration they thought proper to offer.

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Next I submit that, as in the case of civil servants, we are fully entitled to a resonable period of leave of absence at the public expense. Such an arrangemement would increase the efficiency of the service, and thereby prove beneficial to the public interest. This could be carried out readily, and with little expense, by a staff officer being appointed for each province who could successfully discharge the temporary duties, his salary, of say £200 a year, to be apportioned equally on the several dispensary districts.

Further, it would be but an act of justice that those who have served twenty years, or attained the age of sixty, who have been physically incapacitated, should, as a matter of right, receive superannuation allowance, in amount not less than two-thirds of their official emoluments. Outsiders, though apt to detract, never reflect on all that is required of us. We may be called to the performance of most arduous duties at any time, in any weather, to any place, however distant or difficult of approach.

This goes on uninterruptedly, year after year, without even the slight remission the Sabbath brings to others. At home we are momentarily interrupted by messengers from every fever nest and pestiferous den in the several districts, who come at all hours to report progress of afflicted relations; if absent, they often hang about for hours, to the detriment of our families, amongst whom they frequently import contagion. The selfish ingratitude that could, under the circumstances, suggest a diminution of our scanty remuneration, should be amply significant; and inasmuch as we are driven to a strike, let it be rather for the amendments I have suggested than against the proposed reduction, which I hold to be illegal, and beyond the power of guardians to enforce. Incessant agitation and unremitting energy on our part, together with the reliable assistance of the Irish Medical Association, to whom we are already deeply indebted, must ultimately lead to the attainment of those ends which I regard but as an instalment of what is due to us. On the principle that it is base for a man to suffer when he ought to act, I raise my voice in this matter, and only regret that some of my more gifted confreres have not felt called upon to do so. If you sustain me, and bear in mind my parting advice (which is that you be men to-day, or be for ever slaves), the time is not far distant when our demands will be acceded to.

Yours faithfully,

Oct. 16, 1879. SCARLET RUNNER.

FEES FOR TEMPORARY POOR-LAW SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—One evening last August a very urgent message was sent to me by a member of the dispensary committee of this district, asking me to attend a woman in her confinement as the medical officer was absent, and had been so all day. I attended at once and delivered the woman, who was in a most critical state.

In due time I applied to the guardians for my fee, the case was referred by them to the local committee, when by a majority of five votes to four my claim was disallowed. I then applied to the Local Government Board with the same result.

Considering that I have been very shabbily treated in this case by all concerned, I would be obliged if you would inform me whether I could recover my fee by taking action against the Board of Guardians. You may say that the member of committee who sent for me is responsible, but I do not wish to punish him for two reasons: 1st, he was doing his duty in sending for assistance for the patient when he found her in danger; and 2nd, he happens to be a near connection.

Your obedient servant,

WILLIAM ROBINSON, L.K. & Q.C.P.

Newtownhamilton, October 18, 1879.

[Any person who avails himself of a point of law to escape payment of a claim which is justly due, is generally considered to be dishonest; but it does not seem as if boards of guardians held this view. Our correspondent ought, in law, to have insisted on receiving his requisition from the relieving officer, who is qualified to act as agent for the guardians; but we are doubtful that a dispensary committeeman could, according to law, act as the agent of the guardians, or make them legally liable for the fee for which they are plainly morally responsible, and which persons having any pretentions to be gentlemen would certainly pay.—ED. M. P. & C.]

LISBURN GUARDIANS.

SANITARY SALARIES.

MR. SPENCE wished to know what the duties were?

The Chairman said, some stated they were increased, and others said they were not.

Mr. Miller—Their duties are much the same as under the old Act.

The Chairman, having consulted the Clerk, said that that official had written to know what the duties were, but had got no reply.

Mr. Morrow said most of them were aware that at a former meeting of the Board a resolution was proposed by a member of the Board that the salaries of their medical officers should be £5 5s., instead of £1 as paid to them as sanitary officers under the old Act. That motion was allowed to pass, the majority of them remaining silent, knowing that the Local Government Board would make them reconsider the subject, as the salary was inadequate. They were now, under the direction of the Local Government Board, met to reconsider the matter. He would move that the salary of the officers of health be £10 per year in addition to their salaries as dispensary officers.

The Chairman wished to know if any member had an amendment to put.

Mr. Green—First of all, you had better send a telegram to the Local Government Board to ascertain if they would sanction £10. You know the whole thing lies in their hands. (Laughter.)

Mr. Brownlee moved as an amendment that the sum to be paid to the medical officers of health shall be £5 5s. per year, the same that was unanimously passed at a former special meeting of this Board.

The Chairman then read the section of the Public Health Act bearing on the subject, for the information of the members of the Board before they would record their votes.

The Chairman then put Mr. Brownlee's amendment to the meeting, which showed the following result:—

For Mr. Brownlee's amendment—11.

For Mr. R. Morrow's motion that the salaries of the medical officers should be £10, in addition to their salaries as dispensary doctors—10.

The amendment was therefore carried, and consequently the salaries of the "officers of health" remain as previously fixed by the unanimous decision of the board, at £5 5s., instead of £15, as paid to them as sanitary officers under the Act of 1874.

COLLON DISPENSARY.

ON Thursday the election of medical officer took place for Callon Dispensary District, in Ardee Union. There were three candidates in the field, namely, Dr. Collier, Dr. Healy, Monasterboice, and Doctor Smith, Dublin. After the first voting the contest lay between Drs. Collier and Healy. The former was elected.

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ELECTION OF MEDICAL OFFICER FOR PORTUMNA.

A MEETING of the Portumna Committee was held for the purpose of electing a medical officer in the room of Dr. Samuel Coates, who resigned owing to failing health. The salary is £100 per annum, and £12 10s. per annum as medical officer of health, with vaccination and registration fees, making in globo about £200 per year.

The Chairman rose, and paid a high compliment to Dr. Samuel Coates, expressing much regret at the loss the district would sustain by the withdrawal of his services from the poor.

Three medical men applied for the vacant office, namely —Dr. Coates, Jun. (son of the respected medical officer who retired); Dr. Sampson, Woodford; and Dr. Daley, Limerick.

The election was put to the poll with the following result:—For Dr. Coates, 23; for Dr. Sampson, 4; and for Dr. Daley, 2.

PROPOSED REDUCTION OF SANITARY SALARIES.

REFUSAL OF SANCTION BY THE L. G. B.

AT the meeting of the guardians of Ardee Union a letter was read from the Local Government Board dealing with the question of reducing the salaries of the medical officers as consulting sanitary officers from £20 to £15 a year. The letter concluded as follows:—"If the guardians adhere to their resolution on the subject of the proposed reduction the board will feel it necessary to exercise the powers vested in them by the 11th section of the Public Health Act, 1878, and to issue an order fixing salaries for the medical officers of health commensurate with the duties which they will now be called upon to discharge." The guardians unanimously adopted a resolution declining to change the course they had approved of after mature deliberation.

ROSCREA GUARDIANS.

SHINRONE CORRESPONDENCE.

The following letter was read:—

Dublin, 30th September, 1879.

SIR,—The Local Government Board for Ireland forward, to be laid before the Board of Guardians of the Roscrea Union, a copy of a letter which they have received from Dr. Nixon, Medical Officer of the Shinrone Dispensary district, relating to his claim for payment of £2, certified by the magistrates as remuneration for his services in the examination of a lunatic; and in reference thereto, and to the resolution of the Guardians of the 18th instant, proposing to pay Dr. Nixon a sum of one guinea for his services in this case, the Local Government Board desire to state that when the amount awarded by the magistrates does not exceed £2 in respect of any one examination (section 14 of the Act 38 and 39 Vic., cap. 67), the Guardians have no power to alter the award.—By order of the Board.

A LUNACY GRANT.

There was a copy of a memorial from the same Union to the Chancellor of the Exchequer, stating that they are informed that Parliament has granted £83,800 as a contribution in aid of the maintenance of pauper lunatics in Ireland, and that some institutions have paid at the rate of 4s. per head per week, and that as harmless lunatics are now confined in the workhouse, they ask to be paid the forenamed capitation.

No action was taken in this matter.

VACCINATION DEFAUTERS.

The Clerk reported that proceedings had been taken at the Roscrea Petty Sessions on Monday against defaulters under the Vaccination Act. Two were fined, two dismissed, and two others, it appears, have been vaccinated. The presiding magistrate signed an order for £2, expenses of medical officers and other witnesses for the prosecution.

DROGHEDA UNION.

THE VACCINATION ACT.

Mr. Daley said that under the recent Act medical officers are entitled to a fee for registration of 2s. in every case of vaccination they perform. The medical officer of St. Peter's district explained to the committee that he is entitled to that fee in every case, whether the child of rich or poor parents, that comes to the dispensary to be vaccinateed. It appeared that some well-to-do people get their children vaccinated in that way and take the benefit of the Medical Relief Act intended for the poor. He considered it hard on the ratepayers to have to pay fees in such cases. In future, in order to check this practice, they would give publicity to the names of these parties.

MR. Moore—There were two cases in particular—one a very respectable farmer, holding 70 acres, and the other, a man earning £3 a week by his situation.

[We commend the proposal, and hope the Guardians will see the propriety of extending the publication to those persons who get gratuitous medical relief and medicine as paupers. The actual money loss to the ratepayers is much greater in the case of a long illness than in a vaccination. —ED. M. P. & C.

MORTALITY IN THE TROPICS.

THE average annual mortality of Pará, Brazil, is about 60 per 1000; in St. Kitts, W. I., the annual mortality rises as high, some years, as 74 per 1000. Throughout the West Indies the autumn is the most unhealthy season, and dysentery and yellow fever the most fatal epidemics. A correspondent of the *Southern Clinic* attributes the short lives of Europeans in the West Indies chiefly to exposure to cold and dampness, and to alcoholic beverages.

TAPE WORMS IN EGGS.

VARIOUS instances have been recorded of the discovery in hen's eggs of minute specimens of the *distoma ovatum*. They appear like a small speck, the size of a millet seed or a pin's head. It is believed by helminthologists that these will develope into one of the varieties of tape worm, and it is wise, therefore, to take eggs hard boiled or otherwise well-cooked. A writer in one of the late numbers of *Nature*, cites several instances where these parasitic bodies have been found.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 29, 1879.

CONTENTS.

Original Communications.

ON CROUP.

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children

Pathology—Nature of the Exudation—Two Varieties of Croup—1. The Mucous or Catarrhal—2. The Fibrous or Inflammatory Symptoms—Course and Progress of Each Form—Morbid Appearances—Clinical Characters of True or Typical Croup—Diagnosis from Diphtheria and Laryngismus — Treatment by the Vapour-Bath and Emetics—Mercury—Aconite—Tracheotomy.

AMONG the diseases of young children, croup occupies a foremost position, from the occasional suddenness of its accession, the rapidity of its course, and the danger attending its termination. Parents readily recognise the first symptoms, and are at once alarmed, and the child itself soon becomes terrified to a degree rarely seen in any other disease.

True croup consists in an inflammatory condition of the mucous membrane of the larynx and trachea, with the exudation of plastic lymph, which is quickly transformed into a firm adhesive membrane.

The inflammation has a tendency to seriously impede the functions of respiration, by extending down the air-passages, and producing troublesome and dangerous inflammatory complications in the lungs. The disease is generally acknowledged to be more frequent among male than female children. In my own experience, three-fourths of all the cases that have come under my notice have happened to males.

The varieties of croup enumerated by different authors are not clearly to be recognised in practice. We may fairly speak of two varieties. 1. The *mucous* or *catarrhal*. 2. The *fibrinous* or *inflammatory* (croupous membrane) form, according to the predominance of certain symptoms. The disease is modified with the age and constitution of the child, and spasm or inflammation may be more severe in one case than in another.

1. The *catarrhal* or *mucous* form is attended with hyperæmia of the mucous membrane, followed by excess of secretion and dyspnœa. The symptoms may be slow and insidious in some cases, and the catarrh and cough which precede the stage of development excite no alarm, till the hoarse voice and ringing cough announce the true character of the affection. In some instances we learn that the child has always had a delicate chest; that any exposure to damp weather brings on cold and cough; or it may be traceable to bronchitis. The temperature in these cases rarely exceeds 101°. Such a history is favourable to an attack of croup in a young child. In another case the symptoms are more sudden in their accession. Delicate, but especially young children, are sometimes seized whilst playing. In one case that came under my observation, a boy, æt. 8, left his play at 4 p.m., complaining of an uncomfortable feeling in his throat, and before six hours had elapsed, the symptoms were severe and dangerous. In another case, a strong and healthy child, æt. 2½, was seized with croupal symptoms at 11 A.M., and in eight hours afterwards they had attained alarming severity. Her parents assured me that she had slept well, and was very brisk and lively till the attack came on. In these cases laryngitis would seem to begin at once. Still, it will be found with few exceptions, that some catarrhal and feverish symptoms had been present a day or two previous to the attack of croup. If an active emetic be given at this stage, the breathing may rapidly improve, though the symptoms may recur and require similar treatment in the course of a few hours. In the majority of cases the following day will see the child in a fair way of recovery.

2. *Fibrinous croup* (*tracheo-laryngitis—croupous or membranous*) is the typical variety of the affection in its severest form. This is a more acute or intense inflammation; it is a true tracheitis, with exudation of plastic material, because the inflammation, affects not only the mucous membrane, but the fibrous tissue beneath. I will describe the course of the disease, according to my own personal observation. It generally begins with hoarseness of voice, and a peculiar harsh and ringing

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cough, because there is absolutely no secretion, for the same reason there is a sense of constriction in the trachea. The respiration is hurried, and the inspiratory effort is long and crowing. In some cases a few hours will bring about the most severe symptoms; the pomum adami may be seen rising and falling very conspicuously with respiration, the eyes become swollen and bloodshot, the lips dusky, and the alæ nasi active; the skin is hot and dry, and the pulse small, hard and rapid. Unlike the variety which has just been described, the temperature may reach 103° or more. The child may put his hand to his throat, and in a deep hoarse voice, say or express that he cannot fetch his breath. At this stage the percussion note is clear over the thorax, the respiratory murmur is much diminished throughout the chest, and a loud sonorous râle attends it. No moist sounds have as yet been heard. As the case goes on, the croupal exudation becomes more organised, and clings to the larynx, when if the case progresses favourably, either the cast is thrown off, or resolution ensues with absorption. If the disease is extending, inspiration is now greatly impeded from blocking of the trachea by the false membrane; there may also be a tough piece of lymph in the trachea which cannot be dislodged. The larynx and muscles of the neck are very active. Notwithstanding the laborious and painful respiration, the child may, nevertheless, sleep soundly, though waking occasionally in terror. Thirst is generally present, and swallowing may be painful. I have known a child drink a large cup of milk half an hour before death. Still, an attempt at deglutition is generally painful, and brings on the cough. The pulse now becomes small and weak, and reaches 160; the crowing and hissing sounds in respiration increase, and the cough is incessant and painful. When the symptoms have attained this intensity, recovery is rare; the voice falls to a whisper, or departs altogether, and the cough is weak and suffocating. Sometimes, even at this stage of strangulation, shreds of lymph and false membrane are expelled by a violent effort and paroxysm of coughing; but the relief is only temporary, and the agony of oppressed breathing soon returns. The countenance now betrays the most painful anxiety; it is bloated and distressed, the tongue and lips are dusky, and the forehead and surface of the body are bathed in sweat. The pulse becomes feeble and thread-like, occasionally intermitting, or falling in frequency. The child is restless, and constantly turning about for relief, throwing the head back against the spine, or from side to side, while the fingers are bent in the palms of the hand. Agony is depicted in every feature. The struggle for breath goes on till the little sufferer dies convulsed, or passes into a state of stupor from which it never wakes again. A case that once came under my notice illustrates the sudden fatal termination not infrequent in this disease. The child, æt. 3, had been going on well for two days, and was sitting up in bed, playing with her toys and breathing tranquilly. In the night the respiration became embarrassed, and she died asphyxiated twelve hours from the period of relapse. After death a thin piece of partially detached croupal exudation was found lodged in the glottis, and this caused the fatal symptoms by occluding the larynx.

The false membrane found lining the air passages varies in extent; in one of my cases I found, on opening the larynx and trachea, three long and narrow pieces of lymph, one upwards of two inches in length, and the other nearly as long, between the lower border of the cricoid cartilage and the last rings of the trachea, without any extension to the bronchi. In this case moist sounds were heard in the chest on the second day of the illness; but they had disappeared on the fourth and fatal day. Near the level of the upper border of the cricoid cartilage were to be seen small tough fragments of lymph, not readily detached from the surface beneath. The mucous membrane was everywhere red, and in places vividly so; but there was not any evidence of submucous effusion, for it must be remembered that the connective tissue of the larynx is very small in quantity. In other cases lymph may be observed throughout the trachea, and the mucous membrane may be pale, except in isolated patches where it is red and vascular. The false membrane varies much in form and consistency, sometimes it is cylindrical in shape, and loose, or adherent to the mucous membrane beneath, from which it is not readily separated; in other instances it is moulded to the shape of the bronchial tubes where the inflammation has extended into the lungs, and in these cases the efforts of vomiting fail to bring away the source of irritation, and the danger to life is thereby increased. When the false membrane is loose and fragile, it is easier of expectoration; and it is these cases that have the best chance of recovery, particularly if limited to the larynx and trachea, the lungs not being involved in the inflammatory process.

Of late so much difference of opinion has arisen on the pathology of croup that we are induced to ask what is understood by the term? Until recently it has generally been regarded as a local disease, an inflammation of the trachea attended with the formation of false membrane (croupal exudation), though the practical physician most commonly recognises the disease by the spasmodic closure of the glottis, the prolonged and crowing inspiration, and the fear of impending suffocation. If to these symptoms are added fever and inflammatory excitement, he has no doubt whatever that he is dealing with a case of genuine typical croup, such as had been known before diphtheria was recognised and distinguished in this country. To me it appears that croup, whether simple or membranous, is a totally different disease from diphtheria, and that they only approach any degree of relationship when the latter disease has invaded the larynx, and then the symptoms due to obstructed breathing are much the same in both cases.

We constantly meet with genuine croup of an acute and local inflammatory character, leading to the well-known false membrane in the trachea and larynx, as described by the old-fashioned authorities. It seems impossible that we can mistake this true croup (which we have been in the habit of meeting with all our lives) for the peculiar membranous inflammation of the trachea sometimes seen in cases of diphtheria. It is well to glance at some remarkable points of difference in the two affections.

1. True croup is prone to attack the healthiest children, and in districts where diphtheria does not prevail. (*a*) (*b*)

2. True croup is apt to come on very suddenly, and in cases of recovery the general health is rapidly re-established, as compared with diphtheria.

3. In diphtheritic croup the disease is of a well-marked constitutional character, and is always accompanied by great depression and nervous symptoms.

4. Croup is a local disease; diphtheria is a constitutional affection, in which the kidneys and intestines may be involved. Croup is neither infectious nor contagious; diphtheria is both.

5. The cases that recover from diphtheritic croup are few, and the convalescence is not only very slow and

(*a*) There are many instances on record of a whole family of children dying of diphtheria in the course of twenty or thirty days. Malignant epidemics of this nature have prevailed in this country since 1857; but we have never known of three cases of genuine croup happening at one and the same time to a single family, and we have never known them last so long. The recurrence of diphtheria in the same house has been noticed over and over again, and traced to bad drainage, proving that the power of contagion lurks and lingers about, ready to seize on any person lowered in health or susceptible to its influence. The disease is most prone to attack delicate children, whose homes are badly ventilated, and where sanitary precautions are neglected.

(*b*) It would be impossible for the want of space to enter here into the long and vexed question as to whether the croup of Home and Cheyne in this country is the same disease as the "diphtherite" of Bretonneau. I can discover nothing to warrant this conclusion, for, if identical, surely modern writers would have had their attention directed to the resemblance in the course of long and varied experience. Diphtheria is a disease only recently described with precision; as soon as attention was directed to it physicians at once recognised a new disorder, both in its anatomical and clinical features, entirely different from anything they had previously seen, and presenting symptoms at complete variance with the so-called inflammatory or true croup.

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tedious, but the throat affection is usually preceded by a characteristic membrane on the palate, and the prostration is always great. Partial loss of voice, fœtid breath, swollen neck and glands, diminution of muscular power, paralysis of the muscles of deglutition, and albuminuria are common in diphtheria; but they are not witnessed in inflammatory croup.

6. Between croup and diphtheria there is also another very important diagnostic difference; diphtheria generally begins in the pharynx, croup in the larynx. (*a*) The false membrane found in the larynx in cases of genuine croup is quite different from the leathery or yellowish-grey exudation found on the tonsils, in the larynx, and bronchial tubes in cases of diphtheria. The pathological differences between croup and diphtheria are open to further contrast. In the early stage of croup there is an increase in the vascularity of the affected membrane as in severe catarrh, with a trifling amount of inflammatory exudation. This is succeded by fibrillation of the exuded lymph, which, with the new-formed cellular elements, becomes transformed into the characteristic *false membrane.* Its consistence varies, being in some cases tough, in others soft and amorphous, and easily removed from the mucous membrane beneath. In the larynx and upper part of the trachea where the inflammation is most acute the exudation is croupal or membranous, and is very characteristic of true croup, but in the lowest part of the trachea and diverging bronchi, there may be nothing more than a scanty superficial layer of mucus.

"It is difficult in many cases to draw any line of demarcation between the histological changes occurring in diphtheria and those of croup. In diphtheria, however, the sub-mucous tissue usually becomes more extensively involved, so that the false membrane is much less readily removed. The circulation also often becomes so much interfered with that portions of the tissue lose their vitality, and large ash-coloured sloughs are formed, which, after removal, leave a considerable loss of substance." (*b*)

7. If croup were identical with diphtheria, it seems to me that the operation of tracheotomy would rarely succeed; whereas it is often successful when false membrane has blocked up the tracheal tube, and has been removed from time to time after the operation.

The following affords an excellent illustration of the comparison between croup and diphtheria:—

Dr. Sansom has related a case of pharyngo-laryngeal diphtheria with albuminuria, in a female child four and a half years old, where tracheotomy was resorted to on account of dyspnœa and embarrassed breathing. White patches were observed on the pharynx and right tonsil. The edges of the wound were covered with diphtheritic false membrane, and sloughing proceeded, accompanied with extreme prostration. A wound of the ring finger of the right hand was covered by false membrane, and from this wound ulceration extended, and involved a part of the right hand. During the following week there was little change, then extreme adynamia ensued, pneumonia attacked the bases of both lungs, and the child died sixteen days after the operation of tracheotomy. After death the larynx was covered with false membrane, the tissues around the tracheal wound were infiltrated, and there was sloughing of the soft structures. The kidneys were in a state of acute nephritis, and the lungs showed diffused broncho-pneumonia. (*a*)

The treatment that would put at end to catarrhal croup would hourly aggravate a case of diphtheria and hasten death. This alone is sufficient to convince us that the two diseases are essentially different. A child is put to bed in an atmosphere of steam, suffering from acute croup, and after the action of tartar emetic and perhaps a grain of calomel, the alarming symptoms gradually subside. This is never seen in a case of diphtheria—the nervous prostration which invariably accompanies it would be aggravated, and life probably sacrificed, by the adoption of such treatment.

(To be continued)

(*a*) "My idea of the problem to be solved is, in fact, this:—It must be admitted that the diphtheritic poison is capable of giving rise to a plastic inflammation of the larynx, apart from the existence of any similar affection of the pharynx. But there is good reason to believe that during epidemics of diphtheria the cases in which this occurs are in the highest degree exceptional. If, therefore, it can be shown that in the practice of a general hospital the cases of plastic laryngitis, of uncertain origin, bear a large proportion to the total number of cases of diphtheria, there will be a strong probability that the majority of the former cases are dependent upon some other cause than the diphtheritic poison."—"Diphtheria and Croup," by W. H. Lamb, M.B., and C. Hilton Fagge, M.D., *Guy's Hospital Reports*, 1877, p. 345.

(*b*) "Pathology and Morbid Anatomy." By T. H. Green, M.D. 3rd Edition, 1875, p. 303.

SANITARY FALLACIES. (*b*)

By WILLIAM HENRY CORFIELD, M.A., M.D. Oxon, M.R.C.P. Lond.,

Professor of Hygiene and Public Health, University College, London, &c.

AFTER a few introductory remarks Prof. Corfield said: The history of sanitary fallacies was intimately bound up with the history of the art of preserving the health. Hippocrates might fairly be said to have been the founder of the rational method of studying the causes of disease—a method which, 2,300 years after his time, we found to be the correct one. But it was not long before a great fallacy arose and divided the disciples of medicine into two rival schools, of which Herophilus and Erysistratus were the principal lights.

In the Middle Ages, according to Dr. Davies, "reason and experience were wholly discarded, the use of ordinary means was completely eclipsed by the miraculous power of tombs and relics, of saints and martyrs, of holy water, charms and amulets, and each and every portion of the human frame was assigned to the guardianship of different saints."

This grand fallacy, the mistaken union of theology and medicines, continued so late as the time of Henry VIII., who, in 1511, ordered that physicians and surgeons should be examined by a Bishop or Vicar-General, with the assistance of "such expert persons as they shall think desirable."

After instancing the fearful ravages of the Black Plague in Europe, the lecturer said that against all sanitary improvements the argument that things had gone on in the same way for years had always been urged as the defence of doing nothing; but people forget that those who were living in the midst of general unsanitary conditions were in a worse plight than people living in the crater of an extinct volcano.

An important fallacy existed regarding the communicable fevers. Without entering into the vexed question of the nature of the poison of such diseases, he merely pointed out the belief that these diseases might originate anywhere, at any time, under suitable conditions, was now almost universally scouted with regard to the majority of them. How many persons there were who believed that small-pox or scarlet fever, measles or whooping-cough, arose independently of previous cases of these diseases, and not a few, supported by the weight of great authority, who believed in the spontaneous origination of the poisons of typhus and enteric fevers, of diphtheria and of cholera. It was a very old and often exposed fallacy to argue against the use of a thing from the abuse of it, and people still talked and wrote as if the water-carriage system and the conservancy system, applied to the removal of refuse matters, stood on the same footing. Whereas the one was a correct and the other a false principle, and the mischiefs

(*a*) "Croup and Diphtheria: A Contrast." Medical Society's Proceedings. Vol. iii. 1875-77. Page 105.

(*b*) Read before the Sanitary Congress, under the auspices of the Sanitary Institute of Great Britain and Ireland, at Croydon, October 23, 1879.

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which had been traced to the water-carriage system were occasioned by its abuse. The fallacy of having air-tight sewers was fully exposed by the Health of Towns' Commissioner in 1843. Another important matter in which we were liable to be led astray by false principles was the supply of water for domestic purposes. Not long ago, a man, deservedly eminent, told the public that water analysts and medical officers of health had all gone wrong about water; that the small quantities of organic matter that were discovered in water were of no importance; that all water, however pure, was contaminated with organic matter so soon as it got into our mouths; that the greater part of our food consisted of organic matter, and that it was ridiculous to condemn a drinking water because it contained small quantities of organic matter.

The obvious fallacy of such arguments must be patent to all who thought on the subject, but they were calculated to do a vast amount of mischief among the unthinking. The fallacies connected with dietetics were very numerous. There was a curious fallacy about the nutritive qualities of gelatine, it being proved to be an important article of diet; and it was to be hoped that the nonsense about invalids being starved upon jellies and port wine would disappear from our treatises. As to alcohol, there was no question in his mind that the drinking of alcoholic liquors did far more mischief than any other habit whatever. One fallacy in connection with this subject was this. The man who drank his glass of grog at night often defended himself upon the plea that the spirit was diluted, and that the mixture did not contain more alcohol than the few glasses of wine usually taken at meals; but the spirit and water thus taken was taken under circumstances which rendered it most potent for mischief. A highly diffusible liquid, it was taken into the stomach when digestion was over, and when the stomach was nearly or quite empty. It was absorbed directly, unaccompanied by any nutritious substances, into the blood, and was enabled to act in the most prejudicial manner, not only upon the liver, producing the gin-drinker's liver, which meant death, but also degeneration of all the tissues of the body. With regard to tobacco there was a curious fallacy abroad. Although the excessive use of it, as of tea or of coffee, or of any substance that acted directly upon the nervous system, was injurious in various ways, there was no evidence that the moderate use of it was pernicious. Sir John Sinclair, who took pains to investigate this subject carefully, came to the following conclusion in his admirable "Code of Health:" "It does not appear that a temperate use of tobacco can be considered as an obstacle to longevity." On the contrary, the evidence was very distinct that among the old persons available for the investigations the great majority were smokers, so it might, indeed, be argued, with some show of reason, that smoking was favourable to longevity. He, however, expressed his agreement with the late Dr. Parkes that smoking is an injurious and undesirable habit for growing lads. Referring to the fallacies in connection with small-pox and vaccination, he deprecated the attempts to persuade the people that vaccination was not a preventive of small-pox. The Swedish statistics, which had always been pointed to as strongly in favour of vaccination, had been recently manipulated with the view of proving the reverse. He had before him the statistics for 124 years. In the 61 years before the practice of vaccination there was only one year in which the deaths in Sweden from small-pox were less than a thousand, and there were nine years in which the deaths were over 10,000. In the 63 years during which vaccination was practised there were 48 years in which the deaths from small-pox were under a thousand, and in no year did they reach 10,000, or even 3,000. With regard to the class of contagious diseases partially dealt with by Act of Parliament, whatever well-minded people might say to the contrary, it was not their prerogative to visit the sins of the fathers upon the children. He would re-echo the works of Dr. Farr:—"Morality, it may be hoped, will be inculcated by higher agencies than enthetic diseases." Statistical fallacies were sometimes of a serious nature. They were told that in spite of sanitary improvements the death-rate remains the same. Considering that "the mortality of the City of London was at the rate of 80 per 1,000 in the latter half of the 17th century, and 50 in the 18th, against 24 in the present day," according to Farr, this statement seems rather audacious. In conclusion, he said if they wished to make the public believe that they were in earnest about sanitary reform they must be united amongst themselves, and not go about wringing their hands as some did, because others than themselves had a share in the good work.

Clinical Records.

CARLOW COUNTY INFIRMARY.

Foreign Bodies in the Ear extracted by a Hair-pin.

Under the care of Dr. E. A. RAWSON,

Surgeon to the Infirmary.

CHILDREN frequently put stones or other things into their ears and nostrils, and it is often an exceedingly difficult, tedious, and painful operation to extract them. I have used all kinds of forceps, and crooks, and wire loops, with varying success, but the operation is always tedious, and blood is almost always drawn.

I was utterly beaten in one case lately. A boy, æt. 9, pushed a good-sized white stone into his left ear. It could be easily seen. I caught it with all kinds of implements over and over again, but no amount of force or manipulation could dislodge it. I sent him to Dublin, where several eminent surgeons tried their hands on him, without success. He returned home, an abscess formed, and one morning the stone fell out.

In July last a little girl, æt. 10, put some stones into both her ears. I tried the usual instruments, and only succeeded in drawing a good deal of blood. I had that morning picked up a hair pin—a large one; the kind ladies use for heavy coils of hair. I tried it, passing it along the upper side of the meatus, and when, by the feel, the bend was beyond the stone, depressed it slightly and withdrew it; to my gratification it brought out two little stones. As the child was crying, and complaining of pain from my rooting with the other instruments, I left her alone for two days, and then used the same hair-pin in the same manner, on the other ear; and on this occasion also, on withdrawing it, I found it clasping two stones. The time of the operation was about five seconds. There was no blood and it was painless.

Although a hair-pin may have been frequently used before, I have not seen it mentioned, and it is such an exceedingly simple and useful little instrument that I hope many will try it.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

THE Second Meeting of the Session was held on Friday last, when, on taking the chair, the President announced the deeply melancholy news of the death of his immediate predecessor in office, Mr. Callender, F.R.C.S. Mr. Callender was on his return voyage from America.

Dr. SOUTHEY on

TWO RARE CASES OF ACUTE RHEUMATISM.

CASE I.—F. G., æt. 23, first attack. Admitted into St. Bartholomew's Hospital on sixth day of his disease. The symptoms of rheumatism were well marked; there was pericarditis; and patient had a temperature of 103° Fahr., respiration 24, pulse 96. He was a pale, poorly-nourished

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man, with a tremulous tongue; by his own account, and that of his family, temperate.

Course and Progress.—The pericardial effusion increased, and was well established by its ordinary physical signs. Upon the sixth and seventh days of his illness, the temperature was maintained at 104°, and remained high between 102·4° and 103·8°, up to the eleventh day of the disease. All this time he complained less of pain than of sleeplessness; but on this date the symptoms of typhoid or cerebral rheumatism supervened. His manner of answering questions was altered; he was abrupt in speech, and incorrect in his statements. He lost the pains in his joints, and could move his hands and legs about, but with well marked loss of muscular co-ordinating power. This delirium, with tremor and loss of muscular power, was succeeded by some choreic jactitation and subsultus, on the twentieth day of the malady, when the case, if seen for the first time, might easily have been mistaken for one of typhus. The treatment hitherto had been milk, beef-tea, pudding, eggs, and 4 ozs. of brandy per diem, necessitated by the patient's feeble and dicrotic pulse. For the first few days simple saline medicines, and afterwards sp. of chloroform, cardamoms and peppermint; but succus conii, with bromide of potassium—half-an-ounce of the former to half-a-drachm of the latter—were now, on the twentieth day, given every four hours, and an ice-bag was applied alternately to top of his head and nape of his neck. As he still continued sleepless on the twenty-first day of his illness he was ordered a chloral draught up to 30 grains. This was succeeded by four hours good sleep. Twenty-second day of disease, quite conscious and rational; complains once more of the rheumatic pains in his joints. Hands tremulous, he lay like a log in bed, without any muscular power to help himself. The ice-bags, bromide and conium, were continued for four days, during which period the temperature gradually came down. The respiration became fuller and less frequent, and the pulse regained power. They were then discontinued. The patient recovered quickly and completely; was up and convalescing on the twenty-eighth day of the illness, and discharged some ten days later.

Remarks on Case I.—This was a typical case of cerebral or typhoid rheumatism, complicated, it is admitted, by pericarditis, attended by such a temperature as often is encountered in acute rheumatism thus complicated. The cerebral symptoms do not occur when the temperature is at its highest on the sixth and seventh days, but on the twelfth day, when the temperature at its recorded highest was 102·8. What I wish to point attention to, is the peculiarity of the delirium and the whole of the nervous symptoms. They are quite characteristic of the disease; have been observed by all who have put any similar cases upon record, but have been attributed to alcoholism, and to nervous systems damaged by habits of intemperance. In my opinion alcohol is not found guilty of them, and has really nothing whatever to do with them. It is only a superficial likeness to delirium tremens, which is presented. There is delirium with general tremors. This is, however, not a noisy, busy, delirium, with horrors and delusions of an active kind. There is a coma vigil sort of state, in which the patient lies muttering deliriously, and constantly is talking to himself. If you arouse him he wakes up apparently all right, says he has no pain, feels very well, and answers your questions in a manner that might throw you quite off your guard. Every statement he makes may be incorrect, and is wholly untrustworthy. Then the muscular tremors increase to choreic jactitation; there is constant twitching and subsultus of the muscles, and finally, this condition, as in another case which I watched, and which is recorded in a volume of this Society's "Transactions," is succeeded by a state of general muscular paralysis, whether from asthenia, or actual palsy of the motor powers, I know not, but this I do know, that they lie like logs in a bed, and cannot help themselves a bit. This case recovered, and I attribute his recovery to the treatment pursued. The bromide and conium may have tranquilised the spinal centres, as Dr. Greenhow thought it did in a case in which he tried it; but the ice-bag to the head and neck is, I believe, good treatment; safer, because less fatiguing and equally as efficacious, I think, as the cold plunge or wet sheet. But neither of these strong measures was indicated by the patients' pyrexia, which was not hyper.

Case II.—H. C., æt. 20, admitted into Faith Ward for acute rheumatism. Third attack within two years. The aches and pains began gradually for four days. She felt them, but was able to get up. For last five days had been confined to her bed with pain and swelling of several joints.

Patient's State on Admission 5th day.—Joint inflammations well marked. Mitral regurgitation, with very little hypertrophy, No cardiac pain. Physical signs were attributed to old endocarditis. Temp. 96 only; resp. 28; pulse 96; urine scanty, high-coloured, sp. g. 1020, containing a little albumen. Her tongue had the usual white fur, was moist, and her appetite was *nil.*

5th day of disease.—Evening temp. 102·2; resp. 40; pulse 100. As she was very sleepless and worn out, she was ordered a draught containing Chloral gr. v.; pot. chlor. gr. v.; and mist. camphor. 6ts. horis; and a milk arrowroot and beef-tea dietary.

Course and Progress.—During the 6th, 7th, and 8th days the temperature gradually abated. On the 7th the bowels acted spontaneously; the urine was still very slightly albuminous; but her pains were better, tongue cleaner, and there were no physical signs indicative of any serious complication. On the 9th day of her illness, after a fair night, she complained that her right knee was now painful. Her face was pale and haggard-looking, and her lips were livid enough to make me examine her carefully. There was no friction rub, no increase of præcordial dulness, no evidence of any pleural effusion or of anything in the thorax to explain her aspect or the change in her. Her temperature was 101·2; resp. about 40; pulse small, feeble, 120. Only six ounces of urine had been passed through the previous 24 hours. This was of sp. g. 1018, and contained a considerable quantity of albumen; quite a third. There was no fulness in the bladder region, for I tapped over it; no retention of urine. I stopped the chloral draught, wondering if this might have had any bad effect upon her, and because her pulse was so feeble, ordered her two ounces of brandy and a citrate of potash draught with ammonia and nitric ether. Now, if I had been treating her rheumatism with frequent doses of salicylate of soda, I should have doubtless attributed her symptoms to this substance. I called my house-physician's special attention to all the symptoms of gravity about her, and expressed my fear that she was going to die; what of I could not tell. That same afternoon she suddenly complained of a fresh pain in her epigastrium, and vomited some quantity of green bilious fluid—uræmic vomiting?—and perspired very profusely. Her temperature was taken again at 7.30 p.m.; it was then 102·4, not a high temperature, you must admit. Her respiration was only 32, but hardly any pulse could be felt at her wrist. Asked if her feet were cold, she said, no, they are burning hot. The nurse felt them and assured me they were only comfortably warm. She was sat up in bed; the pain referred to the bottom of the stomach became very acute, and the house-physician was called to her, who thought she must have pericarditis, and ordered a blister for her. Her face now was deathly pale, her eyes wild and staring, and she pointed excitedly to her epigastrium, asking "can no one give me relief for this pain." The house-physician was preparing to give her a subcutaneous injection of morphia at 12.15., when she died. As death was imminent, and the last observation had shown so much albumen in the urine, I am glad that this was not done. It will at least not be found guilty of her death.

Post-mortem 28 hours after Death.—No effusion in pleura, pericardium or peritoneum; no appearance of recent lymph anywhere. Very slight old white patch in pericardium over root of the aorta. Lungs normal, but congested. No clots in pulmonary artery. All the heart's cavities distended with greenish and much decomposed soft clots. Heart's muscular substance was of a dirty brown colour. The muscular fibres were rather granular-looking under microscope, and did not exhibit their normal distinct striation; but may not this be attributed to the rapid decomposition which had set in. Aortic valves normal; mitral valve covered with small vegetation upon its auricular surface; mitral orifice somewhat narrowed. Spleen and liver large and soft. Intestines filled with greenish yellow, slimy mucus similar to that vomited during life. Kidneys swollen, pale, and soft. All these glandular organs then present appearances of general parenchymatous swelling, similar to those observed in persons who die, as it is supposed, of hyperpyrexia.

Remarks.—I have prepared none. I prefer the case should speak for itself. To me it is an intensely interesting one. It furnished a fact I had been long looking out for—sudden death in rheumatism, with appearances suggestive of hyperpyrexia, but without any remarkable temperature reached or

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observed. She died of asthenia, or heart failure, with gradually failing pulse, until this could not be perceived at the wrist. The appearance of the heart did not, to my knowledge of pathology, suggest carditis the very least. That of the kidneys is no more than is found in any acute disease that dies; pneumonia or fever, for example. To explain it I can only offer what will be accepted as proof of my ignorance—the hypothesis—that in rheumatism there sometimes suddenly takes place a great change in the blood itself, which makes this circulate everywhere with difficulty. It will not undergo its proper oxygenation changes in the lungs; it fails to carry the requisite oxygen everywhere, and to circulate properly. If the blood stasis occurs in certain nervous centres hyperpyrexia may attend this local accident. There have been these two clinical symptoms—extreme pallor of the face, and lividity of the lips. In other fatal cases of rheumatism which I have seen, I know them now to be of almost fatal omen, and wish to direct the attention of the profession to them.

Dr. THEODORE WILLIAMS wished to know if an examination of the blood had disclosed any material change in the appearance of the red corpuscles.

Dr. MACLACHLAN considered the case a peculiarly interesting one, but could not entirely agree with the conclusions reached by the author of the paper. He was of opinion that hyperpyrexia does not cause death, but is concomitant with it. Some particular portion of the nervous centre being affected by the rheumatic poison, hyperpyrexia is induced, and death is hurried on under the action of the morbific agent. He pointed out that the signs recorded were those of carditis and pericarditis.

Dr. SOUTHEY, in reply, said that no examination of the blood had been made. The fluid was in a very decomposed and clotted condition, and no analysis of it had been performed. Any change observed would, he thought, possess no elucidative value, nor could he attach any importance to the alteration of the corpuscles. Thickened patches, evidently of old standing, about the base of the heart, seen on post-mortem examination, indicated the existence of pericarditis in life, and carditis followed very considerable change in the muscle, whereby it had lost its striæ.

Dr. GEORGE WILKS (of Ashford) communicated the case of J. O., who was struck by lightning on June 8th, 1878. He was struck while staying to empty his bladder by a willow-tree close to the window of a shed in which his three fellow-workmen had just taken shelter from a violent storm of rain. The lightning rushed in at the door and out of the window, which it blew into the field. The three were scared for a time, and on recovering sought their companion. They found the tree partly denuded of its bark, and the patient's boots standing at its foot. The patient himself was lying on his back two yards off, and though he was fully clothed previously, he was now *naked*, with absolutely nothing on except part of the left arm of his flannel vest. He was conscious, but much burnt, with a badly-broken leg. The field around was strewn with fragments of the clothing; the clothes were split or torn from top to bottom, the edges of the fragments being often torn with shreds or fringes: they only showed evidences of fire where they came in contact with metal, such as his watch, or the buckle of his waist-belt. There were no laces in the boots; the left boot was torn and twisted into fantastic shapes, but the sole was uninjured, and there were no signs of fire upon it: the right boot had the leather much torn and the sole rent and burnt. The watch had a hole burnt through the case, and the chain was almost entirely destroyed. The stockings were split down the inner side; the hat was uninjured. The patient stated he was struck violently on the chest and shoulders, became enveloped in blinding light, and was hurled into the air, coming down on his back "all of a crash," and never losing consciousness. Three hours later he was seen by Dr. Wilks; he was then quiet, but complained of a little pain in each leg, and of a universal sense of burning, fiery, heat. He was also deaf. The hair of his face was burnt, and the body was covered with burns, superficial on the chest, but deeper on the abdomen and right thigh. Down each thigh and leg was a broad crimson indurated band of burning, passing along the inner side of the knee, and ending below the left inner ankle, and at the right heel, a lacerated wound, with a comminuted fracture of the os calcis. The bones of the right leg were fractured, and the tibia protruded through the skin in the course of the burn. The fracture was reduced, and slung; the burns were treated with carron oil, and milk diet was ordered. After the eighth or ninth day his progress was uninterrupted, but delayed by the slowness with which the heel recovered. He was discharged twenty weeks after the occurrence. Dr. Wilks remarks on the almost complete unanimity of the nervous system, and on the probability that the clothes being wet acted as good conductors, and so diverted the electric current from the great nervous trunks, and so saved the man's life. The various articles of clothing, the man's watch, and portions of the back of the tree were exhibited to the Society.

Sir JAMES PAGET said he had held possession of the clothes (exhibited) for some weeks; seeing them, he felt sure that any one would conceive it impossible that a flash of lightning could do what had been done in the case. He considered the explanation of the man's preservation from instant death, as given by Dr. Wilks, the correct one—as being due, that is, to the dampness of the clothes in contact with the body. It is worthy of note, continued Sir James, the course taken by the lightning flash, as showing the possibility it has of completely stripping a body by clean sweeps. The irregularities in the direction of the rents are to be attributed to interference with the direct passage of the current by dry patches of clothing. This is particularly noticeable in the boots, one of which, at the time of the accident partially raised from the ground, is much more irregularly injured than the other. The watch exhibited proof of the same peculiarity. Sir James further added that, in a tree close by the place where the man was, there remained marks to show that the flash had pursued a path down the moist *liber* of the trunk. He had discussed the question with Professor Tyndall, who endorsed the opinion he had formed, and who, in common with many other men of science, regarded the case as quite unique. He would add that he considered the man had been excellently treated by Dr. Wilks.

Dr. BROADBENT suggested that the stripping of the body may be explained on the assumption that a body of steam had been rapidly formed, and the passage of the flash had been influenced thereby.

Dr. ALTHAUS remembered reading of a similar case some twenty-one years ago, recorded in the "Philosophical Transactions of the Royal Society." He attributed the effects produced by electricity to mechanical force merely of the discharge. This is known, he added, to be very great. He could not but think it strange that the man exhibited no paralysis or affection of the nerve centres. Possibly the man was a bad conductor of electricity. Some people were ill, some well, endowed in this respect, and it is undoubtedly true that, as a rule, the nerve centres are materially affected by such accidents.

Dr. HEWAN narrated the case of a dog belonging to a friend of his, twenty-one years ago, on the West African coast. The animal was lying beside its master one night, when it was (presumably) struck dead by a current of electricity which passed through the house by a central lamp suspender. The animal was discovered to be quite dead after the storm, which raged only a short time. It exhibited no external evidence, however, of such a death.

Mr. HULKE did not see anything in the narrative of Dr. Hewan to prove that the dog *was* killed by lightning at all.

Mr. GEO. LAWSON exhibited a

SPECIMEN OF A CASE OF CANCER OF THE BREAST WHICH HAD FOLLOWED ECZEMA OF THE NIPPLE OF LONG STANDING.

The patient had suffered from eczema of the nipple for four years, and during that time had been under the care of four different physicians. In July, 1878, she consulted the late Dr. Tilbury Fox for a very chronic eczema of the nipple, which involved the skin around it for an area of about one inch. She had tried all the usual remedies, and had also taken arsenic largely. At this time Mr. Lawson saw the case with Dr. Fox, and examined the breast specially to ascertain if there were any indications of cancer, but he was unable to discover any. The skin was movable over the breast, and the breast upon the muscle. There was no enlargement of the axillary glands. The eczema was relieved, but never cured. In July of this year she came under the care of Mr. Lawson, and he was then struck with the great change which had taken place. The breast was now large and hard, with the nipple much retracted, and the skin around the nipple adherent to the parts below. There was also an enlarged

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gland in the axilla. On the following day the patient saw Sir James Paget, and he concurred in the advice that the breast should be removed. The operation was accordingly performed, and the patient made a rapid recovery. *Remarks.*—Mr. Lawson said that one of the surgical questions of the day was whether we may consider intractable eczema of the nipple the precursor of scirrhus of the breast. The cases related by Sir James Paget and Mr. Butlin have established the fact that scirrhus of the breast frequently follows a condition of the skin which closely resembles eczema in its general characters. There was some doubt as to whether this so-called eczema was indeed true eczema; whether it was not rather a new growth with some of the superficial characters of eczema, but which differs from it in its microscopical structure. The important and practical question was whether in cases of eczema of the nipple which has resisted for a length of time all treatment, we are not justified in advising that the breast should be removed in anticipation of a disease which does not then exist. In one case he said he had removed the greater portion of a tongue because the gentleman had suffered from ichthyosis of that organ for eighteen years, and he had found that all the recorded cases of ichthyosis had terminated in cancer, either before or shortly after the disease had reached that age. He had also frequently excised an eye which had received a dangerous wound in anticipation of sympathetic ophthalmia occurring in the sound eye, feeling that it was better to save one eye than run the risk of losing both. The same principle of treatment, he thought, might be fairly applied to cases of intractable eczema of the nipple, if we could thoroughly establish the fact that in the majority of such cases the disease is followed by cancer.

Dr. THIN explained that he had purposely avoided detailing the differential characters of the sections he had made; to do so would unduly extend the limits of the communication, and, further, he hoped soon to lay all the results of his investigations before the profession. He regarded the disease as not an eczema, the appearance of the skin under the nipple being misleading. The absence of the intolerable itching attendant on eczema went to prove this. In his opinion, cancer, in such cases precedes eczema. The epithelial element at the mouths of the galactophorous ducts, first undergoes pathological changes, and thence the cancerous matter spreads, infiltrating the cellular tissue about, and proceeding gradually into the substance of the gland. Consequently, to treat a patient in this condition, only for the skin affection, involves the gravest error, for during the time attention is being given to a comparatively trivial complaint, the deadly disease is making certain progress in the lactiferous vessels, progressing by certain stages to the axilla and mamma. Such a course, he declared, is a common result.

Mr. BUTLIN felt that he must take the responsibility of the term eczema. He did not, however, intend to imply skin disease solely and precisely, by it. He had seen 4 or 5 cases in which the nipple presented the same indications as in the one under discussion. In one case, under observation, at St. Bartholomew's Hospital, it was not so, however. In it there was no discharge, either from surface or from ducts, and the organ on the affected side was less elastic and firm to the touch than that on the opposite side of the body. Though not eczematous, still the condition of the nipple and ducts, even in this, agreed with those of the other cases. In it, only portions of epithelial structures were involved by disease; but in the others all the ducts were so affected.

Sir JAMES PAGET agreed that it might be unwise to give the term eczema to the condition of the parts, and that grave danger of a cancerous issue was involved therein. He was compelled to differ from Dr. Thin on clinical grounds. In one case which resisted treatment during eight months, a cure was effected in eight more, and no cancer was developed in the breast. Such cases, however, are in danger of becoming cancerous; and similarly, in continued icthyosis, the tendency is to a cancerous disease of the tongue, although it would be wrong to diagnose cancer at the outset. In illustration of the principle he was expounding, he would instance the proved possibility of cancer developing in scars left by burns, even twenty or thirty years subsequent to the original injury. The number of cases in which cancer may appear is very large, and at present we have no accurate knowledge, either of the causes, or the time which determine its growth.

Mr. JONATHAN HUTCHINSON.—The general nature of cancerous disease is a most important subject. Some years ago he had contributed a paper on what he termed "the successful cultivation of cancer," for the purpose of drawing attention to the conditions favouring its development. He considered the term eczema correctly employed by Sir James Paget and Mr. Butlin, seeing that it admitted of a wide signification, and that the nature of the affection so called varied much under different conditions. Probably, in some cases narrated, there is simply, at first, a local disease at the nipple, which disturbing the local nutrition, and setting up irritation lasting to the observed cancerous period of life, may eventuate in production of the fatal disease. With them, may be other cases in which a process, more nearly allied to cancerous degeneration, sets in from the first. In case the eczema resists treatment, then is it sufficiently early to initiate special precautionary treatment. Such resistance to ordinary treatment must strengthen the suspicion of cancer. He agreed with Mr. Lawson as to the advisability of an early removal of white patches on the tongue. It is to the interest of the patient to resort to early operative procedures for the eradication of certain disease. Mr. Hutchinson related that in one of his cases a patient operated on in an early stage, is at present, after four years, quite well.

Mr. HENRY MORRIS supported the statements already made, by citing two cases of reported eczema, followed by cancer of the breast. The condition of the areola had existed too long not to have preceded the cancer; in one case six years. He was consequently inclined to oppose the view held by Dr. Thin. He remembered an instance of similar external disease in the O.P. department of Middlesex Hospital; but here there was no suspicion of cancer. The nipple in a girl 18 years old, had been some time ulcerated. By her account, she had suffered from cancer "of the mouth of the breast," but no sign of the disease could be detected. Possibly the practitioner without, might have deemed its removal necessary. Mr. Morris found much difficulty in reconciling the result of his own observation with the theory proposed by Dr. Thin, and could not, therefore, advise early removal of the diseased organ in such cases. Similarly, he considered icthyosis did not always indicate the operation for amputation of the tongue. Out of 500 cases seen, during six years' practice, he had observed only two in which cancer of the breast followed ulcerated nipple.

Mr. LAWSON, in reply to the criticism, said that in 1865 in a case of eczema which was regarded as epithelioma, treatment by zinc chloride was persisted in, until the tissue of the breast became deeply touched. Two years after, the patient returned with a bunch of diseased glands in the axilla and she is now dying of true cancer.

Dr. THIN—Explained that the epithelium at the mouths of the ducts may be affected, and the pathological change be confined thereto. If the parts be removed at this stage, the patient may be saved. But the destruction of tissue continues if only treatment for eczema be followed out; in time, the affection spreads along the ducts, and plunging into the body of the gland, irremediable mischief is set up, and a fatal termination ensues.

INTERNATIONAL MEDICAL ASSOCIATION, 1879
MEETING IN AMSTERDAM.

THE meeting which was recently held at Amsterdam of the new International Medical Congress, and which takes place every two years, has been one of the most successful reunions of the medical profession ever known. The illustrious professor Donders, of Utrecht, who acted as President of the Congress, was seconded in his unwearied efforts to make the Congress a success, by a host of learned and energetic brethren from among the professors of medicine of Amsterdam, Leyden, Groningen, and Utrecht. The committee of organisation also contained the names of Dr. Warlomont, of Brussels, Dr. Fabius, Dr. Stockvis, and Dr. Tilanus, of Amsterdam, and of the great oculist, Dr. Snellen, of Utrecht. Papers were read by Dr. Chauveau, of Lyons, Dr. Rosenstein, of Leyden, Dr. Stockvis, of Amsterdam, and a lecture was given by the learned German, Dr. Virchow, on "Ancient Troy." Dr. Bastings, of Brussells, Mrs. Hoggan, Dr. Schnitzler, of Vienna, Dr. Drysdale, Dr. Daremburg, of Mentone, Professor Semola, of Naples, and Dr. Delaunay, read papers in the Medical Section. Dr. Tilanus, of Amsterdam, read a paper on "Hernia," in the Surgical Section, and Professor Verneuil, of Paris, gave an admirable address on surgery in the general meeting which took place in the great hall in the Park. Mr. Sayres, of New York, gave demonstrations on his method of treating cur-

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vature of the spine, at the hospital, and the members had the advantage of seeing the practice of calf vaccination carried out by the physicians of the general hospital. The Surgical Section was well supported, and papers were read by Dr. Küster, of Berlin, on the "Treatment of Aortic Aneurism;" by Dr. Bouqué, of Ghent, on the "Different Methods of Amputation;" by Dr. Magitot, of Paris, on "Cysts of the Jaws." The chief excitement, however, was caused by the address by Mr. Lister, on the Antiseptic Method of Dressing Wounds, delivered by him in the theatre of the Park. The meeting rose *en masse*, and gave the well-known surgeon many hearty cheers on his appearance. Mr. Lister read clearly and calmly in French.

In the Section of Midwifery papers were read by Dr. de la Faille on "Fibrous Tumours of the Uterus;" by Dr. Halbertsma, of Utrecht, on the "Prevention of Puerperal Fever," and one by Dr. van der Mey, of Amsterdam, on "Pilocarpine and Eserine as Contractors of the Fibres of the Uterus." Dr. Petithan, of Liège, read a very interesting communication to that section on the question, "The position that should be taken by Gynæcologists in those social questions which relate to Procreation." In face of the enormous infantile death-rate among the poor, and the consumption caused by overcrowding and too frequent child-bearing, Dr. Petithan recommended much smaller families than at present are in fashion, and said that he was well pleased with the views of Raciborski, which he had imparted to many of his patients, with the effect that they could thereby limit the number of their families. This communication was made at the instance of Mr. Donders, who wished that the question should be discussed.

In the Physiological Section, Professor Marey read a paper on "the Measure of the Pressure of the Blood in Man;" and gave a brilliant lecture in a hall called Felix Meritis, upon the "Circulation of the Blood." Dr. Engelmann, of Utrecht, read on "Muscular Contraction;" Dr. Heinsius, of Leyden, on "Sounds in the Vascular Spleen;" whilst Dr. Ranvier, of Paris, gave a microscopical demonstration, Dr. Javal lectured on the "Physiology of Reading;" and Dr. Onimus on the "Errors in the Theory of the Vaso-Motor Nerves."

One of the most attractive sections was that of Public Medicine, which was presided over by Dr. Overbeck de Meijer, and on the Council of which were Dr. Mouat, of London, Dr. Crocq and Dr. Janssens, of Brussels, Dr. Finkelberg, of Bonn, and Mr. Ernest Hart, of London.

The communication first in importance in this section was made in the general meeting in the great hall in the Park by Mr. S. van Houten, deputy for Groningen, one of the ablest Dutch statesmen of the day. He spoke on the protection of childhood against premature labour, and recommended all means to be taken to induce the poorer classes to relinquish the habit of giving birth to such hosts of unfortunate children as at present, who were only brought into life to die early, or linger on in poverty and degradation until carried off by consumption, by overwork, and privations.

Mr. S. van Houten received quite an ovation on commencing his address, which was in German.

Dr. Overbeck v. Meijer's paper on the "Methods of Preventing Contagious Diseases," was well discussed, as was also that by Dr. Seelheim, of Utrecht, on "Falsification in Food." Dr. Mouat spoke on this latter question.

Dr. Leeman, of Amsterdam, read a paper on "How the Public Health Ought to be Measured," which was also discussed.

Dr. H. A. Allbutt, of Leeds, read a paper on the mortality of children, in English, and Dr. C. R. Drysdale one on the "Comparative Death-Rate of the Rich and Poor." Dr. Drysdale also read a paper on the "Salicylate of Soda in Rheumatism;" and introduced the subject of the regulation of prostitution, at the general meeting in the great hall in the Park.

Discussions upon animal vaccination also took place in this section, and doubtless this custom will soon be adopted in England, since there is really no objection to it, and very many advantages, of which, perhaps, the greatest is that an unlimited supply of lymph can be obtained by its means in times of epidemics very quickly.

In the Sixth Section, that of mental diseases, a paper was read by Dr. van der Swalme, of Delft, on "Insanity as a Ground for Divorce;" and another by Dr. Lubansky, of Russia, on the "Influence of Alcohol in Causing Insanity."

In the Seventh Section Dr. Donders made a communication about the visual faculty of railway men; and Prof. Snellen spoke of the antiseptic method and its application to operations upon the eyes. Dr. Bouchut, of Paris, read a paper on "Retinal Hæmorrhage in Acute Cerebral Affections, and in Diathetic Diseases."

In the Section of Otology Dr. Guye, of Amsterdam, read a paper on "Menière's Disease," and Dr. Magnus, of Königsberg, on "Different Methods for Distinguishing the Acuteness of Hearing."

There was also a Section of Pharmacology, in which papers were read by Dr. Binnendijt on the "Poisonous Qualities of Phenic Acid;" and one by Professor Pacchiotti, of Turin, on "An Universal Pharmacopœia."

The exhibition of apparatus and materia medica was most interesting. Among other articles we noticed an excellent creasote soap made at the suggestion of Dr. Vacher, of Birkenhead, and a preparation of dried serum of the blood, also suggested by that gentleman.

The hospitality of the city of Amsterdam to its foreign visitors was very great. A visit to Imuiden, on the North Sea, took place on Wednesday through the great canal, and dinner was served on board. There were *fêtes*: one in the theatre of the Exhibition of Amsterdam, which still is employed as a concert room and playhouse; the other in a beautiful theatre near the Zoological Gardens, at which champagne and ices were plentifully distributed. Another *fête* took place in the gardens of the Park. In fact, it was clear that the people of Amsterdam know how to enjoy life. At the *fête* on Friday a charming tableaux, "The Lesson in Anatomy," was shown, when the professor and students were all beautiful young ladies. This was loudly applauded.

We append the contents of some of the papers read.

The Theory of Infectious Diseases, and of Vaccinia, was read by Professor Chauveau, of Lyons. The conclusions arrived at by the author are as follows:

1. The demonstration of the part played by the microbion ferments in the production of certain infectious diseases, of which charbon is the best known and most clearly proved type, may be extended to all diseases of the same order.

2. We are, then, authorised to consider infectious diseases as nearly related to parasitic diseases. It is even difficult to trace between these two orders of diseases a very clear line of demarcation. However, it has been proposed to lay down that in the first class the parasitic agent acts exclusively by the mechanical obstacles, irritations, and destructions of local character caused by its presence and development. In the others this mode of action has only a secondary influence; the parasitic agent produces above all its evil effects by altering the humours, and in thus disturbing, by the play of its proper life, the physiological life of the anatomical elements.

3. The parasitic microbions, the agents of infectious diseases, behave within the organism similarly to fermentative agents as injurious by the products with which they infect the economy, as by the subtraction of useful substances which they remove from the humours and tissues.

4. To each specific infectious disease there belongs necessarily a special agent. But it is not proved that the microbions which cause the infection all constitute distinct species rather than different forms of a small number of species. The opinion expressed about the point implies simply the identity of characters and properties of the infectious agent in all cases of the same disease. Besides, there is reason to believe that all the infectious microbions belong to one and the same family, that of septic ferments. All the true diseases which are infectious, such as charbon, surgical septicæmia, pyæmia, and traumatic gangrene, the different kinds of typhus, &c., are, in truth, septic or septicoid diseases.

6. If the infectious microbions are septic ferments, they ought to have the power of living and multiplying out of the animal economy. Experience shows, indeed, that all those which are known possess this common and fundamental character. Thus the germs are disseminated in a permanent way, it may be said, in the external world.

7. In certain infectious diseases (example, marsh fever) the infected person always derives the germs from the external world, never from other persons already infected. The latter appears to be unfit to give back these germs to the external world, and to serve as agents of contagion.

8. Other infectious diseases (*e.g.*, ileo-cæcal typhus) behave differently. The patients, foci of production of germs, which after having been given forth to the external world, infect the injesta, may thus become indirect and limited foci of contagion.

9. Lastly, there are some infectious diseases (exanthematic typhus) where the germs given forth by the patients infect

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not only the *injesta*, but also the *circumfusa*. The subjects infected thus become extremely active centres of direct contagion.

10. Should the so-called virulent diseases, of which vaccinia is the type, the simplest and best studied of all, form a distinct category of infectious diseases? Experiment has shown, it is true, even before the demonstration was rigorously made for infectious diseases, that the virulence is found in the solid particles of the humours. But nothing proves that these particles are microbions, like those of infectious diseases. We do not, indeed, arrive at being able to cultivate the proper viruses outside of the living organism, and the manner in which they behave in the presence of certain poisonous agents is incompatible with the attributions of the quality of living elements. Still, we must make all kinds of reserves about the radical distinction between infectious and virulent agents. Besides, the limit between the two orders of diseases is very hard to be laid down at present. The progress of observation and experiment will perhaps efface this, and establish the identity of nature of all contagious diseases, which would then, without exception, become parasitic.

Professor Rosenstein, of Leyden, read a paper on "Bright's Disease and Primary Cirrhosis of the Kidneys." His conclusions were as follows :—

1. The anatomical lesions of the kidneys, which make up the *ensemble* of the clinical symptoms described first of all by Bright, always relate as well to the parenchyma as to the connective tissue of the organs.

2. There is no such thing as nephritis, exclusively parenchymatous, or exclusively interstitial. We may affirm, basing our views on experience and clinical observation, that whenever a true inflammation of diffuse kind exists in the kidneys, the two histological elements are affected from the outset.

3. The final product of the diffuse inflammation is the white kidney, and the red granular kidney. They form, in an anatomical point of view, the atrophied kidney, and only differ in this way, that the parenchymatous affection is more marked in the first, whilst the interstitial is more so in the last named. In a clinical point of view, we may distinguish one from the other by the analysis of the urine. The symptoms of atrophy are common to both.

4. Clinical observation makes the opinion probable that the red granular kidney as well as the white, or as it is called, the primary cirrhosis of the organ, is preceded by a period of tumefaction. Post-mortem examinations do not contradict this way of looking on it.

5. The clinical description of Bright relates especially to the white granular kidney. It is certain that in this modification the morbid process runs through two stages, as well in the clinical point of view, as in the anatomo-pathological one.

Papers were read also, in the First Section, by Mrs. Hoggan, M.D., on the "Relation of Carcinoma with the Lymphatic System." Dr. Decrosa, of Paris, President of the Society against the abuse of tobacco, read a paper on the "Influence of Tobacco for or against Scurvy." Dr. Schnitzler wrote on "Syphilitic Lung Affections;" and Dr. C. R. Drysdale, on "Salicylate of Soda in Acute Rheumatism." Professor Semmola, of Naples, had a number of papers, viz., on "Interstitial Hepatitis," on "Nervous Dyspepsia," on the "Treatment of Lead Colic by Continuous Current," on "Addison's Disease," and on the "Treatment of Hydatids of the Liver." Professor Zawerthal, of Rome, read a paper on "Laryngeal Syphilis," and Dr. Delaunay, of Paris, on the "Treatment of Phthisis."

The next meeting of the Congress is fixed for London in the year 1881. There will, however, be a meeting of the Congrès International d'Hygiène in Turin, in August 1880, so that it may be said that the medical men of Europe have now an annual international parliament.

Department of Lunacy.

THE COMMISSIONERS IN LUNACY ON THE LUNACY LAWS.

The Commissioners in their Report, to which we have previously alluded, make some valuable remarks on the recent Parliamentary Committee, and express their own views on the important question of lunacy legislation. We propose to briefly give our readers a short *résumé* of these views of the Commissioners in Lunacy. The suggestions of the Committee as to the consolidation of the Lunacy Acts meets with the approval of the Board. We think that this would be a step in the right direction, and prevent a great deal of confusion that at present exists in consequence of the number of acts of Parliament relating to lunacy that we now have. There are four principal lunacy acts, besides a number of smaller ones, and as many of the sections in the older acts have been repealed in the recent ones, it would be a great advantage to amalgamate these for easy reference, so as to prevent mistakes. The Commissioners state that they are not prepared to suggest any radical change in the existing lunacy law, they say, "we are quite satisfied that the present system of certification, both of private and pauper lunatics, and of visitation of the asylums, hospitals, licensed and unlicensed houses, where they are received, affords in practice ample safeguards, as well against the admission of persons of sound mind, as for the discharge of the insane patients under detention."

This is, indeed, satisfactory to those medical men who devote their lives to the care and treatment of the insane, but who have been so unjustly attacked by som ignorant persons.

With regard to granting of the present "medical certificates" for admission into an asylum, they are considered to be susceptible of improvement by the Commissioners. The name and address of the person furnishing the facts indicative of insanity in the certificates ought to be legally enforced. This is required by the Commissioners, though there is no compulsory enactment to this effect. It is suggested by the "Board" that the "Order" for admission should be called an "Authority," or "Request for Reception."

With reference to the signing of this "Order," the Commissioners think that, if no immediate relative can be found to sign and undertake the responsibility of placing the case under restraint, that it should be distinctly so stated in the "Order" no relative was available. It is suggested, and very properly too, that power should be given to the Board to substitute for this "emergency" signature, a near relative at the discretion of the Commissioners, but who at the same time is prepared to, and has consented to, act in the matter. It appears that this was one of the recommendations made by the Lunacy Committee. It is considered advisable that the person who has signed the "Order for admission" should undertake the visitation of the lunatic at stated periods, but of course, this must be left to the discretion and judgment of the medical officer of the asylum. As a means to enforce this it is suggested that there should be subjoined to the "Order for admission" an undertaking by the person who signed, to visit personally, or by deputy, the patient every six months.

The following is the proposed "Order" and consent to visit :—

"I, the undersigned, being a person aged 21 years and upwards, hereby authorise you to receive A. B., a lunatic [1], whom I last saw at on the [2] day of 18 , as a patient into your house [3]. Sub-

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joined is a statement of particulars relating to the said A. B., whom I undertake to visit personally, or by some one specially appointed by me, once at least in every six months while under care and treatment under this authority."

Here follows the name, profession, and degree of relationship.

[1] Or an idiot, or a person of unsound mind.
[2] Some day within a calendar month from the date of authority.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 29, 1879.

SALUS IN NUBIBUS.

DR. RICHARDSON'S Croydon Address must be considered in the light of an addendum to the oration he delivered before the Social Science Association at Brighton in 1875, and naturally the judgment to be passed on it will be materially influenced by the impression remaining from the earlier teachings of this apostle of longevity. In common with all enthusiastic theorists, Dr. Richardson exhibits a too willing readiness to adapt the premises of his arguments to the conclusions he is anxious to deduce from them. Rather than accept without demur the inevitable consequences attendant on continual progress, and apply these as agents in the development of his picture of a perfect life, Dr. Richardson prefers, after the manner of the unpractical speculator, to build up new beings to people his Utopia; beings with feelings, with ideas, with aspirations, with desires, as unreal and as unlike the feelings, ideas, aspirations, and desires of the nineteenth century mortals as it is possible to conceive.

We are far from denying Dr. Richardson the proud distinction that must unhesitatingly be assigned to him, that, viz., of being the foremost, if not the most practical of sanitary reformers. It may be that the attractive discourses which appeal to the imagination, we might at most say to the fancy, rather than to the practical common-sense appreciation of an audience, are calculated to effect a good as great and as lasting as that produced on the mind by unadorned arrays of actual facts, supplemented by inferences drawn from them. But we confess to a dubious uncertainty whether the ultimate outcome of the one mode of exposition is likely to be as productive of great changes as that which will follow from the adoption of the other plan. In the admiration momentarily excited by the ringing utterances of an eloquent and excited orator, burning with eagerness bred of his own impetuosity, earnestly endeavouring to make converts of all to whom he can extend the influence of his speech and manner, we are unconsciously driven to accept expressions and opinions, a further calm survey of the matter and consequence of them must infallibly shatter.

In this way do we regard the speeches of Dr. Richardson. His earnestness, his single-heartedness, even the extremeness of his views, cannot but command the respect of every one who is familiar with the man, or his work. But this does not mean that, therefore, to the suggestions and the pictures shadowed out in forcible and glowing colours, will be similarly accorded the full meed of implicit trust. Herein reason steps, and reason emphatically declares that it is impossible to look on the realisation of the hopes expressed in "Salutland" as aught more than the fanciful sketch of a too vivid imagination.

In determining the conditions to be regnant in the sanitary paradise; in allotting the actions and motives that are to be the attendants on, and incentives to, the continuous advancement of a hygienic *régime*, a *régime* to be eventually exact in accordance with every natural physiological law, the inventor of Salutland departs from the realms of the possible and probable, to dream blissful visions of an impracticable and utterly impossible kind. The life he sketches forth can be lived by no men and women who will inherit the social tendencies of the existing generation; and more than this, the realisation of the scheme presented in Dr. Richardson's address can succeed only to the denial by a community, and subsequent rejection, of one of the most potent laws by which the social organism is controlled. The community grows in the same fashion, and after the same ruling as that on which individual development is dependent. Through the reaction of the environment on the individual is the latter moulded; and until the whole course of human passions and human cravings is entirely changed, not even the first step in the direction of the revolution indicated can be taken. It is not sufficient to say the indications of radical metamorphosis in the customs and aims of society are apparent, and that, under due encouragement, the ultimate goal to which they are directed is the mode of existence depicted by the President of the Sanitary Congress. We have not the proof of this; we have only so much to favour the impression, sought to be conveyed in the recent address, as is contained in the evidence of a growing wish among the masses to be relieved from something at least of the incubus of dirt and the disease

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dependent on it; but by no stretch of a sanguine imagination is it possible to convert this into a desire on the part of the world, or a nation of it, to enter on the tedious course of life we are called on to inaugurate. The spirit of the age is the spirit of progress, truly; and in such measure as the progress made can bring enlightenment to the people, can expose the dangers incident to disobedience of natural and sanitary laws, and can open our eyes to the importance of rigidly adhering to a system of conduct the best calculated under circumstances to favour healthy living—changing perhaps as circumstances change—but always following the indications of social and instinctive necessities, so far we venture to predict the spirit of this and succeeding ages will be a spirit of productive benefit. But the transaction from this position, to the vain and illusory assumption that a period of years, numbered within the space of the Salutlander's existence, will suffice to bring about changes involving complete remodelling of every social factor, is too abrupt, too distinctly careless, to admit of possibility under the conditions that now attend all human thought and hope.

We do not propose to discuss the separate heads of Dr. Richardson's address. We could not conformably with its deserts treat it in the space at our disposal. We seek rather to demonstate the untenable nature of his imaginings; to show that they can claim only such attention as should, and will, we trust, be always accorded to the eloquent utterances of able and earnest men. But the earnestness and ability of Dr. Richardson do but serve to intensify our regret that he should choose to appeal to his hearers by placing visionary schemes of an impossible life before them, rather than employ his brilliant powers of exposition to demonstrate the errors that beset the path the world is treading. We cannot suppose that injunctions to immediate reform, and assiduous endeavour in the direction of proper hygiene, would be conveyed with any less force, or with any decreased influence, because uttered in the plain language of unadoned common sense. Such a supposition would carry with it condemnation of a fault to which the English public, at its worst, is never prone. It is at all times ready, and can be made anxious, to learn the difference between right and wrong conduct in regard to its own welfare; and if, instead of treating us to a demonstration of "health in the clouds," Dr. Richardson had chosen to expose the chief of the sanitary mistakes constantly made in our midst, and indicated means for their avoidance, simple means, open to all to employ, we should have been better able to give a hearty welcome to his oration.

THE ADMININISTRATION OF THE PUBLIC HEALTH ACT IN IRELAND.

In justice to the medical sanitary officers of Ireland we found it necessary last week to repudiate, on their part, all responsibility for the break-down of the Public Health Act in Ireland, and to show, upon the evidence of Parliamentary papers, that those officers actually performed the duty confided to them with zeal and efficiency, until they were compelled to give way before the opposition of the sanitary authorities and the discouragement by the Irish Local Government Board. Having done justice in that respect to the medical officers of health we hoped that it would not be necessary so soon to revert to the subject of Irish sanitation and the proceedings of the Irish Local Government Board, and we regret that the latest act of that department since we last wrote obliges us to re-open the matter. Within the last week the Board has promulgated an order to certain boards of guardians, which order we believe to be not only inexpedient in the public interest, and most unjust to medical officers of health, but absolutely illegal and a gross breach of faith towards the Irish Medical Association which represents these officers.

Our recent articles have, no doubt, reminded our readers that when the Public Health Act of 1874, became law the Irish Local Government Board availed itself of the terms of the 11th section to forbid sanitary authorities to grant adequate salaries to their sanitary officers. That section was as follows:—"Provided, with regard to salaries or additional salaries, whereof any portion is to be recouped to any local fund from moneys voted by Parliament, the amount of any new salary, and the proportion between any existing salary and the addition thereto, shall be regulated *according to a scale* to be approved by the Commissioners of Her Majesty's Treasury." The force of this clause was, that the Treasury should have power to limit, by a general scale applicable to all cases, the salaries payable to sanitary officers. Either under the advice of the Local Government Board, or *proprio motu*, the Treasury did impose such a limit, and thenceforth all sanitary authorities were ordered to pay no more than one-fourth of the dispensary salary in each case, and in a few instances in which the guardians had already voted a larger sum, they were compelled to fall back to the limit.

The Irish Medical Association had never anticipated that the Irish Local Government Board would make use in this way of the powers given by the Act, and they protested publicly and officially against so foolish and unjust a proceeding. They pointed out that—in any case—one-fourth of £100 a-year, was a preposterous under-estimate of the remuneration proper for an efficient discharge of duty, and that, even if such a sum were adequate, it was a ridiculous system to assess the services of all sanitary officers at the same value, no matter whether the district over which their duty extends was large or small—overpopulous or sparsely inhabited—squalid or aristocratic, fœtid or clean. As our readers are aware—neither argument nor remonstrance had, in those days, much effect upon the Irish Local Government Board and its notable vice-president, and, therefore, they will understand that the protests of the Irish Medical Association produced no effect. But the time came for action. The Public Health Bill of 1878 was introduced, and was found to contain words which we have quoted above. The Association waited by deputation on Sir Michael Hicks-Beach at Westminster, and urged upon him the propriety of withdrawing the limit imposed by this "scale," and leaving the amount of salary to the unrestrained discretion of the sanitary authorities. Again, the Association was represented for the same purpose by Dr. Grimshaw, when the Bill was before the Select Committee, and subsequently,

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the point was pressed upon the Government with all the vehemence possible by Mr. Meldon, M.P., acting for the Association. The result of these representations was that —the Bill being *in extremis*—the Government consented to the request and undertook to withdraw the "scale," and in the Act as it now stands the word is omitted, and it is explicitly stated that, "the amount of any new salary shall be approved by the Treasury." The object which the Irish Medical Association had in view in urging the change was to insure that each particular case should be decided on its own merits, and the remuneration of the officer decided upon by the Guardians on consideration of the nature and extent of his sanitary duties; that the Local Government Board should sanction the individual assessment if they considered it reasonable, and should then send the whole of the salaries so sanctioned to the Treasury for final approval.

It will be difficult for our readers to believe that—in spite of this change in the terms of the Act, and the explicit understanding acquiesced in by the members of the Government who had charge of the Bill—the Irish Local Government Board now seeks to enforce the "scale" as it existed in the former Act, and has refused its sanction to salaries in excess of that scale, voted by the Rathdown Guardians, and the Blackrock and Kingstown urban authorities, on the ground that they were not authorised to sanction a payment of more than one-fourth of the dispensary salaries. When the Council of the Irish Medical Association received the first information of the intention of the Local Government Board to cause new salaries of sanitary officers to be passed, they at once addressed the Board officials in the letters which we publish in our Irish Supplement of to-day, and of which we give a few excerpts here. The Council of the Irish Medical Association reminds the Local Government Board that, for some little time after the passing of the Public Health Act of 1874, considerable zeal was manifested by many of the medical sanitary officers, and there can be no doubt that that energy was exercised in expectation that their services would soon be appreciated, and that the salaries appointed—which, as a rule, were utterly disproportionate to the nature and extent of the duties—would thereupon be increased.

However, the medical officers soon found that the scale fixed, as directed by that Act, precluded the possibility of equitable remuneration being allowed for efficient services, and that their interests as medical practitioners were very seriously and prejudicially affected by the faithful discharge of their duties; and in consequence of the evident discouragement shown by the sanitary authorities to anything like efficient service, the result was a marked falling off in the efforts of the medical officers which, eventually, greatly diminished.

In consequence of the small amount of work recently performed by the medical officers, the Council fear the local sanitary authorities may avail themselves of this as a pretext for either not proposing an increase in the amount of the former salary, or even possibly of suggesting that it should be diminished, though it is inconceivable that they could fall into the error of supposing that the amount of work which due regard to the public health requires to be done is insignificant.

The Council confidently expect that the Local Government Board will not confirm the allotment of any salary to a medical officer of health which is not equitable remuneration for efficient service.

The Association, furthermore, remarks that unless, and until, reasonable and equitable remuneration is allowed to the medical officers of health, it is futile to imagine that the provisions of the Public Health Act can come into effectual operation; and further, that the past work done by those officers cannot be considered to indicate the amount of remuneration that should now be allowed; but that, on the contrary, the amount of the salary will, to a great extent, regulate not only the manner in which the duties will be performed, but also the extent of them which will be voluntarily undertaken; and, in the absence of any provision for supervision, this appears to be a very important consideration.

To this very reasonable representation the Irish Local Government Board would seem to have given no heed whatever, and—as we have said—their next step was to refuse to sanction fairly sufficient salaries voted by the Blackrock and Rathdown sanitary authorities. The moment the Irish Medical Association learned from the reply of the Board to the foregoing letter, that the re-imposition of the abrogated "scale" was contemplated, they at once entered their protest by a further official communication to the Board.

In this letter the Council "respectfully dissent from such reading of the 11th section of the Act; and express their decided opinion that the Public Health Act of 1878 does not empower the Treasury or any other authority to fix a *general scale* or ratio of remuneration, or to impose any maximal limit whatever upon the discretion of the sanitary authorities, save that which the Local Government Board are authorised to impose when called upon to sanction the proposed salary of each individual officer, whose case shall be separately considered. The Council still most strongly feel, that the fixing of a limit of salary, which could not be exceeded, was tantamount to an intimation to the sanitary authorities of Ireland that the services of the medical officers were not to be requited in proportion to their extent and their nature; and, further, that as there is no relation whatever between the sanitary work and the dispensary medical work of any given district, the dependence of the amount of the salary of the medical officer of health upon that of his salary as dispensary medical officer is, therefore, neither just nor expedient. The Council conceive that the application of any fixed general scale or ratio in the estimation of such salaries would be at variance to the wording and intention of the Act, as well as a direct violation of the assurance of the official representatives of the Irish Executive that each case would be separately dealt with according to its merits."

We again challenge this act of the Local Government Board as totally illegal and contrary to the terms of the Act of Parliament, and—if it were not so—we protest against it as a discreditable infraction of the pledges given by the Irish Government. As to its illegality, we are corroborated in our view by the opinion given by Mr. Purcell, Q.C., on this very point. He says:—

"I am of opinion (in accordance with my view of the

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construction of the Act of 1878) that all arrangements made by the several sanitary authorities as to the additional salary to be paid to their respective dispensary medical officers, under the 10th section of the Act of 1874, were determined by the repeal of that Act, and that the several sanitary authorities are now bound to appoint the additional salary to be paid to their respective medical officers of health, under the 11th section of the Act of 1878, subject to the approval of the Local Government Board; *and that in determining the amount of such salary, neither the sanitary nor the Local Government Board should have regard to any fixed or particular scale of remuneration, but only to the extent and nature of the work to be performed by the medical officer of health in each particular case.*"

With our previous experience of the legal decisions upon which the Irish Local Government Board have acted, we prefer Mr. Purcell's verdict to that of the legal adviser of the Board.

It certainly seems to us that this is a matter calling for peremptory action on the part of the Irish Medical Association. We may assume that earnest remonstrances will be made at once to those members of Government who pledged themselves to the abrogation of the "scale"; but, if this should not suffice, we think that the legality of the proceedings should be submitted for the verdict of the Court of Queen's Bench.

RESIDENCE ABROAD IN LUNG CONSOLIDATION.—I.

At this time when invalids and swallows are both migrating southwards, it may be well to consider the pathological conditions for which more southern climes are advised. By southern climes we do not here confine ourselves to areas of higher winter temperature than our own, but include areas with a lower temperature, though of greater dryness. It is the moisture of our winters which render them so objectionable to many cases of disease of the lungs. To avoid this damp atmosphere patients have been sent abroad to drier, warmer climates. Then it was found that many patients lost more than they gained by the effects of the higher temperature. What amount of improvement or benefit had accrued to the lungs was more than counter-balanced by the general loss of tone, which resulted from the effects of the winter warmth. Then several such patients found that a high-lying, bracing area suited them much better, on the whole, than the warm climate, the air in each being equally dry. Then came the fashionable resort to the high-lying valleys of Switzerland and the Tyrol. The Engadine became the most fashionable—for no other adjective can correctly be applied—resort, and now Davos Platz is the last new novelty. San Moritz was first described as being free from tuberculosis amongst its aboriginal inhabitants. Then we heard of a "supra-tubercular zone," of areas of such an altitude that tubercle could not make the ascent. Several observers independently had noted the fact that the percentage of deaths from phthisis fell the higher the altitude. The logical conclusion from this was attractively simple, viz., that if we could get high enough phthisis would clearly be left behind. And so it is now the prevailing belief that a high Swiss or Tyrolese valley is the enchanted ground where tubercle may not show its face. No doubt there is much to be said for these places, just as there is much to be said for the shores of the Mediterranean or Upper Egypt, and used to be said for Madeira, the Azores, and the Cape. But so long as fashion determines the locality in which the consumptive must reside, reason must be satisfied to be permitted to stand in the background. Probably there is no harder question to solve in many cases of phthisis than that of where shall the patient go to abroad; for of course it must be abroad now. England is no place for the phthisical—that is quite certain. If the patients' means will not allow of their leaving their foggy, tubercle-stricken fatherland, then they must reconcile themselves to an early death. Yet somehow or other an experience at a large chest hospital convinces us that recovery from apex consolidation is the rule for those who have not a bad family history. We will readily grant certain advantages in winter health resorts abroad. First, they certainly have more sunlight; about that there can be no question. Second, there is a less humid atmosphere, even in Madeira. Third, the air is free from mechanical irritants; a matter which does not receive the attention it merits. Fourth, the rapid and severe oscillations of temperature to which this country is so liable, are avoided. Fifth, if the day variations of temperature out of doors is great, still it is regular; and there are several hours when the patient can get out in the invigorating sunlight. Sixth, in high altitudes the air is still; in more strictly southern climates, if not so still, there are not the gales to which we are so subject at home. Seventh, the greatest care is taken to secure every hygienic arrangement, instead of the invalid having to accommodate himself, or herself to family arrangements. Here are some very valid reasons, then, for sending invalids with lung mischief abroad; especially if intelligent thought be applied to the requirements of the case, and a critical judgment arrived at as to whether it should be Davos, Torquay, Nice, or an Australian voyage. But is such care usually given? We doubt it very strongly. How many men are capable of taking first, and weighing afterwards, the evidence in each case? How much easier is it to rap out the name of the latest fashionable resort, than to justly and painstakingly weigh and appraise the value of each factor in every case. We do not say that such care is not given; but we do confidently assert that there is something suggestive about the proportion of patients which some physicians find it necessary to send abroad, as compared to the practice of others. The physicians who insist so very strongly on the "going-abroad treatment" of lung disease, constitute what the Americans term a "ring." To indicate who constitute this ring would be easy; but invidious.

Having said so much about foreign health resorts, let us look a little attentively at the pathological condition for which patients are mainly ordered abroad. A person, usually a young person, is not very well, or for some insurance reason, or some caprice on the part of some relative or friend, consults a medical man; who, upon physical examination, finds one or other apex consolidated. Immediately thereupon alarm and consternation seize upon all. Hitherto, the patient—for from the moment of discovery he, or she, must be so regarded—

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has been living indifferent to hygienic surroundings, or even in defiance of them. A girl may have been living in a very damp, low-lying place, amidst any amount of moisture, and with a low barometric pressure, as a rule; in a dark house, surrounded by trees, and on a strong clay soil; in fact, every unfavourable factor secured, as if by malice; but when it is found that she has a consolidated apex she is sent away to Davos. Here she improves. No one can dispute that. Her parents have unquestionably got something for the expenditure, which is no trifle. But surely it is permissible to ask how much of this is due to the fact of leaving unfavourable surroundings; and how much, or perhaps how little, to any peculiarity in Davos? Placed on a bracing southern down, or amongst the heathery hills of Wharfedale, probably an equal amount of improvement would have followed. Even if an absolutely equal amount of good is not quite attained; does Davos give a just equivalent of benefit for the expense, the exile, the danger and discomfort which overhang acute illness in a foreign land Every medical man ought to have an experience, a personal experience, of acute illness and confinement to bed in a foreign land; and then he would be in a fitter position than he ordinarily is, to weigh the factors of each case, and calculate possibilities as well as probabilities. If the patient is going to be absolutely free from intercurrent illness; if the appetite is to remain good, and the digestion equal to a foreign dietary; if the patient can get out pretty constantly; then the answer simply turns upon the matter of pecuniary means. These remarks apply equally to a residence abroad, and a sea voyage; unfortunately, they strike and cut both ways.

THE DUBLIN SANITARY COMMISSION

Has closed its labours and, though its inquiries have not been nearly as exhaustive and complete as they might have been, considering how long we have waited and how important are the issues, nevertheless we feel justified in warmly congratulating the citizens of Dublin upon the result of the investigation. It is to the good sense and zeal of the Commissioners themselves that we owe this, for certainly the Chief Secretary had done what in him lay to tie their hands and discourage thorough exposure of the sanitary defects of the city, and the Corporation would have been well pleased if the Commissioners had confined themselves to the question of Liffey purification, and had kept clear of the wholesome exposure of Dublin filthiness and civic incompetence, for which we have to thank them.

It may not be to much to hope that, if the citizens do not rest from agitation, this inquiry may yield subtantial benefits to Dublin. At all events, it will no longer be possible for the Public Health Committee to poohpooh! the outcry of the citizens, and we are gratified to observe that that committee has been wise enough to effect a complete change of front in its policy. Twelve months ago they could not be brought, by any means, to see that the sanitation of Dublin was not perfect. According to their account the excess in the death-rate was all imaginary, and the apparent mortality was only the exceptional result of the weather and of erroneous registration —the city was as clean and neat as its position in a "mud valley" would allow it to be—the habitations of the poor were quite good enough for such people, and, if they *were* somewhat dirty, that was the inevitable effect of the poverty and intemperance of the artisans. On the whole, in their opinion, it was as safe (and much less troublesome) to "let well alone," and the complaints of the Sanitary Association and of the *Medical Press* were nothing but the splenetic snarling of fussy and self-interested agitators.

What a miracle has the Commission worked!!

Like Baalam, the prophet, the Corporation witnesses came to curse, but stayed to bless, and with one voice they proclaimed the state of the city to be simply indescribable. The scavenging of the city—they allowed—was utterly bad and insufficient, but—they said—was as good as they could afford; the house sewerage was—they admitted—radically defective; the habitations of the poor—they confessed—baffled description of their filthiness; the Liffey—they asserted—was a poison to the city, and the recorded mortality was too true. For such a conversion the Commission cannot be sufficiently thanked, and we can only cherish the hope that the change of opinion is one of honest conviction which will bear good fruit.

In truth, the exposure of the insanitation of Dublin has been complete. Not one witness—engineer, doctor, official, or corporator—was found to dispute the facts, or mitigate their gravity, and we believe ourselves justified in epitomising the evidence by saying that it was unanimously agreed that, neither the Liffey nor the Vartry water had much to say to the unhealthiness of the city, but that that condition was the outcome, principally, of rank, inexcusable filthiness—filthiness in the drainage of the houses of the rich—filthiness spread out on the surface of every street in Dublin—filthiness sweltering in the hovels which, in this city alone, do duty as the habitations of the poor. We need not pursue the subject further. Let the Public Health Committee profit by the lesson they have learned, and, put for ever behind them the policy of seeking out excuses for inaction in lieu of activity and zeal. They have now in hand the powers newly granted to them by the Public Health Act. They have facilities for getting what money they require; they have the line of action pointed out to them by a Royal Commission, and they have the feeling of the citizens strongly with them. We earnestly trust that they will set honestly to work and endeavour to solve the problem.

Notes on Current Topics.

Quack Medicines.

Magna Charta has settled the glorious privileges of Englishmen: the liberty of the subject would be infringed if restrictions were imposed preventing him from poisoning himself or his infants, or preventing the patent-medicine vendor from selling to him patent medicines for the purpose. There are many ways of killing. Direct murder is one thing, indirect another, so we must distinguish. The latter we have to deal with. You commit

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indirect murder by mistaking your diagnosis, and giving for the disease something which cannot do any good, or which may partially do harm. How many instances are there of this in connection with children and their diseases, and druggists prescribing. Bronchitis treated for, when really the child is suffering from incipient hydrocephalus; albuminuria overlooked, and the child dosed with spirits of nitre to make the kidneys work—and then? Why the nearest churchyard. Patent medicines, containing poisonous ingredients, have much to answer for, and the sale of such quack medicines, we regret to say, is not sufficiently controlled.

Governments take a more philosophic view of the subject. The over-increase of the population is marked; this leads to pauperism and crime, causes a higher poor-rate and other expenses, with police, gaols and convict ships.

Checks on population have been much talked of. There is no better check, than quack medicines of the soothing syrup type.

Fucus-Vesiculosus (Anti-Fat).

Now that this remedy is so universally used for the reduction of obesity, it may interest the profession to recall to mind another use found for it in 1826.

Laennec having observed that on the coast of Brittany, where the air is more humid, but at the same time milder and more equable than in the interior of France, the number of phthisical patients was comparatively small, and having also seen that young men from Brittany became consumptive during their sojourn in large cities, and recovered on returning to their native province, came to the conclusion, that the peculiar atmosphere of the sea coast had something to do in these results.

He, therefore, tried to imitate it, in some measure, by placing near the beds of the patients certain fresh marine plants. He brought together, into two small wards, a number of phthisical patients, and surrounded their beds with the *fucus vesiculosus*, causing them to drink also an infusion of the same plant. None appeared to suffer from this mode of treatment, as long as the fresh *fucus* could be procured.

The cough became less frequent, the breathing less confined, the expectoration less in quantity. In the greater number the hectic fever ceased, and *the progress of emaciation was arrested.*

In 1826 the *fucus* caused fattening and arrest of emaciation; now it produces emaciation, or rather it reduces bulk, according to testimony of many writers, who perhaps do not take into account the diet they adopt, or the hygiene they follow, as being a more important factor in the matter.

We do not hear now of *fucus* in consumption. In fifty-three years' time shall we hear of Anti-Fat?

The Electric Lighting of the British Museum.

During the past week a more successful attempt than that of last winter has been made to prevent the locking-up of the literary treasures of the British Museum at dusk. It will be remembered that for a brief period at the commencement of the present year, Mr. Bond, the indefatigable chief librarian, being anxious to give increased facilities to readers, and extend the hours of reading during the dreariest months of a London winter, persuaded the trustees to let him introduce the electric light into the reading room. To bring gas into the building was out of the question. Its deteriorating action upon the surroundings of the place, its destructive effects upon the bindings of books, and above all the danger of a possible explosion, or a fire at some unguarded moment, were more than sufficiently good reasons for determining the point. Therefore, without the electric light the half-million of books must for ever have remained sealed up during the best part of the reading months of the year.

The present system of electrical lighting differs materially from that before tried. It will be remembered that a number of standard lamps about eight or ten feet high surmounted the several reading compartments. This threw too deep a shadow over the more distantly situated desks, and presented other defects. On this occasion the scientific improvements effected by Siemens, both in the magneto-electrical machine and the candle have been called into requisition. Now, four lanterns, each of 5,000 candle power, are suspended from the dome at regular intervals; and these are found to shed a soft and tolerably uniform white light over the whole area. Those readers situated at the furthest part of the room found the light sufficient for all the purposes of reading and writing in comfort. The various colours of the reference volumes around the walls are perfectly distinguishable, and their titles can be easily read. The effect of the light upon the eye, so far as we have been able to ascertain, after continuous reading, is far less fatiguing to the eye than that of ordinary lamp-light, which from certain well-understood defects, are for the most part rather injurious than otherwise. In pure solar light the blue ray is present in almost equal quantity to that of the red and green together; when this proportion is materially altered, as it is in artificial modes of illumination, then the light, whatever its source, is liable to induce fatigue and injury to the organ of vision. The blue ray also affords by far the best definition of objects, and since this preponderates in the electric light it will be at once understood to be less fatiguing and hurtful to work by than that of gas or oil (or for the matter of that, of our London fog), in both of which there is a preponderance of the red or yellow, or green rays. Owing to some faulty construction of the carbons in use, at times the light flickers and diminishes for a few seconds in intensity, and we notice a preponderance of the red over the blue rays. This is a slight drawback, although of little account, and will doubtless be soon overcome. Those, however, who are exposed to the full glare of the light, will not fail to notice this, and may have some fear of injury to the sight. Meanwhile they will find great comfort in the use of pale cobalt blue spectacles, which tone down the light and render it uniformly comfortable and agreeable. We observe that the lights placed in front of the building and in the entrance hall, which are supplied with an interrupted current of electricity are more perfectly steady and give a more uniform light than those in the library. The cost is somewhat more, but this, after all, is a matter of very little moment, as those in the reading-room can, we are told, be produced for the trifling sum of one shil-

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ling each per hour. On emerging from the reading room the gaslights in the streets look duller and dirtier than ever.

New Fellows of the Irish College of Physicians.

At the recent elections which took place on St. Luke's Day the provisions of the new supplemental charter took effect, and, under it, the elections were held by ballot. For a very long time, up to a few years ago, the Fellows of the College had always been elected in this way, but the validity of the method was challenged, and a legal decision obtained under the old charter—the election must be by open vote. The college has taken the opportunity of its new charter to revert to its former system, and thus the choice of Fellows was made last week.

The following gentlemen were elected :— Reuben Joshua Harvey, M.D. Dub. 1873, L.K. & Q.C.P.I. 1876, Lecturer on Histology and Physiology in the Carmichael College ; John Rutherford Kirkpatrick, M.B. Dub. 1855, L.K. & Q.C.P.I. 1859, a Fellow and Examiner in Midwifery of the Irish College of Surgeons ; and Francis John Boxwell Quinlan, M.D. Dub. 1862, L.K. & Q.C.P.I. 1859, one of the medical staff of St. Vincent's Hospital, and a Professor in the Catholic University.

Dr. Kirkpatrick is obliged by regulation to resign his fellowship of the College of Surgeons, and, of course, his examinership.

Clinical Society of London.

At the second meeting of this Society held on Friday last, an important discussion took place, in which Sir James Paget, Mr. Jonathan Hutchinson, and others, engaged. We draw the attention of our readers to the report of the proceedings to be found in another column.

The New Membership of the Irish College of Physicians.

We publish to-day in our advertising columns an amended abstract of the regulations, which we gave *in extenso* in our last issue. The following amended regulation are of special interest to the licentiates of the college :—

All persons who have been admitted licentiates of the College before December 12th, 1878, shall be entitled to be admitted members of the College without payment or examination on giving six weeks' notice, in writing to the registrar, of their intention to avail themselves of the privilege conferred by the supplemental charter, and on complying with all or any other prescribed conditions, provided that they have, since their admission as licentiates, obeyed the bye-laws of the College.

Every candidate for the membership of the College must be a licentiate of the College for three years at least computed from the day on which he shall have subscribed his name on admission as a licentiate, unless he be on that day either a graduate in arts of a university in the United Kingdom, or a registered practitioner of seven years' standing, in which case the interval is reduced to one year.

How the Military Authorities Treat the Medical Service.

A correspondent of the *Lancet* calls attention to the fact that, though Surgeon-Major Reynolds was considered deserving of the Victoria Cross for his conduct at Rorke's Drift, nowhere have we seen that the Commander-in-Chief noticed his gallant services, and honoured him in the manner he did Major Chard at Portsmouth, although they arrived in the same vessel.

Again, Major Chard was honoured with a command to appear before Her Majesty at Balmoral ; but no such honour for Dr. Reynolds. He has instead been ordered to report himself to the principal medical officer, Ireland, for duty there ! Is it not very disheartening that such invidious distinctions should be made ?

Suicide of a Scotch Medical Man.

A medical man belonging to or connected with Greenock, who recent went to Newcastle from Staffordshire to seek an engagement as doctor's assistant, was found a few days since in his bedroom at his lodgings, lying insensible on the floor. He had poisoned himself. Near him was found a note addressed to his wife in Glasgow, in which he requested to be buried in the Greenock Cemetery. It was stated at the inquest held on the body that the deceased had lost £3,000 by the failure of the City of Glasgow Bank.

Tetanus Following the Abuse of Hypodermic Injection.

Last week a strange death occurred in Jervis-Street Hospital, Dublin. A lady, aged about 35, named Frances Chapman, a governess, was admitted into the hospital, suffering from an acute attack of tetanus. It appeared that for many years the unfortunate lady had been subject to a severe neuralgic affection, causing her the most dreadful agony. In order to allay the pain she had been latterly in the habit of employing subcutaneous injections of morphia ; the habit grew upon her, until finally, she had been accustomed to inject a quantity of four grains of the hydrochlorate of morphia at a time. She was attended by Dr. Austin Meldon, surgeon to the hospital, the symptoms of tetanus being fully developed when he first saw her. Her person was tatooed with "millions" of hypodermic punctures.

Pepsine.

In the French Academy of Medicine, M. Vulpian has called attention to the fact that pepsines delivered from different pharmacies vary much in their digestive power, some of them modifying albumen so slowly as to make it doubtful what good effect they can have when administered to dyspeptics. He also confirmed a conclusion arrived at some time ago by Dr. Symes (*Pharm Journ.*), that the action of pepsine is retarded by the presence of alcohol. Wines and elixirs of pepsine are very much used in France, and as M. Vulpian went on to say that some of the most renowned elixirs contained an extremely small quantity of pepsine, the rest intended to have been present having probably been precipitated by the alcohol during the manufacture of the preparations, the statement has caused some little sensation amongst the makers.

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The Sanitary Congress of 1879.

That the general public take but little interest in sanitary matters was never more fully exemplified than at Croydon last week. In the same town but a short time ago a "Church Congress" was held; the excitement was intense, meetings were packed with attentive listeners, and in some instances hundreds were unable to gain admission. Last week a casual visitor would have been surprised to learn that a Congress was being held there, still more so had he been taken to the exhibition of sanitary appliances, to find that such a magnificent display had not attracted more attention, or the meetings at which valuable papers were being read were so sparsely attended. Yet so it was, and it must be discouraging in the extreme to such enthusiastic sanitary reformers as Dr. Carpenter, Dr. Richardson, and others, to find their efforts so meagrely appreciated. Divines will tell us that it is very right and proper that men should think more of their souls than their bodies, and that they should esteem it a higher privilege to attend the religious than the sanitary congress; but we should like to see more of them practically adopting the tenets of scriptural doctrines on the principle that as "cleanliness is next to godliness," time might not be unprofitably spared in the study and practice of both.

Gas Works Refuse.

It is a question worth asking, what becomes of the ammoniacal refuse from the manufacture of gas? It is too readily, we believe, assumed that this is a marketable commodity of value sufficient to induce the gas companies always to convert it to the crystalline form for sale. The process for effecting this is not one of the simplest or cheapest, and where no special incentive to preservation of the material exists, we have reason to assume that its disposal carries with it germs of danger to public health. In certain country places, the liquor is undoubtedly passed into running streams in the close neighbourhood of the gas-works; and complaints from those living along such watercourses, of the inconvenience they suffer from bad smells, are by no means uncommon. Is such disposal of the ammonia-charged refuse usual in the metropolis? We think it is; and if so, that herein is one cause at least of the filthy condition of the mud wastes exposed along the banks of the river at every fall of the tide. An inspection of the books of each gas company would at once reveal the truth or otherwise of the assumption. The advisability of instituting an inquiry in this direction is obvious.

Counter Practice in Australia.

The counter practice controversy appears to have spread to the Antipodes, Dr. Bowker having introduced into the New South Wales Legislative Assembly a Medical Bill which the chemists and druggists of the colony condemn as ignoring the rights, customs, immunities and privileges secured to them by the Imperial legislation in the Apothecaries Act of 1815. At a recent annual meeting of the New South Wales Pharmaceutical Society, a petition was adopted asking for the erasure of the obnoxious clause and the insertion of one repeating the saving clause of the Apothecaries Act; the construction of which has furnished so much food for argument in this country.

Ergotine.

Dr. Eldridge, surgeon to the General Hospital at Yokohama, Japan, recommends (*New York Medical Journal*) the topical use of ergotine in acne rosacea, granular urethritis, gonorrhœa, and otitis media. The general principle of his treatment consists in influencing the arterioles directly by means of the ergotine, either by external application or by subcutaneous injection. For the latter he employs a preparation compounded of ergotine gr. xv., glycerine ʒss., water ʒij., and injects two minims into the substance of the skin at intervals of three days (in reduction of vascularity of an alcoholic nose). In cases of granular urethritis with chronic gleet, after division of any stricture that may exist, Dr. Eldridge has employed the remedy pure, "by means of the ointment syringe, after evacuation of the bladder, and thorough irrigation of the canal by warm water, the application being followed by an hour's recumbency. Six applications on alternate days effected a cure, the gleet entirely disappearing, and no traces of granulations being visible by the endoscope." The ergotine has been found to cause no pain or irritation, and, in the urethra, can be conveniently applied by means of a swab of lamp cotton attached to a thin bougie. The end of the cotton being held outside the meatus, on withdrawing the bougie, the cotton can be left in any situation as long (half an hour) as may be desired, and then easily retracted by pulling on the free end. The success that has attended Dr. Eldridge's experiments warrant the assumption that the ergotine may with advantage be employed as a means of reducing any obstinate hyperæmia in which topical applications are admissible.

The Mortality in Dublin.

The city death-rate, which had fallen within a few weeks to a little over the most unhealthy cities of Great Britain, has again risen. The deaths during the week ending 18th October represent an annual mortality of 32·6 in every 1,000 of the population. The average in eight large town districts of Ireland (including Dublin) was 24·0 per 1,000. In twenty large English towns (inclusive of London) the death-rate averaged 20·9; in Glasgow 16·1; and in Edinburgh 16·8. Forty-six deaths from zymotic diseases were registered in Dublin during this week, being 19 more than in the preceding week, and 10 over the average of the 42nd week of the last ten years. They include 14 from small-pox, 2 from measles, 9 from scarlatina, 1 from diphtheria, 4 from croup, 2 from fever, (both typhus cases), 5 from diarrhœa, 2 from purpura, &c. Six of the 14 deaths from small-pox occurred in the Meath Street District, where ten deaths from that disease were recorded in the course of the preceding ten weeks, and 6 of the 9 deaths from scarlatina are chargeable to Denzille Street and Grand Canal Street District, making 25 fatal cases of scarlatina in this district during the last twelve weeks. The registered deaths from small-pox are 12 in excess of the number in the previous week, and are double the average number in five weeks preceding. Thirty-two new cases of this disease were admitted into the Dublin Hospitals last week, against 36 in the preceding week, and 17 in that ending 4th inst.

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THE French Minister of War has authorised the wearing of spectacles by soldiers on duty, subject to certificates of the military surgeons of their being necessary.

W. B. SAUL states, in the *Pharm. Journ.*, that the most simple and easy way of detaching leeches is to drop a few drops of camphor water on the part, and they will soon relinquish their hold.

AT the first meeting of the Twenty-third Session of the West Kent Medico-Chirurgical Society, Dr. Prior Purvis, Blackheath, was elected President for the ensuing year.

LAST Sunday, collections were made in the various places of worship in Birmingham, in aid of the hospitals of that town. It will be remembered that "Hospital Sunday" originated in Birmingham.

DR. WILKS, of Guy's Hospital, has been appointed Physician to their Royal and Imperial Highnesses the Duke and Duchess of Connaught, in succession to Dr. Murchison, deceased.

DR. BLACKBURN has been elected Governor of Kentucky. He was charged with being the physician who, during the civil war, endeavoured to infect Northern cities by shipping to them the clothes and bedding of yellow fever patients. This charge he neither denied nor confessed, declining to make any reference to ii.

THE death-rate last week from scarlet fever showed the largest proportional fatality in Newcastle-on-Tyne, Liverpool, Leicester, Manchester, Sheffield, and Sunderland. Diphtheria caused 2 deaths in Liverpool, Plymouth, and Birmingham. The deaths from measles were numerous in Leeds and in Liverpool. One fatal case of small-pox was recorded in London, 14 in Dublin, but not one in any of the other large towns.

ACCORDING to the Registrar-General's returns the rates of mortality per 1,000 last week in the principal large towns were—Brighton 12, Portsmouth 13, Wolverhampton 14, Bristol 15, Glasgow 16, Edinburgh 17, Newcastle-on-Tyne 17, Birmingham 18, Leeds 18, Oldham 18, Sunderland 19, Nottingham 19, Leicester 20, Plymouth 20, London 22, Manchester 22, Bradford 22, Sheffield 23, Salford 23, Hull 23, Liverpool 26, Norwich 26, and the highest rate of all, 33 in Dublin.

AN untoward and unexpected event tends to compromise in some degree the perfect success of the Dublin Sanitary Commission. As stated in our last, Mr. Dixon, its secretary, was found dead in his bed, having been slightly ailing for a few days. Mr. Dixon was son of Mr. Hepworth Dixon, of the *Athenæum*—and we understand—was the subject of heart disease, which had followed upon a severe wetting got in an attempt to save life. We learn with much satisfaction that Mr. Robert O'Brien Furlong, Q.C., who represented the Sanitary Association so efficiently at the sittings of the Commission, has been appointed to the vacant secretariat.

AN inquest was held last week at Scarborough, touching the death of a woman, æt. 40, who expired somewhat suddenly. The case was an ordinary one, made extraordinary by the length of the inquiry, lasting from seven o'clock in the evening until half-past one the next morning. We are sometimes told that, were coroners lawyers instead of medical men, inquiries would be of a much more business-like nature; the Scarborough coroner being "a gentleman of the long robe," furnishes us an excellent illustration to the contrary, as we fail to see that a "death from inflammation of the lungs" in a patient attended by legally qualified practitioners, needed so protracted an investigation.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns, were —in Calcutta 24, Bombay 38, Madras 38; Paris 22; Geneva 25; Brussels 27; Amsterdam 23, Rotterdam 21; The Hague 23; Copenhagen 26; Stockholm 18; Christiania 15; St. Petersburgh 31; Berlin 26, Hamburg 26, Dresden 21, Breslau 28, Munich 34, Vienna 24, Buda-Pesth 30; Rome 35, Naples 23, Turin 27; Alexandria 40; Brooklyn 21, Philadelphia 15, and Baltimore 19 per 1,000 of the population. Small-pox caused 19, and typhoid fever 22 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANDERSON'S COLLEGE, GLASGOW.—A largely-attended meeting of the managers of this institution was held on the 20th inst. for the purpose of electing a Lecturer on Aural Surgery, Mr. Jamieson, President, in the chair. Before proceeding to the election, Mr. Jamieson said that the College was never in a better state of efficiency as regards "professors," and lecturers than at the present moment. The want of proper class-room was very much felt, and the dilapidated condition of the buildings generally was a subject that caused considerable anxiety to the managers; and, considering what the College was accomplishing, he hoped that all the trustees would put their shoulders to the wheel when trade revived, and do all that they can to obtain funds adequate to raise a building worthy of the name of Anderson's College. The election of Aural Lecturer was by ballot; and Dr. Barr had a clear majority of votes over all the candidates, and was accordingly elected.

THE ASSUMPTION OF MEDICAL TITLES IN GLASGOW.—Gentlemen, Licentiates of the Faculty, and of the Edinburgh College of Physicians, who has conferred your degrees upon you? Has the Faculty of Physicians and Surgeons nothing to say against the assumption of the prefix "Dr." by its mere licentiates? Titles confer no dignity on men; 'tis men who confer dignity on titles.

DEATH FROM THE BURSTING OF A VARICOSE VEIN.—A quay labourer residing in Glasgow is charged with having caused the death of his wife by a kick on the leg, a varicose vein having been thus burst, and the woman having bled to death. The woman is said to have been under the influence of drink at the time.

REGISTRAR-GENERAL'S RETURNS.—According to the weekly return of births, deaths, and marriages, the death-rate in the eight principal towns of Scotland during the week ending with

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Saturday, the 18th October, 1879, was 16·6 per 1,000 of estimated population. This rate is 1·6 under that for the corresponding week of last year, but 0·7 under that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 9·8, and the highest in Paisley, viz., 25·5. The mortality from the seven most familiar zymotic diseases was at the rate of 3·2 per 1,000, being the same as that for the previous week. There was an increase of deaths from croup and diphtheria and whooping-cough, while diarrhœa shows considerable diminution. No deaths from any of these diseases occurred in Greenock. Acute diseases of the chest caused 75 deaths, being 9 more than the number recorded during the previous week.

Death-Rate of Glasgow.—The deaths in Glasgow for the week ending Saturday the 18th inst., were at the rate of 16 per 1,000 per annum. In the preceding week the rate was 18 per 1,000, and in the corresponding week of each of the years 1876, 1877, and 1878 it was 21.

Obituary.

GEORGE WM. CALLENDER, F.R.S.

This well-known surgeon died on board a steamer on his return from a tour round the hospitals of the United States, where he had met with a warm welcome. Mr. Callender was Surgeon to St. Bartholomew's Hospital, and was Lecturer on Surgery in the Medical School. He was a sound, earnest teacher, and his recent advocacy of the plan of treating chronic abscesses by hyper-distension with carbolised water, attracted much attention to the plan both at home and abroad. At one time Mr. Callender was Lecturer on Anatomy to the Royal College of Surgeons, and was also an Examiner in the Royal College of Physicians, and to the University of London. A few years ago he was elected a Fellow of the Royal Society. Mr. Callender held an high place in Surgery, and deservedly so. He was comparatively but a young man when his course was cut short by Bright's disease. It had been known to his friends for some time past that he was the subject of chronic kidney mischief with albuminuria. Mr. Callender's loss will be keenly felt at St. Bartholomew's Hospital and Medical School.

ARTHUR LEARED, M.D., F.R.C.P.

Everyone will miss the pleasant cheerful face of Dr. Leared, who has recently died of typhoid fever caught during a recent tour in Tangiers. Dr. Leared was a great traveller and a good linguist. He paid much attention to Iceland, and he published in Icelandic "a Plan for the Prevention of the Fatal Cystic Disease of Iceland." He also was much interested in Morocco and the Moors. He is best known to the profession by his works on "Dyspepsia." He also studied carefully the sounds of the heart. He was Senior Physician to the Great Northern Hospital at the time of his death. At one time he was Lecturer on Practice of Medicine at the Grosvenor Place School of Medicine. He was at one time Physician to the Royal Hospital for Diseases of the Chest, leaving it at the same time when Dr. W. Richardson withdrew his services from it. In his early days Dr. Leared was Physician to the British Civil Hospital at Smyrna. Few men were more popular among the profession than the late Dr. Leared.

THE LATE DR. BERNAND KAVANAGH, OF LIMERICK.

We regret to announce the unexpected death of this popular member of our profession. Born in the year 1823 of an old and respectable family in Carlow, a family which gave many distinguished members of the profession which he himself afterwards adopted, he prosecuted his studies with marked success in his native town. Some years later he passed to the University of Glasgow, where he obtained his degree. He was next known in the schools and public hospitals in Paris, where he spent about three years, and returning to Ireland he placed himself under the instruction of Sir William Wilde, for the study of eye and ear diseases, and of Dr. Stokes for internal diseases of the heart and lungs. So fully did he profit by the instructions of this latter that he gained from him the Stethoscopic prize, the highest honour then attainable by a medical student in Ireland. It was soon after this that he published his essay on the "Antagonistic Properties of Belladonna and Opium" in the *Medical Press and Circular*, a very valuable contribution to medical literature. He quickly rose to that eminence his instructors had unanimously anticipated for one so promising as a student.

Correspondence.

"THE TITLE OF DOCTOR."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—That interesting individual, the "penny-a-liner" of the lay press, being sometimes driven to hard shifts for "copy," has generally a fertile resource in tales of a big gooseberry; the sea serpent; the freezing into temporary death of live animals; and their restoration to life again by boiling in hot water, and as *un dernier ressort*, the plotting and executing—*on paper*—of a more than usually savage and sensational murder. With such a number of interesting subjects to fall back upon in periods of dulness, such as the long vacation when both the "House" and the Law Courts take their repose, he contrives to sustain both his reader's curiosity and the wants of his own stomach by the due exercise of his "noble art." In this respect he far outvies his professional brother of the medical press, for—unfortunately for him—the refinements of professional journalism restrain him in every difficulty to the hackneyed theme of "The Title of Doctor." I am driven to make these (no doubt unpalatable) remarks by the quotation in your issue, Oct. 15, of "the observations of a correspondent" of one of your contemporaries, and by your own observations thereon, which appear to me, a simple general practitioner, to say the least of them, a little too severe.

In such a case as this, every man interested possesses a right to be allowed to speak for himself, and claiming this right, I now proceed. Know, then, Sir, that I am a general practitioner (L.R.C.P. and Surgeon), practising in a rural district embracing many villages, and surrounded by many general practitioners (a few M.D.'s among those), and that I never "try to appear bigger . . . . by parading in borrowed plumes;" nor because being simply a "captain" do I want to be considered as "big or as good as any "major." In all my dealings with my patients and the public I wish to be addressed as "Mr.," and I am quite content to designate myself by the somewhat hybrid (but nevertheless legal) title of physician and surgeon.

If all M.D. degrees—but especially British M.Ds.—were of the same standard currency, I might then evince my anxiety to appear to be one, if "brains, time, and money" failed me in my attempts thereat; but as long as some degrees represent a currency of 22 carats, some 18, some 12, others 6, and others still an aluminium or gilded bronze value, I much prefer to remain simply "*Mr. Gouger Chiselhem*, Physician and Surgeon." Nor is my opinion of the value of the M.D. degree much improved by the attainments and the practices of the M.D.s, my neighbours, my brother artists, and my rivals. While I charge a minimum fee of a guinea for midwifery, and a fee of "two-and-six" for a "home" visit, with "physic," extra "two-and-six," my neighbour M.D.s are glad to accept of midwifery at "any price" "from half-a-guinea;" and they charge *nothing* for visits or advice, but for bottles of "physic" only. Again, I am bothered from time to time by sundry queer fellows—Odd Fellows and others—who inform me that their "lodge" is in want of a doctor, and inquire if I will make a "bid"

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for it (the lodge). They make "tracks" themselves, however, when informed of my terms; and my next information is that Dr. Sampson Sawdust, M.D., is the chosen man of the lodge, at an annual payment of three shillings sterling per Odd Fellow—advice, attendance, physic, and all sick and other "lines" included. When I say further that such of my M.D. competitors who "go in" for a sixpenny colliery club practice are known to have an occasional dispute with their "clubbers" over an extra penny a fortnight for physic and advice, I think I may here now most fittingly conclude my "catastrophe," and leave to others the continuation of the tale from their own experiences.

I am yours, &c.,

GOUGER CHISELEM, L.R.C.P., &c.,
Author of "Medical Men and Manners."

18th October, 1879.

THE PORO-PLASTER JACKET.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me space for a few brief and practical remarks, as a supplement to Mr. Ormsby's article, which appeared in your issue on the 15th of October.

The value of the theory of applying a plastic support during suspension, or in other words placing the spine in the best position for rest and recovery, and then keeping it there, I shall take for granted, and confine my remarks to a comparison of the respective value of poro-plastic and plaster as agents for carrying this purpose into effect—not forgetting that poro-plastic can be applied with advantage where suspension would be unwise. In short, that poro-plastic judiciously used does all for which spinal mechanism has been hitherto used, and does it much better. But good results are not to be gained by unskilful applications; and surely the subject is one worthy of attention and study by all those who undertake to treat cases of spinal disease.

I have seen both plaster and poro-plastic applied in such a manner, that to expect good results would be to expect a miracle; and yet the application of the poro-plastic jacket is about as easy, rightly understood, as applying a bandage. The surgeon, or surgical mechanist, should select a jacket the size and shape of the patient. Where the distortion is extreme, either angular or lateral, or both in combination, a jacket should be made specially for the case. The jacket should be thoroughly softened all over before applied, and during application well worked in around the waist and over the hips; then well bandaged round, afterwards laced, and two screws—one at the top, and the other near the bottom—used to fasten the over-laps together and prevent any shifting up and down.

The causes of failure arise from trying to make jackets out of sheet poro-plastic (unless the trunk is almost straight, as in young children this cannot succeed). The felt must be shrunk into the required shape in manufacturing it, and before being stiffened. Mr. Sayre's failure to apply felt successfully arises from overlooking or not knowing this, from expecting too much plasticity from the felt. Felt is plastic, and will extend whilst hot in any required direction a certain distance, but not far; try to make it go further, and it flies into wrinkles. From not using felt thick enough for the purpose—to this mistake I think most of the giving way and going soft is to be attributed—it need not occur; a felt jacket, of the strongest make, and one which would bear anything up without giving way, need not be one-quarter the weight of the plaster jacket. About twelve hundred are now in use. I have heard of but few failures, and I believe Mr. Wm. Adams expressed the conclusion arrived at by our leading surgeons, when after my demonstration before the Association at Cork, he said: "I have had much experience with plaster and poro-plastic, and much prefer poro-plastic, and find my patients prefer it also." On my return from Paris, where, with M. St. Germain, I have to demonstrate my method before the surgical schools, I purpose making a lengthened stay in London, and shall be pleased to give any practical information to medical men or surgical instrument makers interested in the subject, and show them the appliances I have found most efficient.

Yours respectfully,

J. T. COCKING.

Plymouth.

THE "WELL-READ SWINDLER" OR LETTERED SYMPATHY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The letters in the *Times* on the accomplished German gentleman who has so successfully fleeced our profession and the church alike, have drawn leaders on the subject from the *Daily News* and the *Daily Telegraph*. They both estimate his ill-gotten gains at "a few shillings;" I wish it only had been so.

When a handsome, gentlemanly man, speaking English well, and grammatically, but with a distinct accent, as if he had learned it from books rather than by the *vox viva*, the first impression is in his favour on seeing him in one's consulting room. When his next act is well-feigned—no! my vanity tells me unmistakeably *that* was genuine astonishment at the comparative youthfulness of the author of so many books; for has not my experience furnished me with numerous-like instances of such surprise. When this genuine astonishment produces its natural effects, the operator, by accident, gets a strong card put into his hand to play on his victim. His way is comparatively clear, and his course of operation much facilitated. Then comes apparent familiarity with one's writings; that appreciation of their value from an educated foreigner, which is so pleasant, so sweet, because so free from any bias. One's suspicions are largely laid at rest; and it becomes a question whether this is a fraud or a case of genuine misfortune occurring to a brother man of science; who pays one the compliment of coming to one when overtaken by a mischance. A broad honest-looking face, with such sincere indignation at the scoundrels who robbed him of his holiday, and the opportunities of reading at the British Museum and the Bodleian at Oxford; it is this which he regrets, the mere money loss he does not even mention: it is too much for the representatives of medicine and the church; they both backed their knowledge of physiognomy—and lost. It is not the money loss the afflicted gentleman bewailed; his devotion to his work was thorough,—he was crippled in his studies. After receiving the loan, which will enable him to telegraph to his bankers, and to proceed to Oxford; his solicitousness next takes the direction of how shall he make repayment, about which he is most anxious. He may return the loan personally; at which he is delighted, as it permits him to add further to his acquaintance with the author, whose works he so admires, and whose good-natured kindliness has so readily relieved him from his dilemma. Finally, on going out, he adds some counsel, "Do go on working; do not do as some men do, and say 'Oh! I have done enough. I have made a reputation. I need not do any more work.' Do not do that Dr. ——. Your work is so good. Do go on working." (Well, I intend to take this apparently disinterested advice anyhow.) The accomplished deceiver departs, and one feels a glow of pleasureable emotion at relieving a brother-worker in a strait: humanity looks all the better for this mutual confidence betwixt men of culture and of letters. Slowly only, does one awaken up to the full consciousness that the foreign admirer of one's labours is an accomplished impostor; and that one's confidence in one's powers to read character is not as well-founded as one had supposed. There is something specially detestable in this scientific study of the art of fraud. The apparent artlessness of the story; its vraisemblance; the ready confidence displayed in other men of letters: the compliment involved in coming to one, as indicating the estimate of one's character, as formed from the study of one's written works: all combine to anæsthetise one's suspicions. Then the good counsel thrown in at the last rivets the shackles which vanity had thrown away the judgment, and the stern pressure of facts is required to disillusionise one. The *Daily Telegraph* concludes its leader:—"A swindler who has Darwin and Strauss at his fingers' ends, is a very remarkable person, and marks a new era in the history of imposture." Well, that rather soothes one's wounded vanity; but it does not restore the sovereigns thrown away. It is not pleasant to be "done brown;" still, I would rather be open again to be done by so clever a tale than have to maintain an attitude of suspicion so perfect that it could successfully repel the attack of so accomplished a scoundrel. I should certainly like to see whether his performance on the treadmill is on a par with his capacity for imposture. The attention attracted by the skilful work of "Dr. Plieth," will probably put other men on their guard, and prevent their following the example of the swindled

October 23rd, 1879. M.D.

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Medical News.

Queen's University in Ireland.—The following degrees were conferred on October 15th :—

Doctor in Medicine.—First Honour Class: James Barron, W. E. Ashley Cummins, Sinclair White. Second Honour Class: J. W. Macnamara, Robert Mowbray. Upper Pass Division: John Acheson, Thomas M. Corker, G. H. D. Gimlette, Myles O'Reilly, Taylor Reynolds, John Smyth, Samuel A. Strahan, T. Kennedy Wheeler. Lower Pass Division: Henry K. Allport, Myles H. Atkinson, Wm. Atkinson, Augustus H. Bampton, J. W. Beatty, Wm. James Cowden, Joseph Crowley, Samuel Dickey, Thomas Dorman, John E. Dowling, John Eadie, Alexander C. Fraser, James Geraghty, Hugh Greaney, Edward Hanly, Patrick C. Hickey, James Frank Holland, John Hosford, John E. Lane, Samuel G. Levis, Henry M'Cormick, John M'Cormick, Thomas P. Madden, Charles Magill, Samuel M. Malcolmson, John Martin, Andrew S. Mitchell, Charles A. P. Mitchell, Robert Mitchell, George R. O'Donovan, Thomas O'Kelly, Alexander Sharpe, Jacob Thomas Shipsey, John Simpson, William Smyth, Alexander C. Suffern, Horace R. Townsend, John Vint, John Watson, David L. Williams, James Wilson, William Mussen Young.

Master in Surgery.—John Acheson, Henry K. Allport, Augustus H. Bampton, James Barron, William Henry Bracken, Thomas M. Corker, Joseph Crowley, W. E. Ashley Cummins, Samuel Dickey, Thomas Dorman, John E. Dowling, A. Osmonde Geoghegan. G. H. Desmonde Gimlette, Hugh Greany, Edward Hanly, Gilbert Kirker, John M'Kinlay, Thomas P. Madden, Charles Magill, Samuel M. Malcomson, Charles Mitchell, Robert Mitchell, Robert Mowbray, Thomas M. O'Brien, T. Taylor Reynolds, Alexander Sharpe, Jacob Thomas Shipsey, John Smyth, Samuel A. Strahan, Alexander C. Suffer, Horace R. Townsend, John F. Tuohy, Sinclair White, David L. Williams.

British Medical Association.—The following is a list of grants in aid of scientific investigation which have been made by the Association :—Dr. Ogston: For the research into the relation between Bacteria and Surgical Diseases, £50; Mr. W. North: To discover what, if any, relation exists between the Nitrogenous Egesta and Muscular Work, £50; Dr. Ewart: To continue his research into the Life-History and Pathological Relations of Specific Organisms already known, and for the discovery of other similar organisms and the channels through which they enter the system, £10; Dr. Crocker: To continue his research on the Physiological Action of Alcohol, with especial reference to its mode of elimination, £24 5s; Dr. Thin: To continue his research into the Nature and Development of Conditions of Life of the Vegetable and Animal Parasites that infest the Human Skin, £5; Mr. Chiene: To continue his research on the subjects (1) Are there present in Organs of Living Animals Particles which originate the Bacteria met with after Death? (2) Do the discharges from wounds which are antiseptically treated contain organisms? £15.; Dr. Barlow: To continue an experimental Investigation into the Changes produced in the Blood-vessels by Alcohol, £8; Dr. Ferrier and Dr. Gerald Yeo: Researches with the view of Testing the Application of Antiseptic Surgery in Cases of Lesion of the Skull, Brain, and its Membranes, £50; Dr. Newman: Research on the Functions of the Kidney and on the Physical Conditions which regulate the flow of Urine, £10; Mr. Malcolm Morris: An Investigation into the Anatomical characters of certain diseases of the Skin allied to Tubercular, Scrofulous, Typhoid, and Syphilitic Affections, £10; Dr. McKendrick: Investigation on Anæsthetics, £50.

NOTICES TO CORRESPONDENTS.

FOREIGN DEGREES.

To the Editor of the Medical Press and Circular.

Sir,—I wonder where the men "were educated" who go over to a foreign country and publicly proclaim that they do not know French by submitting to an examination in English.

Dr. Carpenter, in his discussion with the foreign graduates, has omitted this point.

Yours faithfully,

Oct. 1879. F.R.C.P.L.

To the Editor of the Medical Press and Circular.

Sir,—What is the good of Durham University? What is the use of its faculty in medicine? Can any one answer this question? As a Northern University it is situated in a good position, and should give better results. Has any one *ever* seen or spoken to a graduate in medicine of this seat of — learning?

Might not it then open its portals to those gentlemen who are now crossing the Channel to Brussels, Giessen, &c,

Yours truly,

Oct. 1879. A Word to the Wise.

One who intended being present.—The Congress was a success in some respects, but the attendance fell short of expectations.

F.R.C.S.—The rumour is unfortunately true.

Literate.—Probably in our next.

To the Editor of the Medical Press and Circular.

Sir,—Are foreign degrees recognised by English law? Can Englishmen hold such degrees, or accept them, without the consent of the Crown?

Yours,

Oct. 1879. Scrutator.

Odontological Society of Great Britain.—On Monday, Nov. 3, at 8 p.m., Ordinary meeting. Communications from Mr. C. S. Tomes, F.R.S., and Mr. Hutchinson.

A Vivisectionist's Pipe.—In last Saturday's *Anti-Vivisectionist* the Editor remarks that "Some one, who, we must take it, is a sincere believer in the merits of vivisection, has sent us a page of this week's *Medical Press and Circular*, containing a part of Canon Duckworth's address at the Westminster Hospital, with a kind recommendation to "put it in our next editorial pipe and try and smoke it out." Whoever the "sincere believer" may be, we think he might send a more pleasant smoking mixture for the editorial pipe, as the conductors of that publication are not unnaturally of the opinion that *le feu ne vaut pas la chandelle*.

A Dispensary Medical Officer asks—1. Is there any rule which prohibits the medical officer of a dispensary from giving medicines out of that institution to none others but to those who present a ticket to him; and further, is it lawful for him to keep a certain quantity of the medicines supplied to him by the Poor-law in his own private residence, as often the dispensary is situated some considerable distance from there, and in cases of emergency, as midwifery, &c., it is very inconvenient to have to go to the dispensary to make up the necessary medicines? 2. Have the Local Government Board any rule or bye-law in existence as to who or what qualifications are necessary to constitute a pauper, or is there any fixed rule as to who members of dispensary committees are to give tickets or what circumstances should the recipient of such ticket be in to justify the medical officer in bringing that individual case before the committee at the first meeting with a view to have such ticket cancelled. There is a rule among the several members of the committee in the dispensary to which I belong that they will not give a ticket to any man who has got two milch cows; whereas, other men who are in *much more* opulent circumstances, and have got twice as much land, &c., and income from other sources, but still have only got one milch cow, demand a ticket and get it, because they do not come under the above rule. I have often complained to members of the committee of the injustice of issuing tickets in this manner, and they have advised me to appeal for your advice on the subject in your influential journal, not only for my own preservation, but for their better guidance, and that of dispensary committees in general throughout Ireland, as they know of no better way to finding their discretion. 3. When called into a midwifery case on a red ticket, very frequently no medical assistance of any kind is required, am I bound to remain in that cabin for any length of time till the process of labour is completed, though I find everything natural and not, in my opinion, requiring more than I have already done. I am constantly tormented with cases in which I am sent for, and when I visit the patient I find that labour has not actually begun at all; yet the insolent and intolerant people with whom I have to deal refuse to allow me to leave their abode till *all is over*, and that if I do so I shall be visited with the pain of instant dismissal, as they will make a complaint to one of my *learned* masters (or one of the committee) on the subject. This is a very hard case I have had often to endure, and what makes it worse is, that I have had three other red tickets in my pocket requiring attendance at the same time, and all equally turbulent, and complaining that I was not with them also. I hope to give you some experience of dispensary life on an early occasion that will be more interesting to your readers, in lieu of the information which I now request that you will be kind enough to give me.

[1. There are no distinct rules on these points, but both practices would be quite irregular and contrary to usage. In exceptional cases departures from rule may be allowed, and—we imagine—no serious objection would be raised either to the giving of dispensary medicines to persons who do not present tickets, or to the keeping of a small supply at the medical officer's house. But, of course, no dispensary medicine should, under any circumstances, be given to any but a really "poor" person. 2. There is no definition of a "poor" person, and the Local Government Board has, intentionally, abstained from giving such definition, desiring to afford the widest latitude to dispensary relief. The dispensary committee alone is empowered to form its own opinion as to whether any recipient of a ticket is or is not "poor," and, we believe, it is not *en règle* for them to apply any rigid rule in the matter. The legitimate recipient of dispensary relief is, in fact, a person whom the committee considers "poor," and much depends on the class of persons who form the committee. 3. You are bound to remain as long as—in your best judgment—the safety and welfare of your patient makes it necessary, and no longer. You are responsible for the case, and are bound by nothing but your own sense of what is requisite for the patient. You need not trouble yourself whether the patient's friends desire your attendance or not.—Ed.]

THE PROFESSORSHIP OF MEDICINE IN GALWAY.

To the Editor of the Medical Press and Circular.

Sir,—My attention having been drawn to the *Medical Press and Circular* of the 15th inst. where, under the above heading, the name of Dr. Nolan appears amongst the candidates for the vacant chair of medicine in Galway. If I am the person there alluded to, I will thank you to correct the statement in your next issue.

I am not a candidate, nor have I ever sought any appointment in connection with the Queen's College.

Faithfully yours,

Gort, Oct. 25, 1879. A. O'Kelly Nolan, F.R.C.S.I.

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THE annual general meeting of the Medical Society of the College of Physicians, Ireland, will be held this evening (Wednesday), chair to be taken at half-past eight. Business: 1. The Election of Officers and Council. 2. Consideration of Amendment of Rule I. of the Society, as proposed by Council.

INQUIRER asks if a medical officer receives a visiting ticket to visit a person in his district, who is reported as being of unsound mind, he visits and examines the said person, who is a dangerous lunatic in his opinion, what is his exact duty as regards the filling up of the medical certificate attached to the information paper? Can he legally refuse to do so until called on by the magistrates before whom the lunatic is brought?

[He must visit if served with a red ticket, but he can, and should, refuse to certify. He should either inform the police himself or see that the patient's friends inform them that the patient is dangerous. The police will then apprehend him and bring him before a magistrate who, under sec. 10 of the Dangerous Lunatic's Act (30 and 31 Vic., cap. 118, "Irish Medical Directory," page 492), will then summon "the nearest available medical officer of the district in which he shall be at the time," who will then certify, and be entitled to a fee for so doing.—ED.]

A HATER OF QUACKERY.—We have exposed the charlatanism of "Dr." Evans on several occasions. We should like to know that his name was erased from the roll of his college and from the "Register." Our correspondent should bring the matter officially before the authorities.

VACANCIES.

Castlerea Union, Castlerea Dispensary.—Medical Officer. Salary, £100. with fees, and £25 as Medical Officer of Health. Election, Nov. 1.

Chipping-Norton Union.—Medical Officer for District No. 2. Salary, £65. Also for Workhouse. Salary, £40. Applications to the Clerk before Nov. 4.

Northampton General Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary before Nov. 3.

Royal Free Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary on or before Nov. 26. (See Advt.)

Royal College of Surgeons of England.—Examinerships in Anatomy and in Physiology. Applications to the Secretary before Nov. 1.

Leeds Union.—Assistant Medical Officer to the Workhouse Infirmary and Schools. Salary, £100, with board. Applications to the Clerk to the Guardians before Nov. 1.

Warwick County Lunatic Asylum.—Junior Assistant Medical Officer. Salary, £100, with board. Immediate application to the Medical Superintendent at Hatton, Warwick.

Kent and Canterbury Hospital.—Assistant House Surgeon. Salary, £60, with board. Immediate application to the Secretary at the Hospital, Canterbury.

Banbridge Union, Tandragee Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Nov. 5.

Births.

NOAD.—On Oct. 23, at Lower Norwood, the wife of Henry Carden Noad, L.R.C.P. Lond., of a son.

BALL.—On Oct. 19, at 16 Lower Fitzwilliam Street, Dublin, the wife of Charles B. Ball, F.R.C.S.I., of a daughter.

OULTON.—On Oct. 20, at Ballickmooler, Queen's co., the wife of Henry W. Oulton, M.D., of a son.

Marriages.

TUKE—NEWINGTON.—On Oct. 23, at St. Mark's Church, London, W., George Montague, second son of the Rev. Francis Tuke, to Helena, daughter of Dr. S. Newington, of Tickhurst, Sussex.

O'DEA—LYNSKEY.—On Oct. 16, Patrick St. Laurence O'Dea, L.R.C.P., Oranmore, co. Galway, to Kathleen, daughter of Thadeus Lynskey, Esq., Ashgrove, Foxhall.

O'DONOVAN—JORDAN.—On Oct. 14, at Ballybrack, co. Dublin, Jeremiah O'Donovan, M.D., Mount Haigh, Kingstown, to Mary Jane, eldest daughter of Charles Bourke Jordan, Esq., of Thornhill, co. Mayo.

Deaths.

ARNOTT.—On Oct. 16, at Kirkconnell Hall, Ecclefechan, F. S. Arnott, M.D., C.B., Honorary Surgeon to the Queen, late Surgeon-General, Bombay Medical Establishment.

DOMVILLE.—On Oct. 21, at Haslar Hospital, William Thomas Domville M.D., C.B., Inspector-General of Hospitals and Fleets, and Honorary Surgeon to the Queen.

JOHNSTON.—On Oct. 17, at Highter, Virginia, co. Cavan, John Alexander Johnston, L.K.Q.C.P.I.

KAVANAGH.—On Oct. 19, at George Street, Limerick, Bernard Kavanagh, M.D., aged 56.

LEONARD.—On Oct. 13, at Clifton, Crosby Leonard, F.R.C.S. Ed., aged 51.

ROGERS.—On Oct. 18, at East Grinstead, John Henry Rogers, M.R.C.P.L., F.R.C.S.E.

FITZGERALD.—On Oct. 15, at Tiverton Villa, Tiverton-on-Avon, Bath, Dudley Lotus Fitzgerald, M.D., M.C., T.C.D., aged 31 years.

GEOGHEGAN.—On Oct. 20, in London, Thomas Grace Geoghegan, third son of Thomas Grace Geoghegan, M.D., late of Dublin.

DONNELLY.—On Oct. 23, at his residence, Auburn, Malahide, co. Dublin, William Donnelly, Esq., C.B., late Registrar-General for Ireland, aged 75 years.

O'CONNOR.—On Oct. 28, at Welshpool, of consumption, Jane, wife of Bernard O'Connor, M.D.

RILEY.—On Oct. 20, Henry Riley, M.R.C.S., late of Stockwell, aged 70.

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IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REMUNERATION OF MEDICAL OFFICERS OF HEALTH.

The following letters have been sent by the Irish Medical Association to the Local Government Board :—

Royal College of Surgeons, Dublin,
Sept. 17th, 1879.

To the Secretary, Local Government Board.

Sir,—The Council of the Irish Medical Association having learned that the Local Government Board have issued a circular calling upon the local sanitary authorities to furnish a return showing the amount of salary paid to each dispensary medical officer for his services as medical sanitary officer under the repealed Public Health (Ireland) Act, 1874, and also the amount of salary proposed to be given to each medical officer of health under the new Public Health Act, I am directed by the Council to express their decided opinion that unless the medical officers of health are awarded salaries commensurate with the duties imposed, it cannot be expected that those duties will be fully and efficiently discharged.

The Council are aware that, for some little time after the passing of the Public Health Act of 1874, considerable zeal was manifested by many of the medical sanitary officers (as proved by the Parliamentary return made to the House of Commons upon the motion of Dr. O'Leary, M.P.), and there can be no doubt that that energy was exercised in expectation that their services would soon be appreciated, and that the salaries appointed—which, as a rule, were utterly disproportionate to the nature and extent of the duties—would thereupon be increased.

However, the medical officers soon found that the scale fixed, as directed by that Act, precluded the possibility of equitable remuneration being allowed for efficient services, and that their interests as medical practitioners were very seriously and prejudicially affected by the faithful discharge of their duties, and in consequence of the evident discouragement shown by the sanitary authorities to anything like efficient service, the result was a marked falling off in the efforts of the medical officers which, eventually, greatly diminished.

Ever since the new Public Health Act was passed, the newly-appointed medical officers of health have been waiting to see how their services would be valued, before entering upon the duties with that ardour which is so essential to the well-being of the public; but in consequence of the small amount of work recently performed by the medical officers, the Council fear the local sanitary authorities may avail themselves of this as a pretext for either not proposing an increase in the amount of the former salary, or even possibly of suggesting that it shoud be diminished, though it is inconceivable that they could fall into the error of supposing that the amount of work which due regard to the public health requires to be done is insignificant.

The Council confidently expect that the Local Government Board will not confirm the allotment of any salary to a medical officer of health which is not equitable remuneration for efficient service; and if this expectation be realised, there will be no excuse for omission to discharge the duties imposed.

The Council observe that, by the new Act, and also by the recently issued sanitary orders, additional duties have been assigned to the medical officers, which it is expected will not be overlooked as entitling them to still further remuneration.

I am directed to remark that unless, and until, reasonable and equitable remuneration is allowed to the medical officers of health, it is futile to imagine that the provisions of the Public Health Act can come into effectual operation; and further, that the past work done by those officers cannot be considered to indicate the amount of remuneration that should now be allowed, but that, on the contrary, the amount of the salary will, to a great extent, regulate not only the manner in which the duties will be performed, but also the extent of them which will be voluntarily undertaken; and in the absence of any provision for supervision, this appears to be a very important consideration.

As the delay in fixing the salaries to be paid under the new Act did not result from any fault or omission on the part of the medical officers of health, or of the Irish Medical Association, as the representative body of the profession in Ireland, the Council expect that the new salaries will be paid from the date of the commencement of the new Act.

The Council, also, as a body ever mindful of the public interests, trust that an assurance will be given to the medical officers of health that the amount of their salaries will be subject to reconsideration from time to time; zealous and efficient services, as well as the extent of them, being duly recognised, as the justice of such an arrangement is beyond question.

The repealed Act was authoritatively alleged to be "merely a *tentative* measure;" but as the new Act is an *amending* one, it cannot be so considered. It is, therefore, to be assumed that its provisions are meant to be carried out thoroughly, and that none of them are intended to be inoperative; but it cannot be supposed that Parliament, in compelling the dispensary medical officers, without option of refusal, to be the medical officers of health, meant or intended that their services should not be fully and adequately remunerated; indeed, the justice of the claims of the medical officers to more liberal remuneration than hitherto allowed was admitted, not only by the Government, but also by Parliament, as evidenced by the withdrawal of the fixed scale.

To the Local Government Board, therefore, the Council earnestly commend the consideration of this very im-

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portant subject in all its bearings, it being but reasonable to expect that the work done will only be proportionate to the salaries paid; and as the success of the measure depends chiefly upon the exertions of the medical officers of health the responsibilities of another failure in this direction will, therefore, to a great extent, rest upon the action in this matter which the Local Government Board may decide upon adopting—the question of the amount of success to be obtained resolving itself into one of proportion between work and payment.

The Council, though most anxious to facilitate and ensure the complete and successful operation of the provisions of the new Act, nevertheless cannot approve of supporting any arrangement which, whilst compelling the medical officers of health to hold office and discharge onerous and important public duties, would not afford them adequate remuneration; and in this view, they feel confident they will meet with the hearty support of Parliament, the public, and the medical profession.

I am, sir, your obedient servant,

JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to the Council.

40 Fitzwilliam Square, West,
Dublin.

Irish Medical Association,
Royal College of Surgeons,
7th October, 1879.

To the Secretary, Local Government Board.

SIR,—I am directed by the Council of the Irish Medical Association to acknowledge the receipt of your letter (No. 19,872—Miscellaneous) of the 19th September, with reference to the salaries of the medical officers of health, under the Public Health Act, 1878.

The Council observe—as stated in your letter—that the Local Government Board are at present in communication with the Commissioners of the Treasury relative to the amount of the new salaries of the medical officers of health, and the proportion between any existing salary and the addition thereto, and interpret the terms of your letter as conveying that the Local Government Board are in communication with the Commissioners of the Treasury respecting a *general maximal scale* of payments for all medical officers of health in Ireland and the ratio which the salaries of such officers might bear to those of the dispensary medical officers as such. If this interpretation of your letter be correct, the Council must respectfully dissent from such reading of the 11th section of the Act; and I am desired to express their decided opinion that the Public Health Act of 1878 does not empower the Treasury or any other authority to fix a *general scale* or ratio of remuneration, or to impose any maximal limit whatever upon the discretion of the sanitary authorities save that which the Local Government Board are authorised to impose when called upon to sanction the proposed salary of each individual officer, whose case shall be separately considered. In confirmation of this opinion, the Council would direct the attention of the Local Government Board to the fact that whereas the 10th section of the Act of 1874 empowered the Commissioners of the Treasury to approve "a scale" under which the medical sanitary officers' salaries were to be regulated, the 11th section of the Act of 1878 omits this restriction, and speaks distinctly in the singular number of "*any* new salary and the proportion between *any* existing salary and the addition thereto." The omission of the scale was a deliberate amendment of the Act of 1874, made upon the representation of the Irish Medical Association, when the Bill of 1878 was before the Select Committee of the House of Commons. That representation was made because the Council felt, as they still most strongly feel, that the fixing of a limit of salary, which could not be exceeded, was tantamount to an intimation to the sanitary authorities of Ireland that the services of the medical officers were not to be requited in proportion to their extent and their nature; and, further, that as there is no relation whatever between the sanitary work and the dispensary medical work of any given district, the dependence of the amount of the salary of the medical officer of health upon that of his salary as dispensary medical officer is, therefore, neither just nor expedient. The Council desire also to remind the Local Government Board that in thickly-populated urban districts especially, the sanitary work prescribed for a medical officer of health would scarcely be adequately repaid by a salary equivalent in amount to the salary and emoluments of a dispensary medical officer.

In view of these facts, I am desired to express the opinion of the Council that, under the terms of the 11th section of the Act of 1878, the Local Government Board are required to consider separately the salary proposed to be given to each individual medical officer of health by the sanitary authority of the district; and, in so doing, to have due regard to the extent and population of the district of such officer, as well as to the nature of the duty with which he is invested, and afterwards to submit the additional salary so proposed for the approval of the Commissioners of Her Majesty's Treasury. The Council conceive that the application of any fixed general scale or ratio in the estimation of such salaries would be at variance to the wording and intention of the Act, as well as a direct violation of the assurance of the official representatives of the Irish Executive that each case would be separately dealt with according to its merits.

Your obedient servant,

JOHN WILLIAM MOORE, M.D.,
Hon. Sec. to the Council.

NEGLECTED LUNATICS (IRELAND).

THE following is the Bill presented to the House of Lords by Lord O'Hagan at the close of last session, being "An Act to extend to Ireland the provisions of English Law as to neglected Lunatics."

Whereas it is expedient to extend the provisions of English law as to neglected lunatics to Ireland,

Be it therefore enacted:

1. The provisions of sections 66 to 68, both inclusive, and of sections 70 to 72 both inclusive, and of sections 78 and 81 of the Act 16 and 17 Victoria, chapter 97, entitled "An Act to consolidate and amend the Laws for the provision and regulation of lunatic asylums for counties and boroughs, and for the maintenance and care of pauper lunatics," shall, subject to the changes next hereinafter mentioned, be extended to Ireland.

2. In applying the provisions of the said sections to Ireland, the following changes shall be observed:

(1) The quarterly list of lunatics reported on by the medical officer of a dispensary district shall, in Ireland, be sent to the inspectors of lunatic asylums, Dublin Castle, and to the resident medical superintendent of district lunatic asylum or asylums within the district of which the dispensary district of such officer is in whole or in part situate.

(2) The sub-inspector, head constable, or other officer in charge of any police district or sub-district shall discharge the duty imposed by said sections upon the constable of a place, and such district or sub-district shall be deemed to be a place for the purposes of said Act and this Act.

(3) Relieving officers acting under the Poor-laws in Ireland shall discharge in respect of their respective districts the duties imposed by said sections on relieving officers of parishes in England.

(4) Governors of district lunatic asylums in Ireland shall exercise the power of checking the issue of orders to hospitals or licensed houses vested by said sections in visitors of asylums in England.

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(5) Two governors of a district lunatic asylum in Ireland may exercise the power vested by said sections in two visitors of an asylum to discharge a lunatic on the undertaking of a relative or friend that he shall no longer be chargeable, and shall be taken care of.

(6) Documents required by said Act to be sent to the Poor Law Board in England, shall in Ireland be sent to the Local Government Board for Ireland.

3. The provisions of the fourteenth section of the Lunatic Asylums (Ireland) Act, 1875, as to the remuneration of medical officers and payment of other reasonable expenses in and about examinations under that Act, shall extend to and apply to examinations, inquiries, and reports under this Act, and any justice or justices causing any person to be examined under this Act may make a like order, and the money so ordered shall be paid in like manner as orders made and moneys paid under that section.

4. When the destitution of any poor person is caused by his being temporarily disabled from labour by reason of mental defect or from the mental infirmity of any person dependent upon him for support, it shall be lawful for the guardians of the poor to relieve such poor person being destitute as aforesaid either in the workhouse or out of the workhouse, as to them shall appear fitting and expedient in each individual case, and for the purpose of the visitation required by this Act such dependent person, though not directly relieved, thall be deemed a pauper lunatic.

5. Where the net amount or the net estimated value of the property of a lunatic is so small as to entitle the Lord Chancellor entrusted with the care of lunatics under the Queen's Sign Manual to exempt such property from fees or per-centage under the Lunacy Regulation (Ireland) Act, 1871, the Judge of a Civil Bills Court in Ireland may, so long as not restrained from doing so by any general order or by any special order in a particular case of the Lord Chancellor entrusted as aforesaid, have and exercise all the power and authority of the Lord Chancellor entrusted as aforesaid over the persons and property of lunatics possessed of such small property who reside within his jurisdiction, and he shall be entitled to the assistance of the officers of his court in the same manner as they are now required to assist in the care of the person and administration of the property of minors of small property under the County Officers and Courts, Ireland, Act, 1877.

6. The governors of district lunatic asylums in Ireland, or a majority of them present at any duly constituted meeting, may deliver over the custody and care of any lunatic to a private person approved of and selected by them upon terms of such periodical payment as such governors shall determine, and upon the undertaking in writing of such person to the satisfaction of such governors that such lunatic shall be properly taken care of and shall be prevented from doing injury to himself or others.

Every lunatic so boarded out shall be subject to the periodical inspection of the medical officer of the dispensary district as one of the pauper lunatics required to be inspected by this Act, and to such further inspection as the governors of the asylum from which he shall be boarded out shall from time to time determine, and shall for all purposes be under the control and care and at the disposal of such governors, and all expenses duly incurred by such governors in respect of any such lunatic shall be defrayed in the same manner and out of same sources in all respects as if such lunatic was a resident in the asylum from which he has been boarded out.

7. This Act may be cited as the Neglected Lunatics (Ireland) Act. 1879.

REDUCTION OF SALARIES OF UNION OFFICERS.

Local Government Board, Dublin, 10th Oct., 1879.

Sir,—The Local Government Board for Ireland have had before them them the minutes of proceedings of the Board of Guardians of the Trim Union for the 27th ultimo containing a resolution requesting their approval of a proposal that the salaries of all the officers of the Union be reduced 10 per cent., and the Local Government Board desire to state that they have given the resolution their careful consideration, and that it appears to them that on the occurrence of any vacancy in an office it would be a legitimate question for the guardians to consider whether the salary of such office might not properly be altered and reduced. But the Board thinks that when a person engages in the services of the guardians at a salary, and that the terms of his appointment are that he should be paid such a salary, it is not reasonable or just to reduce that rate of payment on grounds such as those which now appear to influence the guardians while he satisfactorily discharges the duties which he undertakes to perform. The Board finds, however, that this is the course which the guardians propose to adopt in several instances, and that in the cases of the medical officer of the workhouse, the porter, and one of the nurses, and in the cases of Dr. Rooney, Medical Officer of the Atteboy Dispensary District, Relieving Officers Byrne, Glaman, and Higgins, and the three Midwives of the Union, the guardians wish to reduce the salaries, which are not by any means exorbitant, to a lower rate than that at which those persons were elected. With reference to other officers, whose salaries have been raised after many years' efficient service, the Board are of opinion that it would be ungenerous to deprive them of the advantages so gained while their duties remain unchanged, and that such a proceeding would tend to produce discontent and a feeling of insecurity in regard to their position which would have an injurious effect on the affairs of the union; and it would discourage zeal and attention on the part of the officers in the performance of their duties. The Board observe that in the following instances the persons whose salaries the guardians desire to reduce are—the matron of the workhouse, appointed in the year 1856, and who has accordingly given about twenty-three years service in that capacity; Dr. Trotter, medical officer of the Summerhill Dispensary District, appointed in the year 1860; the clerk of the Union, in 1864; Relieving Officer Tyrrell, in 1865; the matron of the workhouse, in 1866; Dr. Tiate, medical officer of the Enfield Dispensary District in 1868; and one of the workhouse nurses in 1869; and it would certainly appear reasonable that the length of service of these officers should render them deserving of consideration in regard to the continuance of their existing emoluments. It is open to the guardians to propose an alteration of salary in any instance in which there has been a change in the circumstances under which it has been fixed or increased, but for the reasons given above the Board feel it necessary to withhold their sanction to a general reduction of the officers' salaries in the manner proposed, which, while it would effect a saving of less than one farthing in the pound on the valuation of the union, would operate unjustly on several of the persons effected thereby.

By order of the Board,

B. Banks, Secretary.

THE SANITARY STATE OF LIMERICK.

At the meeting of the Limerick Urban Sanitary Board yesterday week, the Mayor (Mr. P. M. O'Gorman), presiding, a complaint was read from the Resident Superintendent Medical Officer of Health, in respect to the sanitary state of Limerick, and the action of the members relative thereto. After some general observations, Dr. Barry wrote:—

"Since the 1st January last 311 cases of zymotic diseases have been reported by the medical officers of health, and no less than 130 persons lost their lives from more or less preventible causes. It has been frequently brought under the notice of the committee that the measures in force for the prevention of the spread of infectious diseases are altogether insufficient. The process of fumiga-

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tion is imperfectly carried out, and even were it efficiently performed, I declare it to be perfectly valueless as a protective measure so long as the beds and clothing remain without disinfection. Without a disinfecting chamber your committee and officers are powerless to deal with the infectious diseases, and it is sad to consider that every month 35 persons are being stricken down, and 15 lives are being lost through preventible di-ease, while the necessary and most effective means for their safety and protection are being denied them."

Mr. Hastings—The inference to be drawn from that letter of Dr. Barry's is, that if we had a disinfecting chamber no one would die in the city (laughter). Well, now, will any sane person believe Dr. Barry when he makes such a statement?

Alderman Synan—What he meant is this, that if you had a disinfecting chamber those lives would not be lost.

Mr. Hastings—Dr. Barry lays the whole blame on the want of a disinfecting chamber, and the fact of a few rags not being fumigated. What is to be done with the clothes of the doctor who attends a fever patient, or the nurse? This shows that it is all nonsense stating that because you have not a disinfecting chamber there are so many deaths in the city.

Mr. Corbett reminded the Board that a copy of Dr. Barry's report would go on the minutes to be sent to the Local Government Board.

Ald. Myles—I think we would want to get another officer of health instead of Dr. Barry.

Mr. Bernal—I propose that Dr. Barry's letter be referred back to him for re-consideration.

Ald. Myles—Oh, Dr. Barry will re-affirm every word of what he states in his letter.

Mr. Bernal—Well, if he does, we will re-affirm him in another way.

Mr. Hastings—Dr. Barry's letter is an insult to every man of honesty and intelligence in the Corporation.

Mr. Bernal's motion was unanimously agreed to.

INCREASED DUTIES UNDER THE NEW PUBLIC HEALTH ACT.

THE following communication was read at the last meeting of the Armagh Town Commissioners:—

Armagh Dispensary,
Oct. 6, 1879.

GENTLEMEN,—In compliance with your instructions of last board meeting to furnish you with the amount and nature of duties imposed upon me by the Public Health Act of 1878, I beg herewith to submit the same. First, I would point out the duty under the Act of 1874, now more or less repealed. Under it my duty was to inspect and report to your Board, as Urban Sanitary Authority, all cases of nuisance reported to me, and if found on inspection to be a nuisance or injurious to health, then to report same to you, together with such remedy as the case required. Under the Public Health Act of 1878 there are a number of new duties added to my former duties, as now I must *seek out* all causes affecting or threatening to affect the public health. To carry into full effect this one duty will entail continual watchfulness and inspection, every part of the urban district, now enlarged, together with each house therein, which at present numbers over two thousand, must be periodically inspected; this, in addition to, and irrespective of inspections made upon receiving notice from any person who may feel aggrieved by any unsanitary condition of his own or his neighbour's premises, as also upon receipt of complaint of the existence of nuisance by sanitary sub-officer; and lastly, having now to inspect all works done after issue of order by the Sanitary Authority to see that the work has been executed in accordance with the order of your Board, whenever called upon by the executive officer to do so. I may here observe that during the past five months I have served 61 sanitary reports upon the executive officer, which represents 183 visits to different premises throughout the district. Besides these, I have made over 100 inspections on complaints and otherwise, in which the nuisance or cause of complaint was removed without the necessity of reporting to your Board. Further new duties have been imposed upon me under the Lodging House, Common Lodging House, Bakehouse, and Slaughter House Acts, which are now included in the provisions of the Public Health Act of 1878. The inspection required under the Common Lodging House Act will in many cases have to be made at night, or on complaint I may be required to leave my bed at night to inspect under this Act. Finally, in a city like Armagh, to discharge fully and efficiently all the duties imposed upon me by the Act of 1878 will take up all my spare time, and so far as my province goes I am anxious to have this district in as sanitary a condition as it is possible to have it. The importance of this, financially and otherwise, it is unnecessary for me here to dwell upon, as I am sure that each gentleman present is as fully conversant with and alive to it as I am.

I am, gentlemen, your obedient servant,

ROBERT GRAY.

To the Town Commissioners of Armagh.

The Clerk stated that the Local Government Board had written to know whether the Board would appoint Dr. Gray as Medical Officer of Health at the old salary or would they increase it. The only sum the Board paid Dr. Gray was £6 6s. as consulting sanitary officer, and the one-half of that sum was refunded to them from the Local Government Board. Dr. Gray, as sanitary officer, was paid by the Board of Guardians £20 a year, one-half of which was refunded to them.

Carried unanimously, that Dr. Gray be appointed medical officer of health at a salary of £30 per annum, and consulting sanitary officer at the former salary of £6 6s.

MOUNTMELLICK UNION.

READ letter from the Local Government Board in reference to proposed reduction of salaries.

The Board observe that the salaries in Mountmellick union are not excessive, and trust that the guardians will no longer object to the rate of remuneration which the medical officers of the several districts received under the Public Health Act of 1874.

Mr. Vanston asked if the medical officers of health had done anything at all since their appointment under the Public Health Act.

Clerk—Nothing, except reporting some existing nuisances.

Clerk—I would imagine from the reading of the letter that the Local Government Board are inclined to give way to the guardians.—Resolved.

"That we most respectfully beg leave to inform the Local Government Board that the duties connected with the sanitary laws are so light, and the present state of the country so unequal to bear extra taxation, that we still most earnestly hope that the Local Government Board will confirm the adoption of the salaries already proposed; and we herewith forward the number of cases that have been reported in this union for the past five years."

The number of reports were thirty-two.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 5, 1879.

CONTENTS.

Original Communications.

ON CROUP.

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children

Pathology—Nature of the Exudation—Two Varieties of Croup—1. The Mucous or Catarrhal—2. The Fibrous or Inflammatory Symptoms—Course and Progress of Each Form—Morbid Appearances—Clinical Characters of True or Typical Croup—Diagnosis from Diphtheria and Laryngismus — Treatment by the Vapour-Bath and Emetics—Mercury—Aconite—Tracheotomy.

(*Concluded from page* 369.)

Laryngismus stridulus is another disease which is apt to be mistaken for croup; but the following diagnostic points of difference are so broad and clear that in ordinary and well-developed cases it would be inexcusable to confuse them:—

1. Laryngismus usually sets in suddenly with alarming symptoms, and terminates abruptly; in true croup the invasion is less sudden, there has been cough and febrile disturbance for a day or two, and the symptoms, instead of declining, go on increasing in severity.

2. In a typical case of laryngismus the voice is unaffected, and there is no cough; in croup there is both cough and change of voice, and the latter is often weak and feeble from the commencement.

3. In laryngismus there is no expectoration nor any catarrhal sounds in the chest; in croup such symptoms are constantly met with.

4. In laryngismus there is no fever (that is sufficient rise of temperature to deserve the name of fever), and the circulation is undisturbed, except during the paroxysms; in croup the fever runs very high, there is thirst, heat of skin, and quick pulse.

5. Age comes greatly to our aid. Laryngismus is most common in infants during dentition; croup is most frequent between the second and fifth years.

6. Laryngismus is most common among strumous and rickety children, and those who have been ailing and out of health. It is constantly associated with dentition, and over-feeding or improper food; croup often attacks the healthiest and strongest children, and generally arises from exposure to cold winds, or damp—it is far more frequently fatal than laryngismus, which is only exceptionally dangerous.

7. In croup there is not the same immediate violent struggling for breath as in laryngismus, then, too, in laryngismus there is complete recovery between the paroxysms.

8. In laryngismus the condition is one rather of syncope or fainting; the attacks are usually too short to produce permanent lividity from aeration of the blood.

9. In laryngismus death may occur from complete asphyxia; in croup a sudden termination may result from a portion of detached false membrane exciting fatal spasm of the larynx; but death usually happens from interrupted respiration and circulation through the lungs, with gradual depression of the vital powers.

10. In a case of laryngismus the inspiratory effort is temporarily affected, arrested, or even stopped entirely; whilst in croup the embarrassed breathing is permanent, and expiration as well as inspiration are both involved.

11. The treatment of the two affections is diametrically opposed; the remedies that would relieve the one would aggravate the other.

So much for the distinctions of laryngismus from croup. But I must not dismiss this question of diagnosis without admitting that there are complicated or mixed cases, attended with wheezing and catarrhal symptoms, where a degree of catarrhal inflammation is mixed up with the spasmodic affection. These are the cases which more nearly resemble true croup, cases of modified laryngismus happening to young children, where we have no such precise landmarks as those I have attempted to define. They commence with slight catarrh (*catarrhal laryngitis*), hoarse and noisy cough a day or two before the characteristic crowing inspiration, and they sometimes precede an attack of pneumonia or measles. It is cases of this kind, attended

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with a croupy cough, which are apt to deceive and mislead us; there is, in fact, some swelling and inflammatory action of the larynx and vocal cords added to the original spasmodic affection. The presence of cough with wheezing and dyspnœa might induce even a practised observer to think he was dealing with an ordinary case of croup, but as it advances he is able to satisfy himself that genuine spasm is at the root of the evil. In the simplest forms of catarrh in some young children the voice is hoarse and the cough barking. To such an extent does this prevail, that a diagnosis is not invariably easy at the beginning of an illness. The mucous membrane of the larynx is highly irritable and sensitive, and readily becomes inflamed and swollen on exposure to cold air. This is probably the condition that is present in those cases of laryngismus attended with incessant and croupy cough. Though we must not expect to find the same pathological change, or the same catalogue of symptoms, in all cases of laryngismus, still viewing these cases from what point of view we may, I can seldom imagine any real difficulty to obscure the diagnosis of these two affections, if we bear in mind that in genuine laryngismus the larynx and trachea are free from inflammation, that the attacks are sudden and temporary, that there is no cough and no fever; all which symptoms are the accompaniments of croup.

Of the forms of croup there is, firstly, the catarrhal croup, a mild class of cases of frequent occurrence which rarely places the life of the patient in imminent danger. It may come on in the night, with some heat of skin, frequent husky cough, quick pulse, and flushed face; and for a few hours the symptoms are severe and alarming to the parents; even the medical attendant is doubtful about the issue of the case; but after a dose of calomel and the free action of an emetic (the room being kept moist, and its temperature high), the symptoms soon decline, and the child is himself again, with the exception of being a little prostrate and pallid.

Again, there is also another class of cases, the *Fibrinous Croup* or *Tracheitis*, happening to healthy children, which comes on suddenly and is attended throughout with danger. These cases are rapid in their onset, and are quickly fatal.

The tendency to a recurrence of croup in some children is a favourable sign so far as regards its severity—such cases seldom terminate fatally, for these are of the *catarrhal* form. If we are told that the child has had one or two previous attacks, we may generally regard the case as satisfactory. Such cases stop short of actual exudation, and spasm also plays an important part in the production of the symptoms. The mucous membrane of the larynx and trachea is in a state of inflammatory excitement, and the vessels are full and congested. Prompt treatment rapidly unloads the distended vessels and encourages expectoration. Intelligent mothers whose children are so attacked come at last to view the symptoms with little or no anxiety, feeling confident that a good fire, with a steaming kettle in the room, a brisk emetic, and hot sponges kept constantly applied to the throat will soon bring the child round. The lesson to be learnt here, as in every other variety of croup, is to lose no time, for success in treatment depends on meeting the symptoms with promptitude. Above all, care must be taken not to confound these cases with laryngismus, for in the one there is fever and persistent difficult breathing; whilst in the other there is no fever, and the breathing between the paroxysms is calm and tranquil.

Treatment.—Careful study of the disease has done much to instruct the medical attendant, and the knowledge that no time is to be lost is so commonly spread, that before we are summoned to give relief some useful measures have been tried, and thus many lives are saved which neglect would have rendered hopeless; yet for all this it is estimated, according to the returns of the Registrar-General, that about 6,000 children die annually of croup in the United Kingdom, a mortality which ought to enlighten us as to its fatal nature, and induce us to study the best method of dealing with it.

I have observed nothing of late years to induce me materially to alter my opinion from the following conclusions at which I arrived in 1863 (*Brit. Med. Journ.*, May 30). The temperature of the room should not be lower than 65°.

1. The vapour-bath is indispensable in the treatment of croup, and should be used at the commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapour-bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of a successful termination, because it is then possible to prevent the tracheal secretion becoming organised.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient, the less will be the chance of recovery.

5. Tartarised antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarised antimony should, however, be mainly given for the purpose of procuring vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favourable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

On the question of tracheotomy, I am inclined to think we may urge a great deal in its favour. When the respiration is so involved as to produce almost complete unconsciousness, swelling and distension of the features, and lividity of the lips (convulsive efforts that indicate approaching suffocation), we should cling to the chance it holds out. When all remedies have failed to improve the patient's condition, and death is near at hand, shall we let the patient die without giving him the chance of life which an operation affords? Though it be a slender one, it is not to be rejected at a time when medical treatment has signally failed and every hour finds the patient worse.

In most of the cases of tracheotomy that have fallen under my notice, I have almost invariably observed an improvement for a time in the respiration, and the fact that a few days have been gained when death must have ter-

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minated in as many hours is a great point in favour of the operation, and for not delaying it too long. If tracheotomy is to succeed, it must be done before the strength is quite exhausted and asphyxia has thoroughly set in.

M. E. Dudon, of the Hôpital St. Andrè, Bordeaux, performed the operation in twelve cases, with six recoveries; and he is of opinion that could he have performed the operation earlier in some of the cases he would have had more recoveries. When medical means have failed, and the larynx is invaded by false membranes which cannot be got rid of by vomiting or other means, M. Dudon thinks tracheotomy justifiable. (a)

It should be our earnest endeavour to recognise whether we are dealing with the catarrhal or the fibrinous form of croup. If we are convinced it is the fibrinous form, then it must be at the discretion of the surgeon whether or not the symptoms are such as to lead him to expect that resolution will take place. If not, tracheotomy should be performed at once, as its postponement would render a successful issue less probable.

Tracheotomy in itself is not a dangerous operation, but if it be delayed till the lining membrane of the larynx and trachea are covered with false membrane, extending as far as the primary divisions of the bronchi, and the constitutional symptoms are becoming severe, the chances of its success are materially diminished.

This we often see when tracheotomy has been performed at too late a period of the disease, and the operation has the discredit of the fatal result.

When extensive, or loose, or purulent portions of false membrane occupy the primary branches of the bronchi, and extend to and choke up the smaller or minute bronchi, the operation cannot be expected to succeed. It is performed too frequently as a last resource, when the respiration is too impeded and embarrassed and exhaustion has advanced too far. Under a combination of asphyxia and asthenia the child sinks.

Now what are the dangers of tracheotomy? There are no doubt some; but are they of sufficient importance to contra-indicate an operation?

Many successful cases have been recorded from time to time. If the symptoms are urgent, I would strongly advocate its adoption; for when death is threatening, and cannot otherwise be far distant, an incision in the trachea has been attended with the escape of the fibrinous exudation through the wound which no coughing or vomiting could have removed. Immediate improvement in the symptoms has set in, followed by complete recovery.

Though the unsuccessful cases usually terminate in twenty-four hours from exhaustion or loss of blood, life has been prolonged from one to thirty days after the operation, and the mode of death has, in some cases, been rendered comparatively easy.

In those children who survive the operation for some days, bronchitis, pneumonia, broncho-pneumonia, and convulsions are the most frequent causes of death. A tendency to pulmonary excitement already exists, and indeed the operation itself is calculated to originate it. Tracheotomy is a very successful operation when performed for the relief of chronic laryngeal diseases, or for the removal of foreign bodies from the air passages. But it is significant that this operation does not generally yield satisfactory results when undertaken in cases of œdema of the glottis, occurring in children who have sucked boiling water from the spouts of kettles. After this grave accident, lung affections very often supervene, from the inspiration of scalding vapour simultaneously with the boiling fluid. Tracheotomy aggravates the pulmonary complication; yet it must be done, on account of the œdema of the glottis. Very similar considerations apply to croup. In some cases where children have been saved from the prospect of immediate death by tracheotomy, and the canula cannot be removed with safety for a moment without the danger of asphyxia, the chances of ultimate recovery are very slight. The little patient having rallied from the operation, goes on satisfactorily for some days, when it becomes restless and feverish at night, with a hot skin and a quick pulse. If we auscultate the chest, we find extensive bronchitis, and perhaps some pneumonia. No more sputa are evacuated through the canula, and the child soon becomes convulsed, or dies in a comatose condition. There may be no accumulation of false membrane in the larynx; but if the glottis is nearly closed by swelling and œdema, and the mucous membrane injected and vascular, the extension of inflammation down the trachea and bronchi into the tissue of the lung constituting lobular pneumonia is almost certain to ensue. If the case goes on, abscess of a portion of the lung, pleurisy, or empyema are among the morbid changes discovered after death. From all I have been able to ascertain, the operation of tracheotomy is less likely to succeed in children under two years of age than in those above it. The trachea is small and undeveloped, it is not so easily reached as in older children, and hæmorrhage may occur, but a competent surgeon may readily overcome it. Yet in the face of these difficultles, infants have survived the operation; but the greatest number of recoveries after the operation has occurred between the ages of five and six years.

It has been alleged that the direct admission of the air to the lungs without having previously passed through the mouth and nasal passages is attended with real danger, and that congestion of the lungs is another danger induced by the operation. But seeing that the temperature of the room can be raised to any extent, and that appliances for the supply of warm moist air are to be procured, congestion of the lungs from this cause alone ought not to occur.

(a) *Lancet*, July 20th, 1872.

SANITARY SCIENCE AND PREVENTIVE MEDICINE. (a)

By ALFRED CARPENTER, M.D. Lond.,
President of the Medicine Section of the Sanitary Institute of Great Britain and Ireland.

Dr. Carpenter, after alluding to the age of the subject, said its newness as a science pressed the necessity for strict investigation into the causes of disease, and declared that nearly all the diseases which are fatal to young people were amenable to prophylactic measures, capable of diminution in their fatal effects; and he considered it to be probable that many might be altogether prevented by a right application of knowledge, so that pneumonia, bronchitis, mesenteric disease, and other causes of death would cease to be common, as well as those deaths produced by enthetic disease. He urged the necessity for an improvement in the mode of registering deaths, in order to show the origin of the diseases ending fatally, some being, in fact, by enthetic disease, or by continuous indulgence in intoxicating drinks. A very large portion of the diseases which affected particular organs, and in which the first starting point was a kind of fatty degeneration of tissue, had their origin in the habitual use of intoxicating liquors. The Registrar-General's returns, as at present constituted, gave but little real insight into the habits of the people. Then, too, he said, it was necessary for every family to have some knowledge of their hereditary tendencies before they could have the best measures for the removal of such tendencies from their own persons. The prevailing diathesis and the hybrids which arise from intermarriage must be recognised and treated accordingly if good health was to be obtained. Treatment must not be limited to those times at which there was a local manifestation of disease. Prophylactic measures were necessary in apparent health as well as during actual illness. It was a mistake to suppose that the date at which a given illness had apparently commenced was that at which it

(a) Read before the Sanitary Congress at Croydon, 22nd October, 1879.

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really began, and he pressed the point that people should know their own tendencies, so as to counteract them in themselves and families. He impressed upon his audience that each type of disease required a different kind of pabulum for its production, just as wheat grew better in some soils than in others; while there were soils in which it would not grow at all, but where water-grasses flourished. So we had searlatina abounding among one set of people, typhoid fever among another, and dysentery a third. There was nothing more curious or out of the way in the rise and fall of epidemics than there was in the abundance or scarcity of certain forms of vegetable life according as the season was dry or moist, or hot or cold, and according as the material required for its nourishment was abundant or the contrary.

Urging as the basis of sanitary work the particulate nature of contagia, and that the particles upon which disease depended for its development were germs connected with the vegetable kingdom of the algæ rather than fungi; and he adopted Cohn's classification as to their position. He regarded the rise of temperature in disease among animals as caused by the multiplication of vegetable growth in the blood; whilst the diseases which were incident to vegetation he ascribed to the fungi—the latter having aerial, the former an aquatic fructification—and he especially drew attention to the fact that each class has an evanescent and a persistent form of fructification. That attention was especially required to the latter form if the re-appearance of disease was to be prevented; and he illustrated these points by reference to animal and vegetable pathology.

He then dealt at length with the pathology of zymotic diseases, and with the problem of the often discussed germ theory of disease. He then went on to say :—"We cannot look upon the diseases of organic nature with perfect complacency; we must not consider that they only affect our pockets and not our health. Before English people can have that perfect health which is the birthright of every child born into the world, it will be necessary to alter our plans regarding the breeding of cattle and the methods of housing and feeding them. Our domestic animals fall an easy prey to every kind of epidemic. For all sanitary law is, as a rule, ignored by the farmer. Knowing something of the customs of the country, I was not surprised when I heard an inspector from the Metropolitan Meat Market declare upon oath, in the Croydon Police Court, that 80 per cent. of the meat which was sent to the London market was the subject of tubercular disease, and that to exclude it from the market would leave London without a meat supply. The foul air in which animals are often kept, the foul water with which they are supplied, and the musty food which is given them to eat, easily account for the readiness with which they fall victims to every kind of malady. The deaths among cows during the calving process are very great and is one of the reasons why meat continues dear. Such deaths ought not to occur at all. We cannot remove disease from our midst or reduce our death-rate much below 17 in the 1,000 until we can insure a more healthy progeny among our domestic animals. To do this something more is necessary than to insist upon measures for the prevention of disease among men." He proceeded at length to urge the value of ventilation for the remedy for many sanitary evils. He contended that currents of air must be established to lessen the quantity of carbonic dioxide to something less than 450 parts in a million; and by introducing a fresh supply of oxygen, the albuminoid matters which living creatures give out might be altered in their chemical characters. Motion of both air and water was a principal law of sanitary work. Stagnant air in the house-drains of Croydon produced more or less evil in almost avery house in the place until their local senators were convinced of the evil. It was in Croydon that the law for ventilating sewers was first put into operation by a local authority. But the local authority were then in advance of the intelligence of the people; and, although the command was issued, the work was not generally done until much more proof of its necessity was afforded. Now, the ventilation of the sewer and of the house-drain was required by the law of the land, but it was not nearly so general as it should be. Assuming that sewers were necessities in a thickly-peopled neighbourhood, they must not be allowed to ventilate into houses. There must not be any communication directly between sewer and the interior of the house. There was no occasion for any departure from the law, and it should never be allowed in practice. There was another danger which arose from sewers if they were not constructed of impervious materials; brick sewers were open to great objection when they passed through pervious soil in close proximity to houses.

Unless they were very freely and efficiently ventilated, they contaminated the air of a sub-soil of a town until it became a perfect hotbed of mischief. This was a frequent cause for the continuance of endemic diseases in districts in which the water-line rose and fell at distinct intervals. He gave some practical observations, which will be studied with interest by all local authorities upon whom sanitary questions are being pressed now, in the following remarks : "A local authority, in providing for the utilisation of sewage by irrigation, must be prepared to pay the difference in value between the price of the land and its ordinary agricultural worth. One penny in the pound on each rate, or at the most 3d. for the year, ought to be amply sufficient for this purpose, as well as for the payment of interest on money sunk in unexhausted improvements. The Beddington Farm, which has now been in operation more or less for 20 years, costs more than this; but if the farm had to be formed now, the experience which has been gained (if it was available, and if members of a local board could condescend to think that anybody else knew what was wanted better than themselves) would enable the Board to carry out the work at a much less cost. I say if that experience were available; but, unfortunately, local self-government tends to scatter experience to the winds. Those works, upon which considerable sums of money have been sunk in as yet unexhausted improvements, are not followed up because present managers do not know anything about them. Then, although sewage should be conveyed to the soil as rapidly as posible, rainfall should go into the river. It is a wrong thing to conduct rainfall into sewers, as by this means a sewage farm is swamped with unnecessary water. Not that storm water from the streets of London should be sent into the Thames, or the washings of thickly-peopled cities at once into the waterway, but ordinary surface water should be strictly excluded; and, when possible, the rain-water from house-roofs should go to the water-courses. This is a good reason for excluding sewers from thinly-peopled districts; ordinary sewers will only drain the sub-soil, empty the water-courses, and dry up the smaller source of our rivers, and produce as much evil in the subsoil as cess-pools now do. They are serious blunders too often perpetrated for the personal benefit of private individuals. A great law of sanitary work is for sewer and water services to be decidedly separated, so that no interchange either of liquid or gases should be possible. It was shown not long since that just where a water-pipe passed over a sewer, there the pipe was defective, and as a consequence a serious epidemic arose. Sewage soon decomposes iron, and if water-pipes were allowed to lie in sewers, and to occupy portions of cespits on the road-side, or to be in communication at those points at which water is delivered into a house, and slops and sewage removed, there can be no real safety for the people. I am sometimes astounded when I hear men who put themselves forward as sanitary authorities utterly ignore this fundamental law. Another law is that the individual house is the unit of sanitary work; that it is in each houge, and it is with each individual that the first action must be taken to diminish the power of *z* to grow and reproduce its kind; while, should *z* be introduced, it is the individual case which is the unit of repressed. But all these canon laws have their foundation upon the particular nature of the contagia, and it is by bearing this one

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fact in mind that sanitary work can produce sufficient fruit to be successful.

The sum of his conclusions were that the primary sanitary laws are—

1st. The particulate nature of contagia.

2nd. The necessity for motion of sewage and all excreta.

3rd. That there must be no direct communication between the sewers and the interior of the house.

4th. That sewers must be freely ventilated.

5th. That sewage must be utilised the moment motion ceases.

6th. That sewers and water services must be completely separated, so that interchange should be absolutely impossible.

7th. The the individual house is the unit of sanitary work.

8th. That the individual case is the unit of suppression.

Besides these eight laws there were nine conclusions which the reader had arrived at from personal experience on the Beddington sewage farm.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Sub-diaphragmatic Abscess, with Tumour, consisting of Left Lobe of Liver, and circumscribed Peritoneal Thickening, apparently derived from Cicatrix of an old Perforating Ulcer of Stomach—Death by Lung Gangrene, and Perforation of Abscess through into Left Pleura.

Under the care of DR. SOUTHEY,
Physician and Lecturer to the Hospital.

ELIZA M., æt. 50, married, and mother of several healthy children; a nervous, sallow, emaciated-looking woman, with black hair, rather over-grizzled for her years, was admitted into No. 19 bed of back ward of Faith, May 28, 1878, complaining of pain in her epigastrium and left hypochondrium, and of vomiting. The pain she described as of a sharp cutting nature, not constant, but coming on at various times in the course of the day, easily provoked by any sudden movement or pressure in the region of her stomach. Here a knobby-hard mass was to be felt, about the size of a hen's egg. The tumour could be traced extending downwards towards the umbilicus, but was quickly lost upwards, beneath the arch of the thorax and ribs in the left hypochondrium, but the manubrium sterni was not bulged forward as if by any considerable mass beneath it.

Tumour was dull to percussion, lobulated to feel, or consisted of an irregular-shaped lump; it exhibited well-marked pulsation, this being communicated to it apparently by large arteries passing behind or near it. The tumour did not expand in a manner at all suggestive of an aneurismal sac; it gave an up and down tilt to a stethoscope held over it. It was further very tender to pressure, and the abdominal muscles were instinctively thrown into contraction to protect the tender parts beneath them, and prevented any attempts to explore its limits more closely. Skin of abdomen much pigmented from hot applications to it. Abdomen itself flat.

History.—She stated that for the last two months she had been entirely prostrated, with complete loss of appetite, occasional vomiting, and the pains above described. For five or six weeks she had had no inclination to try anything solid in food, but did not think this would necessarily increase her pain, or be followed by sickness. She had subsisted recently chiefly upon milk and beef-tea; bowels had been constipated; urine scanty, and high-coloured; sp. g. 1025, acid, no albumen or sugar. She said she had wasted a great deal, and sweated much. Told us the pain was at times so intense as to make her burst into a cold sweat. She had been obliged to take sleeping draughts latterly, and after them had only slept indifferently. Further and later inquiry elicited that her illness dated further back than two months. She had had dyspeptic symptoms for some years, and referred her troubles to a blow in the region of her stomach, which she had received twelve years previously from the shaft of a hand-truck that she was pushing up a hill. Late that same day she vomited for the first time a large quantity of black blood, and since that time she has vomited and passed blood at stool on several occasions. The last time she remembered this hæmatemesis distinctly, was two years ago, when certainly more blood was passed at stool than vomited, but she then had very severe pain in her stomach; was completely laid up for some days, and was unable to take any solid food for some time, by reason of pain thus provoked. The blood vomited was partly congealed, that passed at stool, for four days after it was dark-coloured. Whenever on previous occasions she had vomited or passed blood at stool, she had had pain after eating solid food.

Previous Health.—Had rheumatic fever when a girl, and was laid up for four months with it. Her father died of phthisis. No history of cancer in her family that she knew of.

Physical Examination.—Skin hot, clammy; temp. 99; resp. 30; pulse, small, feeble, regular, 108; extreme muscular debility, she being unable to lift much less move herself.

Thorax.—Thin, bony, long, shallow; resonance boxy generally, anteriorly, and at upper parts posteriorly. Respiration sounds loud and coarse; no moist sounds unable to examine bases posteriorly, for she was too feeble to sit up.

Heart.—No increased precardial dulness; sounds feeble; glands of groin and axilla enlarged; epigastrium, as already described above, filled with tumour; abdomen empty and shrunken.

Treatment.—Ordered an enema, simple; milk and sago; milk and lime water; ext. opii., gr. j., formâ pils. n. et. m. Carslbad salts if required each morning.

Course and Progress.—Note of May 30.—Although she has adhered strictly to her milk diet, she has vomited three times to-day, but no blood; nothing but milk and mucus. She remains extremely feeble. Temp. 98·8; resp. 30; pulse 100.

Morning of June 7th she coughed up some quantity of extremely fœtid purulent matter. Temp. 100; resp. 36; pulse 112.

June 8th.—Cough very troublesome. Breath has the fœtid odour of gangrene of the lung. Copious fœtid expectoration. Abundant moist sounds in left lateral region, with dulness on percussion. She was too feeble to examine much. Respiratory sounds elsewhere coarse and compensative.

10th.—Passed about a pint of bright red blood per anum.

She gradually sank and died on the morning of the 14th, her temperature having risen up to 100·6; resp. 40; pulse 136, two days before her end. She continued to take fluid nourishment without vomiting to the end, as well as her opium, and appeared to suffer little or no pain.

Terebene inhalations relieved her fœtor considerably, and chlorinate of lime in the spittoon was found to make the sputum least disagreeable to the ward.

Post-Mortem Book, p. 306.—Post-mortem 26 hours after death. Body much wasted; rigor persistent; both pleuræ adherent. Pericardium and heart natural. Upon opening abdomen a large irregularly circumscribed abscess cavity was discovered between the upper surface of left lobe of the liver and the diaphragm, and between the lower part of liver and upper part of stomach. The abscess was strictly bounded below by the suspensory ligament of liver. Sinuses led in several directions, backwards and downwards, between the diaphragm and liver and stomach, and the diaphragm was perforated through into the left pleura by

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several such shreddy openings. The base of the left lung was broken down into a foul gangrenous abscess, and above the sloughing part were a few scattered abscesses; and in lower part of upper lobe another small abscess.

Right lung œdematous and emphysematous. Spleen firmly adherent to surrounding parts, its upper part forming a boundary wall of an abscess sinus; its substance not involved. Substance of liver not implicated; its structure normal. No dilatation of gall ducts. No gall stones.

Stomach orifices normal; but at posterior aspect at usual site in lower curvature upon peritoneal surface was seen the old cicatrix of a round ulcer, with thin transparent floor about the size of a sixpence. One sinus from the abscess led direct down to this cicatrix, and although no perforation in the stomach was apparent, it was plain that the abscess had derived origin from the old healed stomach ulcer; and fluids from the stomach might well have oozed through the thin walls of the cicatrix tissue here in times past. There was nothing found in the intestines to explain the recent bleeding therefrom.

Kidneys small; surface red and somewhat granular. Cortex narrowed. Bladder, uterus, and appendages normal. No amyloid reaction in liver, spleen, kidneys, or intestines.

Remarks.—Pain; tumour in epigastrium; enlarged glands; vomiting; wasting. Insidious commencement of illness were symptoms which I believe justified me in making the best diagnosis I could—because the most probable—namely, carcinoma of stomach. It will be seen how wrong my inference from the symptoms proved to be. Yet in nine cases out of ten this would have been not merely the more probable, but the only safe interpretation, of the clinical facts. These subdiaphragmatic abscesses, with their fistulous passages, localised peritoneal thickenings, and final outbreak into stomach, lungs, or intestines, are rare events in disease, though several are scattered through the medical journals, *vide* one recently in *Brit. Med. Journal*, October 11, 1879, p. 575. Had I paid more heed to the history than I did, I might not have erred so widely. But histories which date back more than a few months I am cautiously sceptical about. Unless you know your patient's mental calibre, and can rely upon their capacity as well as their desire to tell you truth, distrust of their statements as to facts happening long ago may be advised, unless the facts themselves are of a striking impressive kind. Directly the symptom of lung gangrene manifested itself I recanted from my original views of the case. Gangrene of the lung is not a common complication of cancer, as I told my class.

Translations.

OPHTHALMOLOGICAL NOTES.

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

Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary.

On The Surgical Treatment of Detachment of the Retina.

By J. Hirschberg.

Analysed by Dr. G. Claeys, of Gaud.

Among 22,500 patients, the author has met with 113 cases of detachment of the retina; that is to say, about five per thousand. He has never, unfortunately, been in a position to prove a case of spontaneous cure; ameliorations even, of any duration, have been rarely observed by him. He has given up the practice of puncture of the retina, as recommended by A. von Græfe, as he has never obtained by it any satisfactory results. The drainage of the eye, as proposed by M. de Wecker, he also rejects, considering the continued presence of a foreign body in the eye to be both irrational and dangerous. In ten cases of detachment Hirschberg has punctured the sclerotic and obtained the following results:—

1. Extensive detachment, of three months' duration, of the inferior half of retina: puncture of sclerotic: complete cure, which has now lasted for a year.

2. Detachment of nine months' standing, patient an old man; extensive defection of field of vision: puncture of sclerotic; relative cure; momentary enlargement of field of vision; amelioration of visual acuteness.

3. Complete cure lasting for a month; relapse.

4. Puncture of the sclerotic was successful as to the detachment, and ameliorated the disturbances of visual functions; a relapse, however, occurred during patient's stay in hospital.

5. Complete cure of detachment of recent date; relapse with hæmorrhage after traumatism; spontaneous cure: fresh relapse.

6. Puncture of sclerotic re-established the retina, which had been during several months detached; traumatism—relapse, with diminution of visual functions.

7. Traumatic detachment of several months' duration, with progressive contraction of field of vision; puncture of sclerotic did not re-establish retina, but enlarged the field of vision.

8 and 9. Detachment in two cases of strongly pronounced myopia; operation, to a certain extent, profitable to both patients.

10. Operation too recent to admit of operator being yet able to pronounce a decided opinion as to results.

M. Hirschberg is of the opinion that puncture of the sclerotic is to be recommended in all cases of detachment. The general result is to procure amelioration; this may, it is true, be only temporary, but as the operation does not entail any inflammatory reaction, it may, in case of relapse, be again practised without inconvenience. In all cases it is necessary that after the operation the patient should maintain absolute immobility, and should remain in hospital for a period of from three to four weeks.

As to the most favourable moment for operating, the author considers that the best is from eight to ten weeks after the first appearance of detachment. He has learned, however, from experience, that puncture of the sclerotic may lead to most favourable results in cases of detachment of from two to three—or even of from six to nine—months' duration, the retina having not yet lost all irritability. Puncture of the sclerotic may also have a certain semeiological value in the diagnosis of tumour of the choroid, commencing by detachment of the retina. Experience alone can decide on the proper moment for repeating the operation in case of relapse.

On the Employment of Eserine in Cases of Glaucoma. (a)

Since the close of the year 1877 eserine has been used by M. Knapp in numerous cases of glaucoma. Most satisfactory results have been obtained by him in certain cases of acute glaucoma, but in some he has found that the administration of eserine was not only useless, but even harmful.

In cases of chronic glaucoma M. Knapp has never either observed or obtained satisfactory results; on the contrary, in one case, of which he gives us a full account, the employment of eserine has had a harmful effect. He has taken notes also of a case of absolute glaucoma in which it has remained completely inactive. As to the employment of eserine preparatory to iridectomy, the author, although he has frequently made use of it, and fully recognises its advantages, warns us that in one case the use of this myotic engendered congestion, true inflammation of the iris.

In cases of corneal fistula, in which the use of eserine has been so highly recommended, the author has found it but moderately successful.

Finally, M. Knapp, taking into consideration the series of cases of glaucoma treated by him with eserine, believes

(a) By Knapp.—*Archiv für Augen und Ohrenheilkunde*, v.—vii. Pp. 257.

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himself fully authorised in deducing from his personal experiments the following conclusions :—

The cure of acute glaucoma by the use of eserine is rare, and requires a considerable period of time ; its use, however, leads to temporary amelioration, which prepares the patient for iridectomy.

In cases of subacute glaucoma eserine is of doubtful utility.

In cases of chronic glaucoma, with or without the appearance of inflammatory symptoms, the action of the eserine is either null or harmful.

In cases of glaucoma occurring in a healthy eye during the closure of the other eye (on which iridectomy has been practised for glaucoma), eserine has no curative effect, that is to say, in those cases which have fallen under the notice of the author.

The instillation of eserine into the healthy eye for prophylactic purposes, when the other is attacked by glaucoma and awaiting iridectomy, has not been practised by M. Knapp, who considers, however, that this method may have its utility.

The danger of engendering iritis, and that also of provoking acute attacks, should be sufficient to warn us against the immoderate use of this powerful myotic. M. Knapp instils eserine only in those cases in which the eye on which he is about to operate has the following peculiarities, which might render the operation difficult :—Exceptional hardness of the globe, an exceptional pupil, and considerable diminution of the anterior chamber.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 5, 1879.

THE OPENING OF THE SCOTCH MEDICAL SCHOOLS.

WITH the exception of the Medical School of the University of Aberdeen, which opened on the 29th ult., the remaining Scotch schools were opened on the 28th, with the customary introductory addresses. It affords us pleasure to say that the various lecturers may fairly be complimented on the success which attended their forensic efforts, notwithstanding their conflict of opinion, and the inevitable operation of the "class-bias" in more than one instance. To this allusion will be made in the sequel. At the University of Aberdeen there was no special ceremony, and the only Professor who had a special opening address was Prof. W. D. Geddes, LL.D., who made a touching and deserved allusion to Mr. W. Jenkyns, who was recently massacred while secretary to the Cabul Embassy.

At the University of Edinburgh Professor Grainger Stewart indulged in his favourite apotheosis of the no doubt deservedly renowned school with which he is honourably associated. Claiming for it the honour of its antiquity, he pointed out the curious fact, in a medical point of view, elucidated by Mr. Fraser, in his report before the commission on the Argyll papers, that the office of coroner existed in various parts of Scotland in the fifteenth and sixteenth centuries ; and that an office then existed entitled that of principal physician within the isles of Scotland.(*a*) In 1681 the physicians of Edinburgh, who had long been aiming at incorporation, received from Charles II. a charter constituting them the Royal College. They knew unfortunately very little as to how the practitioners of those early times received their education. The surgeons learned their work by a system of apprenticeship, but their class education must have been very deficient. Although the teaching of anatomy was contemplated from the time of the incorporation of the surgeons, it must have been very inadequately performed, for in the year 1671 a skeleton of a Frenchman brought from Paris was regarded in Edinburgh as a very great curiosity ; and the fact that wealthy Scots sought to secure the services of foreign physicians ; that sometimes they went abroad in order to consult individual practitioners ; and that in one instance a rich Bishop of St. Andrew's called for consultation a physician from beyond the Alps—showed that the repute of native doctors was not then very high. In 1720 Dr. Andrew Sinclair, a graduate of Angers, Dr. John Rutherford, a graduate of Rheims, Dr. Plummer, a graduate of Leyden, and Dr. John Innes, a graduate of Padua, began, with the approval of the Town Council, to teach the theory and practice of medicine and chemistry in rooms connected with the old Hall of the College of Surgeons, and after a few years' work outside, the four teachers, upon their own petition, supported by the Royal College of Physicians, were admitted within the University as Professors. In 1728 the first steps were taken for the establishment of the Infirmary, and the arrangement was made whereby the apprentices of the surgeons and the students of physic should have the opportunity of observing the practice at

(*a*) As bearing on this, and the subsequent remarks of Professor Stewart, it may be noted that in the reign of James VI. two brothers of the name of Bethune were famous for the profession of physic in the islands of Islay and Mull. They were both educated in Spain, and were well versed in the Greek and Latin languages, but did not understand one word of English. The Islay physician held free lands of his Majesty as one of his physicians. He wrote a treatise on physic in Gaelic, and in the Gaelic character, with quotations from Hippocrates.—ED.

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the bed-side. The earliest development of clinical study must certainly be regarded as very crude; but in the year 1748 a better plan was introduced, Dr. John Rutherford, who was then Professor of the Practice of Physic, establishing a series of lectures. Soon a number of his colleagues were associated with him in the arduous work. It was an immense advantage, Dr. Stewart considered, that the students thus obtained the opportunity of seeing the practice, not of one professor, but of three or four. Dr. Stewart then entered into details as to the requirements of an hospital, and especially into those of the new infirmary about to be opened. He contended that longer attendance on the hospital wards was required by students, and that the period of study for the degree of Bachelor of Medicine should be extended to five years.

At the Extra-Mural School of Edinburgh the inaugural address was delivered by Dr. Batty Tuke. He fancifully portrayed the wonderment of the professors of 1850, should they be released from Hades for a brief space of time and be permitted to visit the clinical wards of the Royal Infirmary. Let them picture to themselves that Syme, who was wont to amputate a limb in the simplest fashion, surveying the Annandale of to-day performing the like office, shrouded in a halo of carbolic spray generated by a steam engine, laving himself, his assistants, and his instruments in mysterious lotions, suspending the limb to be removed from a gallows, and investing the stump in complicated dressings. When he reflected on the space which had been traversed by medical explorers during the last quarter of a century, he confessed he stood somewhat appalled at the future of the medical student. He stood appalled even at his present position when he reflected how very much more scientific knowledge he had to acquire than the student of thirty years ago; how little improvement had taken place in the direction of his education towards a proper understanding of the science of physics, by means of which the advances of medicine and surgery had mainly been made; and how heavily he was overweighted to acquire a vast amount of non-essential knowledge. Not only had the candidate for University honours to be a better physiologist, anatomist, and pathologist now, but a better botanist and naturalist. He had no hesitation in saying that the aspirant for University honours was unnecessarily weighted by being called upon to be a naturalist or a botanist at all. As regards both subjects, the medical student was sorely taxed in pocket; and what was far worse, in brain power. He wondered whether the world had any conception of what a pillar to science the medical student was. He was taxed in pocket to support the teaching of a subject such as botany, which was of great importance to the community at large, but which had not only no bearing on his professional usefulness, but was a bugbear of the early years of his studentship, and the means of robbing him of most important time. Their examination in physics required nothing more than a smattering of knowledge which could be ground up in a few weeks, or even days; whereas as regards botany and natural history, months were required and wasted. After noticing that year by year the student of medicine was becoming more heavily weighted in the essentials also, especially by reason of the necessity of attending so many extra classes, Dr. Tuke went on to argue that whilst every one should take a University degree who could spare the time and the money necessary to secure it, those who could not should content themselves with one or more of the licences of the various corporations which granted qualifications in medicine and surgery, for by taking a licence instead of a degree a man was more likely to gather in four years a practical knowledge of his profession than by forcing into the same time all the essential and non-essential subjects demanded by the University curriculum. He was exempted from botany, natural history, and to a certain extent from chemistry, having only to acquire in that subject such an amount of knowledge as was sufficient for practical purposes, and he would then be able to apply the time thus saved in bringing himself face to face with disease. The practical knowledge he spoke of was not to be obtained by merely walking the hospital; it was in the dispensary where they could acquire an insight into those minor complaints which formed the staple of everyday practice; and he would rather choose a man for an assistant who could show his dispensary book filled with the names of patients whom he had personally attended in the Cowgate, than the holder of a gold medal for natural hisrory, or for the largest herbarium collected within twenty miles of Edinburgh. Dr. Tuke finally advised the study of insanity, and inculcated the wholesome lesson which few, however, sufficiently appreciate, in its scientific bearing, that the student should study with a doubting mind, and never accept as ultimate the opinions and statements of their teachers.

Of the absolute justice of Dr. Tuke's animadversions against the non-essential subjects; the multiplication of classes, and the crowding of the whole still into the short space of four years, no doubt can be entertained, and it is one of the arguments in favour of the much-needed medical reform at present under consideration, that the farming of their chairs by the professors is a clamant abuse, which ought at once to be put down by the strong arm of the law. Courses are at present spun out, multiplied, and called into existence, for no obvious reason than one which will only be too patent to the most careless observer. In certain universities there are *three* courses of surgery, two or three of materia medica, two of midwifery, *three* of physiology, and *three* or more of anatomy! We affirm most unhesitatingly that, with the exception of the anatomy classes, the supernumerary classes in all the other subjects are excrescences which ought to be lopped off, in the interests of the students, and of the science which professors affect to have so much at heart. All the experiments in connection with physiology proper might be demonstrated in connection with the theoretical teaching, for, so far as the value of the great bulk of them is concerned, there underlies the weighty fallacy that it is *hopeless to expect physiological results from pathological conditions artificially induced*, and that a science so based can have no claim to be termed physiology, while, in point of fact, physiology has always followed in the wake of practical medicine, and has never yet preceded it.

We propose commenting upon the other addresses in our next.

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RESIDENCE ABROAD IN LUNG CONSOLIDATION.—II.

WHEN on examination of the chest an apex is found consolidated, it seems, as a rule, to be taken for granted that active mischief is a-foot. But is this really the case? Personally, we would feel warmly grateful to any observer who could tell us, in a great many cases, whether that consolidation has existed weeks, months, or years. The patient's real condition is not modified by the discovery of the consolidation; further than the influence the discovery exerts upon the future management of the case. Yet, ordinarily, the discovery is followed by hasty and excited action, as if acute illness were being encountered.

In a large number of cases the physician and the friends alike lose their heads; the occupation must be abandoned; the prospects in life, maybe after years of persistent toil, must be foregone; everything must be sacrificed; and the most acute mental misery occasioned, as well as monetary loss. For why? Because we are only slowly emancipating ourselves from the thraldom of Lænnec's views on tubercle. The dark shadow of his teaching overhangs the professional mind to a great extent, and the lay mind completely.

Once tubercle is established, and the patient is as certainly doomed as was Jephthah's daughter. That was the belief of the past. But what is tubercle? We have heard a physician say he would rather serve on the treadmill than be compelled to write an exhaustive treatise on the subject at the present time. When consolidation is established, it may last for years, without undergoing any active stage of change; and the only discomfort the patient experiences is from a want of breath on exertion, *i.e.*, so much lung is rendered functionally useless, and the only danger, often a remote one, is the risk of the part breaking down. There is no evidence of such a change setting in until moist râles are heard, and the temperature rises. The physician then having detected the consolidation—a very easy matter—has next to face a subject of infinite difficulty, viz., the aspect of the case.

It is not sufficient to jump to the conclusion that the condition is a recent one, imperatively demanding the complete overturning of the patient's existence. Such tumultuous action is neither creditable to our knowledge, nor advantageous to the patient. An exact calculation should be made as to the condition of the lung, the general state of the patient, and the family history; and this should precede the decision. The lung trouble may not dominate the whole subject so tyrannously as partial knowledge may suppose. Certainly a consolidated apex lowers the value of the life from an insurance point of view; but, if the researches of pathologists are to be credited, evidences of by past apicial mischief are commonly found in persons who have long survived any symptoms of lung-trouble; some of whom have reached a fair length of days without being conscious that there ever was anything abnormal in their chest. When a person with a consolidated apex begins to emaciate, either from night sweats, or diarrhœa, or indigestion, and if a woman, leucorrhœa, then this weak spot becomes a cause of anxiety. Just as in a regiment, when sent on a campaign, it is the weakest, the men who are diseased which break down first; so in the body when the organism is running down, then the injured structure is most likely to break down first. Defective nutrition, with the loss of blood-salts, is felt in the lowered tissue more than elsewhere; degeneration of the altered lung follows, and caseation reduces portions to a pulp; ulceration opens an air-tube, and the softened *débris* is expectorated, leaving a cavity. In the meantime the patient's life has been in most imminent danger. If the ulceration opens one of the pulmonary blood-vessels, probably the patient dies suddenly of hæmoptysis. At other times the patient dies of exhaustion; the result partly of a persisting high temperature, partly of the loss of blood-salts in the profuse night sweats.

Now let us seriously ask, Are we still in such outer darkness that we can only influence the lung condition and avert danger by sending the patient away from home and from England? Are the advantages to be derived therefrom sufficient to outweigh all other considerations? Does the discovery of a consolidated apex authorise exile, family sacrifices, often comparatively ruinous, and an upheaval of the patient's whole existence? Is it not possible that the cases which improve very markedly at Davos are just the cases which would have improved at home in a suitable locality and under judicious medical and hygienic treatment. Is there not a tendency towards regarding these health resorts as possessing powers so peculiar as to approach the miraculous? Consequently, a strong probability that cases which, nothing short of a miracle could cure, will be sent there—or order themselves there—to die in the delusive search after cure.

It is high time that a protest be made against the prevailing habit of ordering opulent patients away to foreign lands; if it were only on behalf of those unfortunate persons who, with lung disease, cannot afford to go abroad, and who are unnecessarily depressed thereby; who lose hope accordingly; and whose peace of mind is destroyed, and their prospects of life diminished, because they cannot reach those lands where they believe they could live and recover; but must stay at home and perish. Do those fashionable physicians who lightly order their wealthy patients abroad—in many cases because they wish a change, rather than any actual need—do they, in doing this, ever reflect on the poor consumptive lady's maid pining in a cheap lodging, whose remainder of life is embittered because she has not the means to reach those lands of which she has heard, or over-heard, so much; where phthisis cannot exist. Is it humane to extol so highly these far-away places? and, in doing so, to add to the sum total of human wretchedness in those who cannot reach them?

This is an aspect of the subject which we present to these physicians for their consideration.

LAST WEEK the French Anthropological Society received as a present from the venerable *savant*, Dr. Broca, two heads of Canaques, preserved in spirits of wine, and forwarded by a navy surgeon. One is that of Altai, the insurgent chief, and shows great intelligence and energy; and the other that of a medicine man.

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Notes on Current Topics.

The Anti-Vivisectionists at Peterborough Again.

A few months ago we commented on the utter defeat the anti-vivisectionist party suffered at the hands of Dr. Thomas J. Walker, of the above town. Smarting under this defeat, Mr. Cooke, the itinerant lecturer of one of the anti-vivisection societies, took with him as allies a Mr. Gilbert, a medical man advanced in years, and Dr. Lee, of Lambeth, who has made himself notorious for his fierce opposition to all advance in physiological knowledge. Of course the action of the Bishop of Peterborough in the House of Lords excited the divine's wrath, and the meeting was in one sense an attack on Dr. Magee. But Dr. Walker was ready for them again, and, armed with the Bluebook of the Parliamentary Committee on Vivisection. Mr. Cooke opened the discussion with the usual rashly confident statements in which the anti-vivisectionists so constantly indulge. The progress of ovariotomy under Mr. Spencer Wells was denied, of course. Then the venerable Mr. Gilbert stated that surgery had made no progress during the last forty years. We benevolently trust he meant to have said that he individually had made no progress in surgery the last forty years. Dr. Lee denounced vivisectors with his wonted sonorous eloquence, and Bishop Magee, by implication, for daring to say a word in their defence. Dr. Walker disposed of them in a most effective manner, which was thoroughly appreciated by the audience. He was followed by Dr. Fothergill, of London, who pointed out some of the most recent advances made in therapeutics by well-directed experimentation. Mr. Cooke replied, and in his reply spoke of frogs being boiled alive, but on Dr. Walker handing him the Blue-Book he could not find the passage he referred to, and naively remarked that he would look it up. This tickled the audience immensely, and one voice suggested that he might have looked it up before with advantage. Despite the most obvious bias on the part of the chairman, the show of hands was "three to one" in favour of the Vivisection Act being left as it now stands; and a petition to Parliament, deprecating the imposition of further restrictions on the practice of vivisection, was signed by the chairman on behalf of the meeting. Probably in the future these anti-vivisectionist agitators will turn their energies to places where they will have a less able and energetic antagonist than Dr. Walker to encounter. These mischievous persons may be beyond the reach of reason or argument, but perhaps they may still be affected by defeat.

Communication of Typhoid.

The question of the contagiousness of typhoid fever forms the subject of an article contributed to the *Nineteenth Century* by Dr. T. J. Maclagan. After detailing the ætiology and pathology of the disease, and pointing out the necessity for the extremest precautions in dealing with the excreta of typhoid patients, the author of the paper concludes that, "Using the word contagious in its proper sense of communicable by contact, and regarding the typhoid poison as a parasite, whose nidus is in the glands of the bowel, we are led to the conclusion that the disease to which it gives rise, though undoubtedly infectious, can scarcely be contagious." Some care is employed, in the course of the essay, to distinguish the different meanings attaching to the terms contagion and infection. Dr. Maclagan insists on the zymotic action of the disease germs; and throughout the paper—only a short one, which will repay perusal—lays down simple and easily-observed rules for the guidance of attendants on the sick.

Opening Ceremony at St. Bartholomew's.

On Monday last, St. Bartholomew's Hospital was visited by their Royal Hignesses the Prince and Princess of Wales, when certain recent additions to the Hospital College were formally opened. The new buildings comprise several class rooms, a library, museum, and physiological laboratory. We can heartily congratulate the professors of physiology on the acquisition of the last improvement; and we hail the evidence it presents of the growing importance attached to the teaching of physiology and physiological chemistry in our medical schools. Dr. Klein may well be proud of the facilities he now enjoys for imparting sound practical knowledge in the subject of his lectures, and we shall look to see much good work issue from the St. Bartholomew's centre. The library is a pretty and conveniently arranged room; but we cannot help thinking that too limited anticipations of its growth have been indulged in. A medical library, to be a good one, must necessarily be a large one; so many allied sciences claim relationship with medicine, that a collection of works, illustrating both the history and the present state of the science and art of medicine and surgery, must occupy a space that the new library of St. Bartholomew's cannot possibly afford. Apart from this want of forethought, however, the room provided is admirably suited to the purpose for which it is intended. Of the other portion of the new structure the arrangements are very complete, the comfort of students being secured by the addition of a well-arranged cloak-room, and an excellent lavatory.

The formal opening took place in the new museum—a light and roomy chamber, with two galleries running entirely round it. The audience, assembled by invitation, numbered some three hundred, and included a few prominent members of the profession. Among others, Sir James Paget and Sir George Burrows were received by the students in a manner that testified the hearty goodwill subsisting between these notable chiefs and the juniors. Sir Sydney Waterlow, the treasurer, delivered his speech, which consisted of a careful *résumé* of the history of the hospital, compiled and extracted from the introduction to the calendar issued each year. The original points were a feeling reference to the death of Mr. Callender, and the loss sustained thereby; and a short description of the arrangements under which ladies were trained in the building to become fit to undertake the higher nursing duties of sisters and matrons. His Royal Highness's reply contained a congratulation on the prosperous condition of things existing in the hospital and school, an expression of his and the Princess's satisfaction at being present on the occasion, a hope that matters might continue favourably, and grateful thanks for the reception accorded to himself and his consort. He concluded by declaring the new building duly opened.

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The Church and the Public Health.

THE long-continued and determined opposition of the Church to any mode of healthy recreation for the people on the day of rest; to anything approaching a people's Sunday; is at length yielding before the force of the assaults made on the bigotry and prejudice to which it has been chiefly due. It is gratifying to note that at the Croydon Conference of Churchmen, a resolution has been passed—after a fight, as may be imagined—approving of the Sunday opening of certain public institutions. It does seem incongruous that the profession which ought to be most nearly allied to the medical in its efforts to promote the bodily welfare of mankind, should, by its determined rejection of health-promoting schemes, so effectually bar the way of progress in this direction. With galleries, museums, reading rooms, and appropriate concerts at which to spend his leisure, the working man will naturally be less the slave of drink than he is now—driven to be so for mere comfort's sake; and hence, relieved from the punishment of his Sunday's orgie, he will feel the benefit during the week succeeding; and, as a result, he will be in every way a better member of society. In Manchester as many as four thousand people use the free libraries on Sunday. There is no reason why, with the advantages possessed in all large towns, the death and disease due to drink, and to a great extent due to Sunday drunkenness, should not be very largely diminished. In this assurance, then, it is pleasant to see the Church at last rejecting the misguided, beery, bigoted policy that has influenced it, bearing toward the movement for a healthy Sunday of intellectual recreation.

Discharged Lunatics.

OCCASIONALLY, it may almost be said frequently, cases occur in which life is lost through suicide committed by discharged patients of lunatic asylums. A death of this kind took place on Friday in Dublin. A lady who had been discharged as cured from an asylum, relapsing again into a condition of insanity, threw herself on to the ground from the roof of her husband's house. Falling a depth of forty feet, she died almost at once. The difficulty of accurately defining the actual mental state of a recently insane patient is undeniably very great. But the frequent accidents that result from the existence of this difficulty, render it highly important that some special attention should be devoted to the subject, if we are no longer to hear of these distressing accidents.

The Queen's University in Ireland.

A MEDICAL contemporary calls attention to the necessity that medical graduates of the Queen's University should register as members of convocation before the issue of a charter to the new university. By the University Education (Ireland) Act of last session all graduates who are members of the Convocation of the Queen's University at the date of the new charter, are, on complying with such conditions as the charter shall prescribe, to become members of convocation of the new university; whilst other graduates, in order to become members of convocation, must not only fulfil "the conditions," but possess "the qualifications" to be prescribed by the new charter. It is evident, therefore, that members of the existing convocation will be in a more favourable position than graduates as regards the convocation of the new university. At present all graduates of two years' standing are qualified to register, and can become life members of convocation on payment of one pound to the clerk of convocation.

Dublin Hospital Sunday.

THE annual collection is fixed for next Sunday, the 9th inst., and we earnestly trust that the occasion may be favourable for a liberal subsidy by the Dublin public towards this benevolent purpose. Last year the weather was unhappily most inclement on the day of collection, yet the amount subscribed was over average, which has already benefited the sick poor of Dublin and the surrounding country to the extent of upwards of £18,000, and this without diminishing the income derived by the hospitals from annual subscriptions. The amount of the collections has steadily increased, being in 1874 £3,306, in 1875 £3,619, in 1876 £3,873, in 1877 £4,107, and in 1878 £4,301. The reforms in the method of distribution of the Sunday fund which were decided upon by the managing council last year afford a reason for supporting it to those who had hitherto stood aloof because of the injustice and inequality of the system. There remains still much, very much to be done in the way of re-adjustment, before the subscribers can be satisfied that the public charity is honestly applied for the greatest benefit of the greatest number of sick poor, but we may hope that the Committee, having commenced to set their house in order in these respects, will persevere. This year the public may give with confident anticipation—next year they will require to be satisfied that something real and substantial has been done to correct the aberrations of hospital charity in Dublin.

A Nuisance in Chelsea.

WE have received a complaint from a resident in Chelsea of a very serious nuisance existing on a property owned by the Chelsea vestry. It is situated in the Lot's Road, and known as Lot's Road Wharf, where a refuse heap of an extremely offensive nature is lodged. The foul smells constantly emanating from the pile are of the most disagreeable kind, and cannot fail to exert an injurious influence on the surrounding atmosphere. The passengers from the embankment along the road rightly regard the continuance of the evil as a grave source of danger, even to themselves, and for those who are constantly subject to it the consequences must be still more injurious. This is no solitary instance, however, of the kind of abuse; and we deem it desirable, in the public interest, to draw attention to such violations of sanitary principles. In the present instance, it may be, the parish authorities are not directly responsible in the matter, but we doubt not that they will move in the direction of the abatement of the nuisance when it is brought to their notice.

Poor Miss Finch!

SOME modern novelists are fond of introducing medical cases to the reading public, and we believe the public like

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such food. Wilkie Collins is particularly distinguished for this *penchant*.

In "Poor Miss Finch" we have an excellent example of his skill. We have two medical cases, one of epilepsy cured by nitrate of silver, and one of operative surgery.

The case of "Poor Miss Finch" has been considered over-drawn, and it has been said that after so many years an operation—say of artificial pupil—was out of the question. Did Wilkie Collins borrow from medical history, or draw from the philosophical transactions?

There is a very singular case reported in one of the old numbers, by James Wardrop, F.R.C.S., of a lady born blind, who received sight at an advanced age by the formation of an artificial pupil, in which the accuracy of Collins's description of the after-effects of the operation is singularly confirmed.

The lady was 46, had been blind from birth. Mr. Wardrop made an artificial pupil.

In returning home from Mr. Wardrop's house, with the eye covered with a loose piece of silk, she noticed a hackney coach, and exclaimed, "What is that large thing passing by?".....

"In the course of the evening she requested her brother to show her his watch, which she narrowly surveyed close to the eye. She remarked there was a dark and light side. She then looked at the chain and seals; remarking that one of the seals was bright, which was the case. Next day she refused to look at the watch, observing that she was confused by the visible world thus opened for the first time for her."

"Poor Miss Finch's" doctor was more particular about his patient, keeping her in a darkened room.

Those who have read the novel—and if any of our readers have not, and should desire to pass a few pleasant hours, we would advise them to—will remember Miss Finch's instruction in sight, and her disappointment at not being able to tell the shape of things, or to measure distance, or to distinguish colours.

In Mr. Wardrop's case we have the same phenomena.

"On the third day she observed the doors on the opposite side of the street, but mistook *their colour*. On the sixth day she saw still better, but was bewildered, from not being able to combine *the senses of sight and touch*, feeling disappointed in not having the power of distinguishing at once by the eye those objects which she could so easily distinguish from one another by feeling them. She had almost everything to learn, for although she could distinguish one object from another, she could not by the newly acquired sense discover what any object was, nor could she form any idea of its distance from her. She was, however, highly delighted with her restored vision."

Wilkie Collins has most artistically and scientifically described a good medical case, and his medical observations are both truthful and based on fact.

The Universal Pharmacopœia.

Amongst the reports presented to the International Medical Congress, recently held in Amsterdam, was one by Professor Gille, of Brussels, from the International Commission nominated two years before at Geneva to deal with the subjects of uniformity in medicine and the construction of an universal Pharmacopœia. This report is epitomised in last *Pharmaceutical Journal*, and is interesting in several respects, and especially because it discloses something like an abandonment of the idea of an international Pharmacopœia in some pharmaceutical quarters. It will be remembered that the principles agreed to at the previous International Medical Congress, held at Geneva in 1877, as suitable for the basis on which to construct such a work, were closely in accord with those adopted at the last Pharmaceutical International Congress, held in St. Petersburg, in 1874. This fact was accordingly communicated to the St. Petersburg Pharmaceutical Society, to which body the carrying out of the decisions of the Pharmaceutical Congress appear to have been entrusted, through its President. This, however, led to no response. On the other hand, the St. Petersburg Society is said to have decided in March last to take no part in the next International Pharmaceutical Congress, which was to have been held this year in London, and in July, to have sent back to M. Mehu, without a word of explanation, the scheme for an universal Pharmacopœia elaborated by the Paris Society of Pharmacy, which had been referred to a committee of pharmacists to report upon. Under these circumstances, the present reporters think that it devolves upon the medical profession to take up the question of the universal Pharmacopœia, and to apply the stimulus necessary to arouse the flagging interest of pharmacists. The report proposes that the commission should be authorised to select a Government to which application should be made to open negotiations with other Governments, with a view to the nomination of an international commission to deal with the subject, utilising as far as possible the work already done. This commission, it is proposed, should commence its labours immediately after its nomination, and the members of it to report progress to their respective governments every two years, the subjects upon which they are not in accord being reserved for further investigation. The report and its recommendations were agreed to by the Medical Congress, and it was decided that the scheme of the Paris Society should be printed in the official proceedings of the meeting at Amsterdam. It was also decided to add to the members of the Geneva Commission, Messrs. Sayre, of New York; Dechambre, of Paris; Ernest Hart, of London; Warlomont, of Brussels; Goye, of Amsterdam; and Palasciano, of Naples.

Animal Vaccination in Holland.

Dr. Charles Drysdale describes in the *Times* his experiences of animal vaccination in Belgium. As member of the International Congress of the Medical Sciences held in Amsterdam, he visited the general hospital at the hour when vaccination from the calf was going on there. Dr. Crocq, of Brussels, Dr. Palasciano, of Naples, the eminent physician and deputy, who was the chief means of inducing the public authorities in Belgium, France, and Germany to adopt animal vaccine, &c., were present. The room was full of mothers, with their infants ready to be vaccinated direct from the calf, which reclined comfortably on a table, while the physician performed the little operation of transferring lymph from the animal direct to the arm of each infant. He says that three-fourths of all the vaccinations in Amsterdam are now per-

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formed direct from the calf in this way. In Belgium also the same practice is equally popular in Brussels, under the able direction of Dr. Warlomont.

That gentleman informed me at the Congress that he intends coming to London this winter to endeavour to make our public authorities take up the matter; and he would submit that they ought to do so. 1. Because in times when small-pox is epidemic, a quite unlimited supply of calf lymph can be obtained in about five days, while human lymph at such times is often quite insufficient. 2. Because when we, as he believes we have the right to do, force parents to vaccinate their children, we ought to give them the choice between human and animal vaccine. Vaccination, being the greatest triumph of hygienic science, should be made as popular as possible.

Coroners and their Victims.

THE unhappy general practitioner is thought by many gentlemen who occupy the coroner's seat to be a fair mark at which to direct uncalled-for and often grossly unjust condemnatory remarks. A case illustrating this agreeable propensity has recently occurred in Hull, where Dr. Ballinghall has been censured in the most undisguised manner by the jury; and this censure further endorsed by the coroner. The facts of the case are briefly these: Dr. Ballinghall, after a very hard day's work, was called to a case late at night, and with the most justifiable reasons he did not proceed to it until assistance was too late, and the patient beyond all hope of aid. The circumstances were such as entirely to exonerate the medical attendant from any real blame in the matter; but in spite of this he was branded by the intelligent twelve and their chief, for the time, in terms of most unmitigated reproof. We urge that the responsibilities of a coroner's position require that it should be filled by one able to discriminate nice questions of rule and conduct; and the necessity points to the fact that many of those now in possession are eminently unfitted in this respect to discharge the proper functions of the office. Dr. Ballinghall has our hearty sympathy.

Irish "Crowners" Law.

LAST WEEK some remains, supposed to be those of a child, were found in the ceiling of a house near Kilkenny. An inquest being held, two of the jurors expressed their doubt that the bones were human, and wished to have a medical opinion on that point but the Coroner objected, stating that there were persons present who were satisfied that they were human remains. The charge of the Coroner is reported in the local paper in the following terms:—"Gentlemen, you have heard the evidence; we cannot find by whom the child was left there, but it *was illegal and unlawful to find it there.* Neither can we learn was it alive or not, nor its sex. It must have been there a long time. I have drawn up the following verdict, which I think you will agree to, viz.—'That the remains were found illegally and unlawfully concealed by some person or persons to us unknown. From the size of the skull and bones we believe them to have been a full matured infant at its birth, from the years of decay unable to say whether male or female.'"

AT the Croydon Congress last week, Dr. Norman Kerr read a paper on "The Mortality from Alcohol and Preventive Mortality," in which he stated that he estimated the annual mortality through intemperance on drinks at 120,000, of whom 40,500 succumbed through indulgence, and the remainder through poverty, disease, accident, or violence arising from the indulgence of others.

THE late Mrs. Charlton, of Priory House, Dudley, whose death was announced last week, has by her will left the following magnificent bequests:—Guest Hospital, Dudley, £10,000; Dudley Dispensary, £1,000; Wolverhampton Orphanage, £1,000; Institution for the Deaf and Dumb, Asylum for the Blind, Eye and Ear Infirmary, Birmingham, and Asylum for Idiots, Knowle, £300 each.

AT a meeting of the Council of the Hospital Saturday Fund, held on Friday last, it was arranged that the distribution of the money collected this year should take place on the last Saturday in November, or the first Saturday in December. It was announced that the "Employers' Fund" was progressing favourably. In spite of the great depression in trade it is expected that the distribution will exceed that of any previous year.

WE understand that the late distinguished surgeon, Mr. Callender, whose obituary appeared in our last, was to have been present at the opening ceremony in connection with the Massachusetts Medical School, Boston, United States; but a telegram was received at the last moment that he was too ill to attend. This was about the middle of September, so that he must even then have been in grave danger.

CHOLERA is reported to be making terrible ravages in Japan. The epidemic made its appearance last April, and by the middle of August over 40,000 cases had proved fatal. Up to the end of September the number of victims is said to have reached 100,000. The Government has tried to arrest the progress of the epidemic, but unfortunately the quarantine regulations have been disregarded by foreign vessels, and the result is that the cholera is spreading in all directions.

DR. HUGHLINGS-JACKSON and Dr. Buzzard intend delivering a series of six clinical lectures alternately, each Thursday, from November 13 to December 18 inclusive, at the National Hospital for the Paralysed, Bloomsbury. The former will take "Diseases of the Brain" as his subject; the latter "Diseases of the Spinal Cord." The lectures will commence at 5 p.m., to which practitioners and senior students will be admitted free on presentation of visiting card.

ACCORDING to the Registrar-General's returns, the rates of mortality per 1,000 last week in the principal large towns were—Wolverhampton 15, Bristol 16, Portsmouth 16, Bradford 18, Glasgow 18, Edinburgh 19, Leicester 19, Norwich 20, Sheffield 20, Birmingham 20, Newcastle-upon-Tyne 21, Brighton 22, Plymouth 22, Hull 22, Nottingham 22, Leeds 22, Sunderland 22, London 23, Salford

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24, Oldham 25, Manchester 26, Liverpool 26, and Dublin 32.

THE death-rate from the seven principal zymotic diseases last week ranged from 0·0 and 0·7 in Wolverhampton and Plymouth, to 5·5 and 5·7 in Liverpool and Newcastle-upon-Tyne. Scarlet fever showed the largest proportional fatality in Bradford, Dublin, Manchester, Liverpool, Sunderland, and Newcastle-upon-Tyne. In Birmingham 5 deaths were referred to fever, and 2 to diphtheria. The deaths from measles were numerous in Liverpool and in Leeds. Small-pox caused 7 deaths in Dublin, 5 in London, and one in Birmingham.

IN the principal foreign cities the annual rates of mortality, according to the most recent weekly returns, were —in Calcutta 24, Bombay 34, Madras 43; Paris 24; Geneva 20; Brussels 23; Amsterdam 20, Rotterdam 20; The Hague 21; Copenhagen 27; Stockholm 21; Christiania 17; St. Petersburgh 31; Berlin 25, Hamburg 24, Dresden 23, Breslau 29, Munich 38, Vienna 23, Buda-Pesth 31; Rome 30, Naples 23, Turin 22; Alexandria 40; New York 24 per 1,000 of the various populations.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ST. ANDREWS.—MEDICAL OFFICER OF HEALTH.—At a special meeting of the general committee of the parochial board, held on the 25th ult., for the purpose of appointing a medical officer for the burgh, Mr. John Jamieson Kingask presiding, Dr. James A. Lyon, M.A., Edinburgh, was unanimously elected to the vacant office. There were eight applicants.

HEALTH OF EDINBURGH.—Dr. Littlejohn's report for the month ended 30th September last shows that there have been 297 deaths, giving a death-rate of 16·19 per 1,000. The deaths of the past quarter numbered 901, giving a death-rate of 16·37, a lower death-rate than any quarter during the past five years.

HEALTH OF GLASGOW.—The report by the medical officer for the fortnight ending the 18th ult. states that, during the fortnight preceding there were 379 deaths registered, as compared with 348 the fortnight preceding, representing a death-rate of 47 in place of 16, of 18 instead of 17 on our lower estimate of the population). The death-rate in the first week of the fortnight was 18; in the second 16. The number of deaths of persons aged below one year was 82, in place of 90; and of persons aged 60 years and upwards 55 in place of 52 as compared with the previous fortnight. The number of cases of fever registered was 82 in place of 72, viz., 66 of enteric fever, 10 of typhus, and 6 undefined. There were also 76 cases of scarlet fever, 59 of whooping-cough, 37 of measles, and 16 of diphtheria, which were the occasion of sanitary assistance and supervision in various ways. The numbers in the hospitals of the board have steadily increased during the last two months, until they are now nearly doubled.

THE UNIVERSITY OF GLASGOW. FACULTY OF MEDICINE.—The Winter Session of the Medical Faculty of this University was opened on the 28th ult. Professor Balfour, the newly-appointed Professor of Botany, delivered the introductory address in the lower hall of the museum. Principal Caird presided, and there was a full attendance of the members of the medical faculty. Professor Balfour was received with loud applause, and delivered an interesting and instructive address. He contrasted with much clearness the functions of plant and animal life. Referring to the agitation for medical reform, as became a newly-appointed professor, he viewed with alarm the contemplated changes. It was hard to conceive (and it will be equally hard for any other person to conceive) how the lowering of the standard of education to a minimum would tend to the better protection of the public, or how the exclusion from the curriculum of the study of those sciences which even the reformers designated the fundamental medical sciences would produce practitioners more fitted for the work of their profession. In concluding, Professor Balfour urged upon the students, at the outset of their career especially, a due attention to the natural history sciences.

OPENING OF THE EDINBURGH NEW ROYAL INFIRMARY.—The New Royal Infirmary for Edinburgh was formally opened on the 29th ult. by Lord Provost Boyd, in the presence of a large assemblage of contributors and members of the various public bodies. The cost of this building has been the large sum of £350,000, of which nearly £100,000 has been subscribed, the greater part of the remainder being supplied from the accumulated funds of the institution. This enormous increasing hospital accommodation, the growing debt on such institutions, the extent to which hospitals are taken advantage of by all classes of the community, and the incessant appeals to the public to maintain them, involve questions of serious import, not only to the medical profession, but to society at large.

A DINNER AFTER THE ANCIENTS.—At the annual dinner of one of Dr. Low's (High School) Latin classes, held in Messrs. Ferguson and Forrester's, Glasgow, on the 28th ult., the following was the bill of fare :—

CIBARIORUM TABELLA.
Clara sorbitio vegetabilis.
Sorbitio ostreorum.
Asellus et conditura ostreorum.
Apuae frixæ.
Ostrea coccisa frixa.
Segmina ovina.
Caro assa.
Meleagris et lingua.
Vegetabilia in varietate.
Fartum refertum uvis cum
Condimento flammante.
Fartum casei Parmensis.
Tosta segmina panis
Cum pisciculis.
Fartum glaciale.
Bellaria.

A.D.V. Kal. Novemb.

F. et F. Annonnæ Curatores.

Literary Notes and Gossip.

St. Luke, a journal which has been on the *tapis* for many months, has at last made its appearance as "a clerical, medical, and art review." Its leanings under the first of this descriptive heading, are extreme high churchism; under the second, decidedly lunatic; and under the third, not yet fully developed. We wish our contemporary every success, but think it would have a better chance of attaining it were its conductors to stick to one specialty.

* * *

THE new number of *Brain* is an excellent specimen of

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what journals taking up a special branch should be, though we fear the number on whom editors and publishers can rely for support in such ventures is not encouraging. *Brain* should be read by all who have sufficient brain power to grasp its valuable articles and original researches, and by all who desire to educate themselves up to this psychological point. Such a quartett of editorial talent as Bucknill, Crichton-Browne, Ferrier, and Hughlings-Jackson, is not often associated on one journal, and we should be glad to hear that their efforts were more liberally appreciated.

* * *

Recent numbers of the *Financial Record*, *Economist*, and *Railway Review*, contain a leader on the position of the medical profession in relation to insurance companies—life accident insurance. The position of a medical officer to an insurance company may be looked at under three heads: first, if referred to a first-class company; secondly, if referred to a second-class company; thirdly, if referred to a rotten company. There are a few of the first-class, a great number of the second, and a still greater number of the third. We are not called on to give names.

* * *

First-class companies have first-class men as their medical officers, second-class have second-class men, and third-class have men to suit their requirements, so that the duties and responsibilities are felt very much in proportion to the time, spirit, and position of the office with which each medical officer is connected. After this division of ours, we need not say one word about the well-meaning article of the *Financial Record*, *Economist*, and *Railway Review*. The profession are fully alive to the responsibilities in connection with life assurance, and full instruction is given to students on the subject, so that the suggestion of these journals is quite unnecessary.

* * *

We have been taking a cursory glance at the "New Dental Register," just issued under the auspices of the General Council of Medical Education and Registration, and can understand what an immensity of labour and anxiety the compilation of a first issue of such a work must be; and we can only congratulate the editor, Mr. Miller, upon the conclusion of his heavy task, and to add that everything officially affecting dentists or surgeons practising dentistry will be found therein, from the application to be registered, to every Act of Parliament relating directly or indirectly to dentists.

* * *

The Registrar of the General Medical Council certainly performs prodigies of literary work. Not content with his ordinary avocations, and in addition to the extra labour entailed this year in the production of a New Dental Register," he finds time to edit volumes of mathematical questions, with their solutions, which are certainly the reverse of child's-play. Among the contributors to these abstruse volumes, is our learned friend, Dr. Samuel Haughton, F.R.S., otherwise, medicine would be unrepresented, he being the single exception therein to prove the rule that "medicine is not an exact science" at present.

* * *

"Gray's Anatomy" made for itself a deserved reputation. It is a large and formidable volume for the student. We notice that a small compendium, called the "Pocket-Gray, or Anatomist's *Vade Mecum*," has just been produced, and we have pleasure in saying that it is one of the best little compilations we know of. It is small, well-printed, containing a very large quantity of matter, and as it can be easily slipped into a pocket, the student can have this friend with him to turn to, as he walks from home to hospital, and thus can "run and read."

* * *

We have just received a very pretentious work: "Hygiene and Public Health," edited by Dr. Brutz, so well-known in connection with "Ziemssen's Cyclopædia," and so *dear* to the subscribers. It is published by Wood and Co., New York; Sampson, Low, Marston, Searle, and Rivington, London. We hope in a few weeks to review it.

* * *

Dr. Æneas Munro, nothing daunted, has once more essayed in his new work, "Deaths in Childbed," writing in the English language. His last book, and obviously his first, "On Nursing," created a great deal of amusement in medical, and other polite circles. The countrymen of Hume and Dugald Stewart, were naturally enough led to hope, that a medical graduate of the University of Edinburgh would be, at all events, conversant with the grammar of the language spoken in these islands. A perusal of this book disappointed not a few of them. The honest opinion of an intelligent lady of our acquaintance, on looking over the pages of "Nursing the Sick," was that "it seemed the work of a foreigner, imperfectly acquainted with the English language." The book, if we mistake not, fully annotated, lies on the shelves of the "Faculty Hall Library," Glasgow, and it may beneficially be taken home by anyone in an atrabilious mood.

* * *

Midwifery practice is becoming rather a troublesome and onerous part of the general practitioner's work. Now there is an association on the *tapis* to prevent practitioners attending any confinement, if scarlatina, or any other zymotic affection be prevalent. What are the women to do? The ideal accoucheurs of the future, will have, before every confinement, to take a carbolic bath, to have a new suit in readiness for each case, to give up attending midwifery if he has a fever patient, and if attending, or likely to attend, a parturient, to refuse all other patients, to carry with him to all confinements a bag with all the instruments of precicision (advertised in Maw, Son, and Thompson's list of Gynæcological Curiosities), so that he may be prepared for any of the emergencies which occur in midwifery experience; to carbolise his patient's vagina before, during, and after, labour, and in fact to live in an antiseptic atmosphere. Thus we may have the process of parturition brought to such perfection that no deaths ever occur owing to infection, and the ideal practitioner of the future will be able to attend the Obstetrical Society, and boast *with truth*, "that he has never lost a patient."

* * *

Foreign degrees are still exciting a considerable degree of attention. There is evidently a desire amongst the profession for letters after their name. But it is not confined to medical practitioners. What a number of F.G.S., F.S.A., F.A.S., &c., &c., there are knocking about? What is the precise scientific value of a title which costs about a guinea a year, and for which there is no qualification required, but an introduction by a friend, and payment of the said guinea or guineas? In these so-called scientific societies, there is a blending of elements. The drones and the workers are classed together, and certainly the time has come for some of these societies, which have the right or power of conferring fellowships, to draw the line, and to put a stop to the custom of admitting anyone to their fellowships.

* * *

There is a class of men in England who are deserving of having some recognised titles. We allude to workers in original research, to the men who devote themselves to clear up the nature of some hidden or obscure point in connection, it may be, with plants, animals, or man; with geology, or some other subject. We know a number of such men, and we regret that such workers are simply herded together, it may be in a Geological Society, with a number of *dilettanti*, who know nothing whatever of the subject of geology. Our scientific societies must either draw the line, or the *original* workers must form a society of their own; admission to which should be strictly confined to men who have claims to be considered men of science, in virtue of what they have done, or are doing, in any department of science. There is, of course, the Royal Society. This excellent Society does not meet the want we allude to.

* * *

In our last "Literary Notes" we asked for curiosity sake some information as to the expenditure by those who uphold the non-alcoholic doctrines, on the literature of that body,—to wit, on the *Alliance News*.—Although delighted that "Teetotalers" support their views in so handsome and practical a manner, we think it will surprise a good many to hear that from October, 1878, to October, 1879, the enormous sum of £19,878 1s. 11d. was expended in the promotion of this cause in the shape of literature, lectures, tracts, office expenses, &c., leaving a balance in hand of £1,598.

* * *

It will be seen that the propagandism of Alliance principles is rather expensive. What is the result? Is it worth the expenditure? For ten years, taking a rough estimate,

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the organ of the Alliance and the agencies have cost about £20,000 a year, so that the drink traffic has caused another indirect expenditure of £200,000.

* * *

We wonder how much a certain popular lecturer has had of this? Rumour reaches us that, as much as £100 has been demanded by, and paid him, for a day's work; £50 being a not uncommon sum for disinterested services in this direction. Probably, both lecturers and agents would be sorry to find their occupation gone, but if the subscribers are satisfied, we must leave them in that happy state.

* * *

A wonderful work has lately been done by children's hands—a work which will, in all probability, gladden the hearts and help to lighten the sufferings of many little weary ones in the Children's Hospitals throughout the country. Early in the present year the proprietors of *Little Folks' Magazine* instituted a prize competition for coloured copies of the "Little Folks' Painting Book," the prominent feature of the scheme being that all the books were eventually to be distributed among the Children's Hospitals, as a Christmas present from the young artists. In response to this invitation, hands and brains have been very busy for six months past, and during the closing days of the competition the number of books received by the editor has, we understand, averaged as many as 500 *copies a day*, thus bringing up to *many thousands* the total number of Painting Books received, which will be available for distribution among Children's Hospitals. We are not informed in what manner the publishers, Messrs. Cassell, Petter, and Galpin, of London, propose distributing this immense number of hand-coloured picture books, but they will doubtless be glad to receive applications from members of the staff of Children's Hospitals throughout the Kingdom.

* * *

New Books and New Editions.—The following have been received for review since the publication of our last list, Oct. 15th:—"A Treatise on Chemistry," by Professors Roscoe and Schorlemmer, vol. ii., part 2. "An Atlas of Human Anatomy," by Mrs. Fenwick Miller. "St. George's Hospital Reports," vol. ix. "The Riviera," by E. J. Sparks, M.A., B.M. "Annals of Chemical Medicine," vol. i., by J. L. W. Thudichum, M.D. "Saint Thomas's Hospital Reports," New Series, vol. ix. "Syllabus of a Course of Lectures on Physiology," by J. Burdon Sanderson, M.D.

* * *

Pamphlets.—The following have been received since the publication of our last list, Oct. 15th:—"Report on the Pathological Histology of Epizootic Pleuro-pneumonia," by Chas. S. Roy, M.D. "Neurasthenia," by G. M. Beard, M.D. "Morbid Fear as a Symptom of Nervous Diseases," by G. M. Beard, M.D. "Annual Report on the Health of Kensington," by T. O. Dudfield, M.D. "The Functional Stage of Granular Kidney," by R. Saundley, M.D. "Otorrhœa, or Discharge from the Ears," by W. Douglas Hemming, F.R.C.S. "Overcrowding and Crime." "Observations and Comments on Certain Convulsive Disorders," by Hy. Day, M.D. "On the Electrical Excitability of the Skin," by Drs. Tschiriew and de Watteville. "Clinical Charts," by L. J. Hobson, M.B. "A Bird's-eye View of the Scientific Claims of Vivisection." "Water for Nothing," by S. Hibberd, F.R.H.S. "Sanitary Fallacies," by W. H. Corfield, M.D.

Correspondence.

HOW THE POOR-LAW MEDICAL OFFICERS OF IRELAND ARE TO LOOK FOR A REASONABLE SALARY FOR THEIR SERVICES?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the copy of the *Press* of the 22nd inst., I read, with some interest, the letter of your correspondent, "Scarlet Runner." In that letter he states that union amongst the poor-law medical officers is necessary (and here I agree with him), in order that we may be able to obtain reasonable remuneration for our services. As I don't think there is any chance of bringing about that union by the means "Scarlet Runner" suggests, would you kindly allow me to put before your readers the only method, which, to my mind, appears practical, and I hope the Council of the Irish Medical Association will give it their consideration. As soon as the time arrives for soliciting names of members to join this Association for the coming year, let the Secretary, instead of applying to each person individually, as heretofore, now apply to the workhouse medical officer of each union, to get *every medical man residing in that union* to become a member, on conditions of signing the following agreement, which should be sent, accompanying the application to become a member.

We, the undersigned, residing in ——— union, do hereby promise and agree not to undertake the performance of medical duties of any dispensary district from this forward for a salary under £250 per annum, exclusive of vaccination and registration fees, nor the duties of any workhouse hospital under a salary of £200 per annum, exclusive of salary as Consulting Medical Officers of Health.

Signed this.....day.....1879.

(Signature here).

I don't think there would be any difficulty in getting every poor-law medical man in Ireland to sign this, and subscribe at the same time, half a guinea to the Association. In case of big practitioners in cities, it would be unnecessary to get their signatures of course, but if they could be got to subscribe on those terms, so much the better, and from my experience of them, I must say that they are inclined to help their less fortunate brethren in every way they can. There is another class of medical men, those who are not long qualified, and who are waiting for appointments, home or foreign. The subscription may be an obstacle in their way, but the poor-law medical officers should get those to join at any cost, even pay the amount of the subscription for as many as reside in the union. I don't think their number would amount to one in every two unions.

To some of your readers, the salaries named in the agreement to be signed may appear large, but let any of your readers show me any body of public men, whose education costs so much time, trouble, and money, working for a smaller salary. The nearest body to the Poor-law medical officers in that respect, that I can see, are the inspectors of national schools. There education is not quite so expensive as ours; their duties may be a little more onerous, but certainly there is no comparison as regards disagreeableness and danger, and look at their salaries. They commence with £250 per annum, *exclusive* of *car hire;* their salaries are increased £10 a year for the first ten years, and £15 a year for the second ten years. Besides this, they have chances of promotion, which may give them a far larger salary in less time, although at the end of ten years' service they are receiving £350 per annum, and at the end of twenty, £500 for length of service alone. I think, then, that your readers will so far agree with me, that the sums mentioned above are rather below than above what are justly due to us.

If, after signing the agreement, any person should break through, and accept of dispensary or workhouse, at a lower salary, he should be immediately reported to the Secretary of the Irish Medical Association, who should summon a meeting of Council, the offender should then and there be ignominiously expelled, and the proceedings fully reported in all the local papers, and in addition, he should be blackballed and coldshouldered by the entire profession, as "Scarlet Runner" suggests.

The signatures and subscriptions obtained (and I say the signatures and subscriptions of every man in Ireland could be obtained if the Irish Medical Association set to work properly); the Irish Medical Association need not be running every second day with cap in one hand and a petition in the other, seeking for justice by instalments; they could then and there make *their own terms* for the unfortunate Poor-law medical officers, and they would also put the Association on something like a proper footing. They could then *suggest* to the Local Government Board the *propriety* of increasing our salaries; and if they refused, they could put their heads together, and try whether they could not be *compelled* to increase them. Until this, or something similar to it is done, let "Scarlet Runner," and every other "runner" hold their tongues, and let the Irish Poor-law medical officers remain as they are, game for any scoundrel who presents them with a medical relief ticket, unless they are dancing attendance on *his honour*, the hardest worked and worst paid public body in Europe. Until they unite by those means (and to my mind, this appears to be the only way of bringing about their union), let them remain as they are, with scarcely the means to support life, and certainly no earthly means of putting a

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shilling by for the rainy day; let them keep themselves in a position in which they dare not look crooked at any individual, from the smallest cow-boy committeeman to the biggest gun on the Local Government Board, and lastly, let them remain as they are, with little or no social standing, or, at least, certainly nothing near what their profession and education entitle them to.

I am, &c.,

ONE WHO RECEIVES LITTLE MONEY, AND LESS THANKS FOR HIS SERVICES.

TETANUS FOLLOWING THE ABUSE OF HYPODERMIC INJECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think the above title of the case reported in your last issue does not accurately express the nature and cause of the malady from which the patient died. I am of opinion that the neuralgia caused the tetanus, and that the morphia injections, so largely used, "staved off" for a considerable time the "evil day" from the poor patient, who finally gave in to the blood disorder, and the tetanus therefrom. I am led to believe this from my remembrance of a case of trismus in a young woman (rheumatic) which I treated successfully, five years ago, with hydrate of chloral, Fleming's tincture of aconite and bromide of potassium, and with chloroform inhalations. At the time I did not deem the case of sufficient importance to publish; but having very recently succeeded in saving a bad case of traumatic tetanus in an interesting little girl of nine years old by the same means, I intend shortly to collect my notes of the first case, and to publish both cases together with your permission in the columns of the *Medical Press*.

Yours, &c.,

J. O'FLANAGAN.

Houghton-le-Spring, Durham.
31st October, 1879.

[We shall be glad to receive these cases from our correspondent.—ED. M. P. & C.]

"WHAT DID DR. DAVID WILSON SAY?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In every country there are to be found in its records extraordinary cases of innocent persons being incarcerated in order to benefit certain interested parties, or for *secret state reasons*, and, whatever the gentlemen of the long robe may assert to the contrary, these instances of injustice are so numerous and glaring, that but little credence can be placed in their statements, and neither can we divest ourselves of the opinion that the ways of justice are past finding out, and that the technicalities of law are an incomprehensible jumble, so as to prevent truth coming to the front and shaming falsehood and deceit. Judges and barristers are but men, and are consequently liable to err, and, being so, it is no want of respect to those who dispense justice to observe that sometimes their decisions are of such a nature as to make one regard them in the same light as we regard the "unjust judge" in holy writ. We must, as thinking men, question the wisdom of these decisions when they are antagonistic to indisputable facts.

A few days ago a pamphlet was sent to me entitled "What did Dr. David Wilson say?" and as it contains the medical evidence which was suppressed during the trial of the Claimant anent the *peculiar malformation* of his penis, I cannot but help thinking that a few extracts from it will be exceedingly interesting to your readers, not only as establishing the fact of the identity of the Claimant, but as an anatomical curiosity deserving record in the pages of your widely-read journal.

"Has he a malformation?—He has a peculiar formation.

"What is that peculiar formation?—The penis retracts in a most unusual degree, so that on one occasion when he passed water, which had been retained for some hours at my express wish, the penis was absolutely out of view, and nothing whatever of it could be seen but the orifice from whence the stream issued. Yesterday I found the member more turgid, but I endeavoured to push it back towards the neck of the bladder with which it is continuous, and found it perfectly easy to push the whole member out of sight.

"Dr. Kenealy—Now my learned friend will cross-examine him, my lord.

"The Lord Chief Justice—Whatever the theory, still there is the fact?—There is the fact."

Further on we read—

"Mr. Hawkins—Am I to understand you, then, that was not so in passing water; the member was not at all protruding?—It was not protruded.

"Not at all?—Not at all.

"Did you ever meet with a case such as you described in the whole course of your experience?—I never have.

"Mr. Justice Lush—You never met with such a case before?—I never have.

"Mr. Hawkins—Did you ever examine anybody before?—I have seen, I should think, a few thousands of people, and examined them, and had to do with the passing of catheters, in very old men at times, whose virile parts are generally considerably contracted, but nothing like what I saw here."

The preceding establishes a fact. Sir A. Cockburn acknowledged it to be such, and this fact is in favour of the Claimant. It would be a most astounding thing for two men to be alike in this particular, and I do not believe another medical man has seen a similar case. I could give several more extracts, but my letter would be taking up too much space; and it may be that some of your readers will think it a bore, short as I have made it, after so long a decision of the case. If so, my excuse must be found in the fact that the pamphlet has only just appeared—at least, so far as my knowledge goes; and my love of the truth in spite of lawyers.

I am, Sir,

A FELLOW OF THE ROYAL COLLEGE OF SURGEONS.

[We have given space to the foregoing letter, lest by its refusal, we should be charged as the majority of journals have been, with "persecution" of the claimant. But we are not to be considered as entertaining any doubt as to the justice of Orton's sentence; and, considering that the testimony of Dr. David Wilson was so easy of corroboration, and that it was not effectively corroborated, we must conclude that any abnormality that may have existed was unimportant.—ED. M. P. & C.]

VACCINATION AND ITS SUPPOSED DANGERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At a time when the public mind is disturbed on the subject of vaccination, and public confidence sought to be shaken, it becomes, I think, the duty of every man practically acquainted with the matter, to give the result of his experience and his opinion in the calm and unprejudiced manner which the gravity of the subject demands. Until the question of vaccination is thus met, individual indignation will avail nothing, and medical evidence based on hearsay or book information becomes worse than useless—it is mischievous and unjustifiable. Now, that vaccination in itself is dangerous, or attended with the evil results laid to its charge, I entirely deny.

No reasonable person or competent judge would condemn any valuable operation, if followed by death, when performed on an unsuited case, or at an improper time; no one would condemn the use of opium and its various compounds, even if followed by a fatal result, because through the ignorance or carelessnes of the prescriber it was administered in a case where such treatment was inadmissible. Thus it is with vaccination; children are continually brought out of health from improper diet, with irritative fever from dentition, or imbibing the milk of a diseased or intemperate mother; no information given, or perhaps sought, on these important subjects, and with the lymph taken, perhaps from a child of whom nothing is known, and vaccinated from a vesicle at an improper time, when the lymph has become perhaps pus; is it to be wondered at that various diseases crop up, which, if this simple operation were carried out with the care and attention it deserves, would not follow so valuable a discovery? Do we not continually prescribe for children, for protracted and serious complaints, who have never been vaccinated, who if they had been, would have been exhibited to the public as martyrs to vaccine blood-poisoning. Now, in all this, which is in no way exaggerated, and far from unusual, can vac-

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cination be blamed, or should it be cried down, when after the trial of a century, it has been productive of incalculable benefits?

Solid and unmistakeable facts, the result of some years' experience, should alone be accepted as valuable and decisive on such a subject as this, and I base my statements upon the experience I have had for over thirty years as a public medical officer, which entitles, I think, my remarks to some consideration. During this period I have vaccinated and re-vaccinated over 9,400 cases, varying from the age of infancy to that of sixty, and in no one instance have I seen or known of any specific disease or symptoms arise from vaccination. This statement is the more valuable, because having completed thirty years of this period in Bray, I have been in a position of personally knowing and seeing what the results have been here.

Much of this work has been done before vaccination became compulsory upon the people, who, nevertheless, from the confidence placed in the operation, failed not to bring their children, which certainly would not have been the case, if all the evils we now have such clamour about had ever made their appearance. It is also, I think, most satisfactory to be able to state, that whilst several outbreaks of small-pox have occurred in various localities throughout Ireland, and in neighbouring districts, an epidemic of the disease has not, during this period, appeared in Bray, notwithstanding the uninterrupted intercourse existing with infected districts; the few cases which have occurred had not long been residing here, and were traceable to contagion received elsewhere. Now I think I may fairly claim on behalf of the value resulting from vaccination, that such an exemption in this populous district from so contagious a disease has resulted from the care and attention bestowed by other medical officers here, as well as by myself.

I have now before me the published official report of my friend, Dr. Abbott, during the seven years he acted as Chief Sanitary Commissioner in the Hyderabad districts, when nearly 300,000 successful cases of vaccination were performed under his superintendence, and he informs me "that he never saw or heard of any specific disease arising as the result of vaccination. In some cases inflammation appeared, such as would arise from any wound."

I would add a few words of advice to those who may be just commencing their duties as public vaccinators, and I congratulate them that the law has made it compulsory to have infants vaccinated at three months old. I never vaccinate until I am in every available manner satisfied as to the child's health, and that of both father and mother, which, from my knowledge of the people and their occupation, I do not find difficult. I never scar the arm, as I have often seen, and never make more than four short light incisions, and only in one place, and so avoid the severe inflammation and erysipelas often resulting. I never take lymph, except from an unmistakeably healthy child of known parents, and I take it on the seventh or early on the eighth day. I am careful as to the lancet used, and adhere to the square glass in preference to the tubes, by which I can effectually rub in the vaccine, and thus very seldom have to repeat the operation, whilst I secure a good mark.

I am sure, sir, the great importance connected with this subject, and its having been, very lately, so prominently brought before the public in two editorial articles by a Dublin journal, which has withheld the letter I offered for publication in reply, will plead as an excuse for making these few observations, which I do from a sense of duty, and with the hope that the matter will be more fully and more ably discussed by other members of the profession.

Yours, &c.,

THOS. L. WHISTLER, M.B. Trin. Coll. Dub., F.R.C.S.I.

[We would suggest that someone should supply an answer to the question whether any other virus than that of vaccinia can be or ever has been communicated by vaccination; and—if so—what the percentage of risk may be which any individual runs of being so infected? Is there really any conclusive evidence that a disease which did not already exist in the patient's system has ever been communicated along with the vaccine virus?—ED. M. P. & C.]

FOREIGN BODIES IN THE EAR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much interested in the case of foreign bodies in the ear, recorded by Dr. Rawson in your issue of to-day; and I shall be much obliged if you will kindly insert the following observations on the subject.

The profession cannot be too grateful for any suggestion that assists its members in the prevention and cure of disease, and aural surgery is one of the branches of the healing art that is most in want of such assistance; but while fully admitting with Dr. Rawson that "a hairpin is an exceedingly simple little instrument for extracting foreign bodies from the external auditory meatus" (provided always that the operation is performed under a full illumination of the part, and this cannot be unless the hairpin is previously bent at an angle, so that the operator's own fingers do not get in his light), I must beg with all respect to doubt its utility, and I hope sincerely that no medical man will attempt to use it until he has first of all adopted the following method, which is the usual plan of all aural surgeons now-a-days, and has, after repeated efforts, failed in the attempt. In case a man does adopt the hairpin, it cannot be too strongly insisted upon that the illumination, by means of concave mirrors or otherwise, must be so good that the end of the instrument is never for one moment lost sight of during the whole operation.

The correct procedure is—1st. See the foreign body.

2nd. Syringe it out with lukewarm water, using a syringe that throws in a small jet, in order that the water may be able to insert itself behind the foreign body, and pulling the auricle slightly backwards and upwards, in order to straighten the canal. Try this with the patient lying on his side or on his back, as well as in the upright position.

3rd. Leave the foreign body where it is. Patients have been killed by attempts to remove foreign bodies which were otherwise perfectly harmless.

There has hardly been an aural surgeon of any note for the last half-century who has not protested against the use of any means but the syringe for the removal of foreign bodies from the meatus, except in very exceptional circumstances, and with very marked precautions. I might almost cite names at random to justify this remark. Kramer, Gruber, Toynbee, Hinton, are all eloquent upon the subject. However, not to go out of Ireland, I fancy you will find in one of your back numbers that Dr. Jones, of Cork, has epitomised all that can be said on the subject into a quotation from Hinton, "*I believe it may be laid down as a rule, that whenever an instrument will succeed, syringing will also succeed; and that, when proper syringing will not succeed, all instruments are full of danger.*"

In conclusion, I would observe that you will find the hairpin mentioned in Field's little treatise, 1876, p. 15:—"I can affirm that in nearly every case in which a patient has been brought to me with a foreign body in the ear, mischief has been caused by some anxious friend using a hairpin."

It is in the hope of preventing my medical brethren from being classed among such anxious friends, that I have trespassed so long upon your valuable space.

Yours, &c.,

JOHN B. STORY,

Surgeon to St. Mark's Ophthalmic Hospital.

Oct. 29, 1879.

THE DUBLIN INTRODUCTORIES

Have been in course of delivery during the past week, and nearly concluded. At the Royal College of Surgeons, Dr. Rose, Professor of Midwifery. At the University School, Dr. MacAlister, the newly-elected Professor of Anatomy and Chirurgery, and at the Catholic University, Dr. Nixon inaugurated the session. The Meath Hospital Session was commenced with an admirable address on the microphytic diseases of the blood. At the Richmond, Dr. B. J. MacDowel, at the Ledwich School, Dr. Nixon, at the Adelaide Hospital, Dr. Barton, and at St. Vincent's, Dr. Quinlan, delivered the introductories.

The Carmichael College threw open its new building in

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a somewhat unfinished state, and signalised the occasion by an address from Dr. Gordon. We hope to give a brief *résumé* of each of these addresses in our next.

THE "College Club" of the Irish College of Surgeons had their annual dinner on Saturday last, which was made the occasion of a demonstration of welcome to Surgeon-Major Reynolds, V.C., who is at present in Dublin. Dr. Reynolds has already received the Honorary Fellowship of the Irish College of Physicians, and is to be made an LL.D. *hon. caus.* of the University of Dublin at the next commencements. The College of Surgeons is forbidden by its Charter to give its Hon. Fellowship, except for special eminence in the domain of Surgery, and could not, therefore, recognise in this way the heroic conduct of Dr. Reynolds at Rorke's Drift. The opportunity of the "Club" dinner was, therefore, availed of to entertain him fittingly. The President of the College, Dr. Mapother, held the chair, who was supported by Dr. McClintock, the Vice-President. The Albert Hall was crowded almost to inconvenience, and amongst the guests who accepted invitations were Lord O'Hagan, the Attorney-General Lord Massarene, the Lord Mayor, Mr. Gray, M.P., Mr. Brooks, M.P., Mr. Meldon, M.P., Dr. O'Leary, M.P., Mr. Rawlinson, C.B., the Director of the Catholic University, the Medical Commissioner of the Local General Board, Sir Robert Stewart, Sir George Owens, General Darby Griffiths, the President and Vice-President of the College of Physicians, and the leading members of the profession in Ireland. The name of Dr. Reynolds was associated with the toast of the guests, and he replied at length. The entertainment was diversified by a most excellent selection of music, and, on the whole, it may be pronounced a most successful gathering.

Medical News.

Royal College of Physicians of London.—The following gentlemen having undergone the required examination, were admitted members of this College on October 30th :—

Henderson, G. Courtenay, M.B. Lond., University College Hospital, London.
Smith, W. Wilberforce, M.D. Heidelberg, 2 Eastbourne Terrace, W.

The following were admitted Licentiates on October 30th :—

Ashby, Thomas Harry, M.B., Toronto, Cheltenham.
Ballance, Charles Alfred, Stanley House, Lower Clapton, E.
Bradford, Cordley, Smethwick, Birmingham.
Butler, Gamaliel Henry, Westminster Hospital, S.W.
Campbell, Robert Huntly, Gilling Rectory, York.
Delgado, Daniel Gelasio, 36 Palace Road, Lambeth, S.E.
Da Silva, Pascoal Manoel, Bombay, India.
Fischer, Carl, M.D., Würzburg, 62 Gower Street, W.C.
Fisher, Frederick Bazley, Queen's Road, Clapham Park, S.W.
Gofton, Joseph Edward, 22 Borough Road, North Shields.
Greenwood, F. Stowell, M.D., McGill, 149 Kennington Road, S.E.
Howell, Thomas Arthur Ives, Old Vicarage, Wandsworth, S.W.
Lithgow, Thomas George, Farnborough Station.
Robinson, George Somerville, 47 Claverton Terrace, S.W.
Sheild, Arthur Marmaduke, 88 Warwick Street, S.W.
Smith, Sydney, 54 Camden Road, N.W.
Weakley, Arthur, Forest Gate, E.
Wright, J. Wellington, M.D., McGill, 149 Kennington Road, S.E.

Royal College of Surgeons of England.—The following gentlemen were admitted Licentiates in Dental Surgery at a meeting of the Board of Examiners on October 28th :—

Davis, Harry, Kew.
Hammond, Gurnell Edward, Leinster Square.
Isard, William Alexander, Buenos Ayres.
Maggs, William Adolphus, Yeovil.
Major John Bernard, Penzance.

Faculty of Physicians and Surgeons of Glasgow.—The following gentlemen were admitted Licentiates of the Faculty during the October meetings of the Examiners :—

Brysen, Mungo, Glasgow.
Jones, Richard Thomas, L.S.A., Aberystwith
Morton, James C., Melbourne.
Ruddock, Thomas C., Heckmondwike.
Sutherland, Chas. J., L.R.C.P.Ed., South Shields.

Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.—The following gentlemen were admitted L.R.C.P.Ed. & L.F.P.S.Glas. at the October examinations in Glasgow :—

Andrews, Thomas M., Swansea.
Downes, Timothy C., Glasgow.
Holt, James, Newchurch.
Kelman, George, Glasgow.
Maconachie, James, Glasgow.
Nelis, William Francis, Glasgow.
Pullin, Frank B, Devon.
Stancer, Charles Ed., Glasgow.
Stilwell, Samuel D., M.D., Wigan.
Sutcliffe, Joseph, London.
Taylor, William, Durham.

Queen's University in Ireland.—The diploma in Midwifery was conferred on the following gentlemen during the October sittings of the Examiners :—

John Acheson, Henry K. Allport, James Barron, Robert Beattie, Henry Bingham, Thomas M. Corker, Joseph Crowley, W. E. Ashley Cummings, Samuel Dickey, Thomas Donovan, Hugh Greaney, John Hartnett, John Hosford, Gilbert Kirker, Henry M'Cormick, John M'Cormick, Samuel M. Malcomson, John Martin, Chas. A. Mitchell, Robert Mowbray, Myles William O'Reilly, Daniel Reardon, Thomas Simpson, John Smyth, William Smyth, Samuel Strahan, Alexander Suffern, Horace R. Townsend, T. Kennedy Wheeler, Sinclair White, David L. Williams, John Wilson.

The Pharmaceutical Society of Ireland.—The fourth annual meeting of this Society was held at the College of Physicians, Dublin, at 4 o'clock p.m., on October 6, Professor Tichborne, President, in the chair. Mr. Allen, jun., moved, in accordance with notice sent to the registrar a few days previously, that the voting papers of all members who had not paid their subscription for the preceding year be rejected, in accordance with rule 8. The President declined to put the motion—the effect of which, if carried, would be to reject the votes of the original members named in the Pharmacy Act; and he stated his opinion that those members were entitled to record their votes, and that the regulations relating to subscriptions applied to elected members only. If Mr. Allen, or any other member, thought his ruling was wrong, they could appeal to the Privy Council. The voting papers which had been returned, 57 in number, were laid on the table, and the President appointed Messrs. Bennett, Goodwin, and Minchin, as scrutineers, to count the votes. The statement of accounts showed a balance to credit of £81 in bank, and £307 in stock. The following were the votes obtained by each of the candidates: Aquilla Smith, M.D., 51; William Goulding, M.P., 34; John Thomas Holmes, 49; Sir George B. Owens, Kt., M.D., 43; Henry Bennett, 45; John Chilcott Charles Payne, 44; Henry Whitaker, M.R.C.S.E., 41. In addition Mr. Allen, jun., obtained 25 votes. The President hereupon declared the seven outgoing members of Council to have been re-elected. Professor Tichborne was re-elected President; Dr. Aquilla Smith, Vice-President; Mr. Hodgson, Treasurer; and Mr. Fennell, Registrar. The present Examiners, viz. :—In Latin, English, and Arithmetic, Dr. Collins; in Materia Medica and Botany, Dr. Walter G. Smith; in Pharmaceutical and General Chemistry, Mr. H. Draper; and in Practical Pharmacy, Dr. Robert Montgomery, were re-elected for one year. The meeting then proceeded to the consideration of—"The report of the Committee on the Pharmacy Act, Ireland, 1875." Amongst other changes it was resolved :—"That it is desirable that the Pharmaceutical Council should seek powers which will enable them to compel all persons who have their right to sell poisons preserved to them, to register their names." It was also resolved "That the Council be instructed to insert a clause to have an examination instituted for assistants to pharmaceutical chemists."

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,'

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"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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. W. D. HEMMING, F.R.C.S.—If possible in our next.

INQUIRER.—*St. Luke* is a new "Clerical, Medical, and Art Review," price threepence weekly. You will find it referred to in our "Literary Notes" column.

DR. KNAPP.—Many thanks for the information.

MR. CROFT.—You should send your neighbour a copy of "Medical Etiquette;" the shilling so expended would, if appreciated according to its merits, be "heaping coals of fire upon his head."

THE "WELL-READ SWINDLER."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I regret to see from your Correspondence columns that some eminent authors have been lately swindled by a literary sharper. If those gentlemen had read to any advantage a little book well known to schoolboys forty years ago—namely, "Æsop's Fables;" or had they remembered what happened in the second chapter of "Gil Blas"—the supper at the inn at Penaflor—my opinion is they would have been more "wide awake."

Yours, &c.,
A MEDICAL AUTHOR.

LUNG CONSOLIDATION AND FOREIGN HEALTH RESORTS.—We have received a number of letters referring to our last week's leader on "Residence Abroad in Lung Consolidation," which, owing to pressure on our space, we are compelled to hold over. We have evidently touched a blot in our present system.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Specimens: Solid Tumours of Ovaries, by Mr. C. J. Cullingworth; Parts from Tubal Gestation, by Dr. Godson. Papers: "On a New Method of Operation for Repair of the Female Perineum," by Mr. Lawson Tait; "On Expression of the Cord," by Dr. Matthews Duncan.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—You would oblige by informing me in your "Notices to Correspondents" what works would be the best to read on the following subjects for the membership of the College of Physicians—viz., comparative anatomy, histology, medical chemistry, principles of public health, and psychology.

Yours truly,
G. H. Y.

[There will not be an examination for membership of the King and Queen's College of Physicians before January, 1881, so that the text-books have not yet been arranged. As soon as they are we will publish their names.—ED.]

APPRECIATIVE.—It is at all times flattering to human vanity to be spoken well of and to be welcomed, and without egotism we hope we may lay claim to a fair share of this; we were, however, scarcely prepared to receive a letter from Dr. Warner, of Michigan, United States, stating that whilst travelling on the Continent this summer he came across a copy of the *Medical Press and Circular*, and was so impressed with its value and usefulness, that immediately on his return he determined to show his appreciation by asking us to place him on *the free list*, to mail him the journal regularly in future, and if we would further extend our kindness, he would like all the back numbers for this year that he might bind them. We feel flattered at our correspondent's desire to bind, but would suggest that he shows his appreciation in the more practical method adopted by so many of our readers in the States, of which the International Post Office Order authorities will be glad to furnish particulars.

THE "WELL-READ" SWINDLER.—In reference to the letter of "M.D.," which appeared in our last, Dr. H. D. Fowler, late Surgeon-Major of the 82nd Regiment, writes that his name has been made use of by the same man in an application for a loan to a brother officer.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I cut this from the *Manchester Guardian*, Oct. 11, embedded among the usual quack advertisements:—

MRS. C. MACKIE, Midwife and Ladies' Nurse-tender, Licentiate of King's and Queen's College of Physicians, Ireland, is open for Engagements, monthly or otherwise.—Apply to Colour Sergeant Mackie, 11th Regiment, Salford Barracks.

Can you inform me if the lady is a registered medical practitioner? If she is, and this is the way the profession is to be prostituted, the sooner the law is altered with respect to female practitioners the better.

I am, Sir, yours obediently,
A NON-ADVERTISING PRACTITIONER.

[Mrs. Mackie appears on the roll of "midwives and nurse-tenders" certified by the Irish College of Physicians; but she is not a "licentiate" in the usual acceptation of the word. We are not aware whether the College has any express regulation which forbids the use of the title of "licentiate" in this way. If not, we think it ought to have such a rule.—ED.]

VACANCIES.

Abbeyleix Union, Ballyroan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Nov. 18.

Ballieborough Union, Kingscourt Dispensary.—Medical Officer. Salary, £90, with fees, and £22 as Medical Officer of Health. Election, Nov. 11.

Dublin University.—Professorship of Zoology. Salary, £300.

Kent and Canterbury Hospital.—Assistant House Surgeon. Salary, £50, with board. Immediate application to the Secretary at the Hospital, Canterbury.

North Dublin Union Workhouse.—Medical Officer. Salary, £150.

Royal Free Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary on or before Nov. 26. (See Advt.)

Warwick County Lunatic Asylum.—Junior Assistant Medical Officer. Salary, £100, with board. Immediate application to the Medical Superintendent at Hatton, Warwick.

APPOINTMENTS.

BARR, T., M.D., F.F.P.S.G., Lecturer on Aural Surgery at Anderson's College, Glasgow.

CALDER, Mr. M., a Resident Surgical Assistant to the Royal Infirmary, Glasgow.

DICK, W., M.B., L.R.C.S.Ed., a Resident Medical Assistant to the Royal Infirmary, Glasgow.

HARKNESS, T., M.B., C.M., a Resident Surgical Assistant to the Royal Infirmary, Glasgow.

HOWLETT, E. H., M.R.C.S., L.R.C.P., Assistant Demonstrator of Anatomy at the London Hospital Medical College.

HYBONS, Mr. E. A., a Resident Medical Assistant to the Royal Infirmary, Glasgow.

JACKSON, Mr. W., a Resident Surgical Assistant to the Royal Infirmary, Glasgow.

JONES, Mr. J. H., a Resident Medical Assistant to the Royal Infirmary, Glasgow.

KERIGAN, L., L.R.C.S.I., Medical Officer, Medical Officer of Health, &c., for the Castletown Geoghegan Dispensary District of the Mullingar Union, co. Westmeath.

KRAUSS, Dr. A. (of Nuremberg), Resident Medical Officer to the German Hospital, Dalston.

MAAKAY, Mr. A., a Resident Surgical Assistant to the Royal Infirmary, Glasgow.

MACKEY, G. I., M.B., L.R.C.S.I., Medical Officer to Bishop Foy's School, Waterford.

MCLACHLAN, R., M.B., C.M., a Resident Surgical Assistant to the Royal Infirmary, Glasgow.

MCWATT, J., M.B., C.M., a Resident Medical Assistant to the Royal Infirmary, Glasgow.

MAPOTHER, E. D., M.D., F.R.C.S.I., Consulting Surgeon to St. Joseph's Hospital for Children, Dublin.

PATTERSON, J., M.B., L.R.C.S.I., Certifying Factory Surgeon for the District of Ramelton, co. Donegal.

QUINLAN, D., L.R.C.S.Ed., L.R.C.P.Ed., Medical Officer to the Ballyhooly Dispensary, Fermoy Union, and Medical Attendant to the Royal Irish Constabulary.

SIMON, E. M., B.A., M.B., M.R.C.P., Assistant Physician to the General Hospital, Birmingham.

WITHAM, Mr. A., a Resident Medical Assistant to the Royal Infirmary, Glasgow.

Births.

BAILEY.—On Oct. 30, at Hopesay, Salop, the wife of J. Battersby Bailey, M.D. Q.U.I., of a son.

CHETWOOD.—On Oct. 30, at 10 King Street, Finsbury, London, E.C., the wife of William Chetwood, M.R.C.S., of a daughter.

DAVIS.—On Oct. 28, Newport, co. Mayo, the wife of Hugh A. Davis, M.D., of a son.

JENINGS.—On Oct. 29, and 28 Rathmines Road, Dublin, the wife of Ulick A. Jenings, Surgeon-Major A.M.D., of a son.

KELLY.—On Oct. 26, at Mullingar, co. Westmeath, the wife of Joseph Dillon Kelly, L.R.C.S.I., of a son.

OLDMAN.—On Oct. 29, at Bletchingly, Surrey, the wife of C. E. Oldman, M.D. Cantab., of a son.

Marriages.

LODGE—DAVIS.—On Oct. 29, at St. Pancras Church, London, Thomas Arthur Lodge, Esq., of North Warnboro', to Alice, daughter of Dr. H. P. Davis, of 1 Euston Square London.

WHITELAW—SPENCE.—On Oct. 30, at Huntly, Wm. Whitelaw, M.D., of Cupar, to Isabella, third daughter of A. Spence, Esq., of Huntly, N.B.

Deaths.

BOWKER.—On Oct. 4, at Appleby-Magna, Robert Stanser Bowker M.R.C.S.E., aged 64.

COLLEDGE.—On Oct. 28, at Cheltenham, T. R. Colledge, M.D., F.R.S.Ed., aged 83, for 42 years Medical Missionary in China.

DAVIDSON.—On Oct. 31, at Shaftesbury House, Bayswater, W., Thos. Davidson, M.D., aged 77.

DONNELLY.—On Oct. 23, at Auburn, Malahide, co. Dublin, William Donnelly, Esq., C.B., late Registrar-General for Ireland, aged 75.

GOODDAY.—On Oct. 19, at Werter Road, Putney, Horatio Goodday, M.D., aged 72.

MASSINGHAM.—On Oct. 26, Joseph Ebenezer Massingham, M.R.C.S.E., of Green Street, Victoria Park, E., aged 63.

MOONEY.—On Oct. 21, Dungannon, co. Tyrone, David Mooney, M.D., aged 63.

PERRIN.—On Oct. 24, at Southampton, Alfred Charles Perrin, M.R.C.S., aged 27.

RUSSELL.—On Oct. 24, at Doncaster, William Cook Russell, F.R.C.S.E., aged 69.

WEIGHT.—On Oct. 20, at Wokingham, Berks, Ed. Weight, M.R.C.S.E., aged 74.

WRIGHT.—On Oct. 21, at Hounsfield Road, Sheffield, James F. Wright, L.S.A.L., aged 79.

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IRISH POOR-LAW INTELLIGENCE.

THE RESPONSIBILITIES OF IRISH SANITARY OFFICERS.

We published last we ek a report of proceedings of the Limerick urban sanitary authority, which recorded that Dr. Barry, the medical superintendent officer of health, had repeatedly recommended the purchase of a disinfecting chamber, which the authority had has often refused to buy. On this occasion one of the members—a person named Hastings—took occasion not only to state his own worthless opinion as to the remedy for zymotic disease, but to insult Dr. Barry in his absence, and threaten him with vengeance if he persisted in reporting the neglect of sanitation in the city.

The episode is worth notice as an illustration of the sort of persons entrusted with Irish sanitation, and the sort of humiliation and annoyance to which medical sanitary officers are subjected at the hands of their unmannerly and ignorant masters. Another example of the responsibility which those officers have to endure is found in the proceedings of the Parsonstown Guardians to Dr. Wallace. That gentleman in the discharge of his duty reported to the Registrar-General the existence of sanitary defects in his district. The Registrar-General prints his report in the appendix to the quarterly returns, and the Local Government Board sends the extract to the Parsonstown Guardians in order that they may exact condign punishment upon Dr. Wallace for having been insubordinate enough to smell the stenches and see the filth of that town. Thereupon the following letter is addressed to Dr. Wallace by the board of guardians :—

Sir,—I have been directed by the board of guardians to request that you will be so good as to furnish the guardians with an explanation of the statement made by you in a recent report to the Registrar-General, in which you, Dr. Wallace, Registrar of Births, &c., and Medical Officer of Health, Riverstown District, among other observations, wrote: "I have ceased to meddle with bad houses, and the other grave defects of my district, as I only get into hot water with the members of the sanitary authority by doing so."

The Local Government Board, in a communication dated 24th inst., have called the guardians' attention to this matter.

I am, sir, yours, &c.,
Henry Dally, Clerk of the Union.

Parsonstown Union, 28th October, 1879.

The following is Dr. Wallace's reply :—

TO THE CLERK OF THE PARSONSTOWN BOARD OF GUARDIANS.

Sir,—Referring to your communication of the 28th October, I beg to say that there is a space in the quarterly return which I make, as Registrar, for reports on the sanitary condition of my district, and I consider such reports as privileged communications.

I have no objection, however, to give my reasons for the statement I made. On the first occasion on which I called attention to the wretched condition of some cabins in the Ballea bog, and offered to point out how they might be improved, I have reason to believe that the question was asked "Does Dr. Wallace suppose the guardians are going to build houses for the poor?" On the last occasion of my reporting on the same subject, the member of the board who is best acquainted with the condition of these houses met me in the street, and endeavoured, in what seemed to me a very unseemly way, to force his opinion on me that these wretched hovels, composed of bog, mould, and straw, with floors in which the foot sinks, were fit habitations for human beings.

I believe I do the Sanitary Authority no wrong when I say that if I were to propose sanitary improvements in the district that would cost £50 or £100, it would meet with the most violent opposition; in fact, would not be listened to. I may add that I believe it is a fair conclusion from the recent decision of the board to reduce the sanitary salaries by one-half, and the discussion which took place at the time, that it is the opinion of a large majority of the board that the duties of the medical officer of health are perfectly unnecessary, and that if we were satisfied to take no pay the Sanitary Authority would be periectly satisfied that we should do no work. Taking all these facts into consideration, I think I am perfectly justified in making the observations I did, which just amounts to this, that the guardians are strongly opposed to any outlay on sanitary matters.

Yours, &c.,
Alex. Wallace.

29th October, 1879.

As we are not liable to be dismissed or snubbed either by the guardians or the Local Government Board, we can afford to speak plainly, and we assert that not only Dr. Wallace, but a great majority of the medical officers of health for Ireland, have "ceased to meddle" with "grave defects" within their districts for no other reason than they "only get into hot water for doing so;" and because they felt that they need expect little support or protection from the Local Government Board in the fearless discharge of their duty.

THE NEGLECTED LUNATICS (IRELAND) BILL.

We gave last week a full abstract of Lord O'Hagan's Bill, which was introduced into the House of Lords last year, and will, no doubt, be brought forward in the early days of next session. The first section of that Bill extends to Ireland the operation of the English law for the guardianship, examination and certifying of harmless

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lunatics. The sections of the English Lunacy Act thus applied to Ireland are as follows :—

66. Every pauper lunatic not in an asylum, or a hospital registered or a house licensed for the reception of lunatics, shall be visited once in every quarter of a year by the medical officer of or for the parish or union or district of a parish or union in which such lunatic is resident ; and such medical officer shall be paid the sum of two shillings and sixpence for each such quarterly visit to any pauper not being in a workhouse, which sum shall be paid by the same persons, and be charged to the same account as the relief of such pauper ; and within seven days after the end of every such quarter such medical officer shall prepare and sign a list according to the form in the schedule (E.) to this Act of all such lunatics, and shall state therein whether in the opinion of such medical officer all or any of such lunatics are or are not properly taken care of, and may or may not properly remain out of an asylum, and such medical officer shall within the time aforesaid deliver or send such list to the clerk to the guardians of such parish or union, and such clerk receiving any such list as aforesaid shall, within three days after, transfer the same to the Commissioners in Lunacy, and every such medical officer or clerk failing to comply with this enactment shall for every such offence forfeit any sum not exceeding twenty pounds nor under two pounds.

67. Every medical officer of a union who shall have knowledge that any pauper resident within the district of such medical officer, is or is deemed to be a lunatic, and a proper person to be sent to an asylum, shall within three days after obtaining such knowledge give notice thereof in writing to a relieving officer of such parish, and every relieving officer who shall have knowledge, either by such notice or otherwise, that any pauper resident in such parish is or is deemed to be a lunatic, and a proper person to be sent to an asylum, shall within three days after obtaining such knowledge give notice thereof to some justice of the county or borough within which such parish is situate ; and thereupon the said justice shall, by an order under his hand and seal, require such relieving officer to bring such pauper before him, or some other justice within three days from the time of such notice ; and the said justice before whom such pauper shall be brought shall call to his assistance a physician, surgeon, or apothecary, and examine such person ; and if such physician, surgeon, or apothecary shall sign a certificate with respect to such pauper, according to the form in schedule (F.) No. 3 to this Act annexed, and such justice be satisfied, upon view, or personal examination of such pauper or other proof, that such pauper is a lunatic, and a proper person to be taken charge of and detained under care and treatment, he shall, by an order under his hand direct such pauper to be received into such asylum as hereinafter mentioned, and such relieving officer shall immediately convey or cause the said lunatic to be conveyed to such asylum, and such lunatic shall be received and detained therein.

68. Every constable of any parish, and every relieving officer who shall have knowledge that any person wandering at large within such parish (whether or not such person be a pauper) is deemed to be a lunatic, shall immediately apprehend and take or cause such person to be apprehended and taken before a justice ; and every constable of any parish, and every relieving officer, who shall have knowledge that any person in such parish not a pauper and not wandering at large as aforesaid is deemed to be a lunatic, and is not under proper care and control, or is cruelly treated or neglected by any relative or other person having the care or charge of him, shall, within three days after obtaining such knowledge, give information thereof upon oath to a justice, and such justice shall, either himself visit and examine such person and make inquiry into the matters so appearing upon such information, or by an order under his hand and seal direct and authorise some physician, surgeon, or apotheaary to visit and examine such person, and make such inquiry, and to report in writing to such justice his opinion thereupon ; and in case that such person is a lunatic, and is not under proper care and control, or is cruelly treated or neglected, it shall be lawful for such justice to require any constable of the parish or place, or any relieving officer, to bring him before any two justices of the same county ; and the justice before whom any such person is brought shall call to his or their assistance a physician, surgeon, or apothecary, and shall examine such person, and make such inquiry relative to such person as he or they shall deem necessary ; and it shall be lawful for the said justice or justices, by an order under his or their hand and seal or hands and seals, to direct such person to be received into such asylum as hereinafter mentioned.

70. If any medical officer of any union omit for more than three days after obtaining knowledge of any pauper resident within his district, being or being deemed to be lunatic, and a proper person to be sent to an asylum, to give such notice thereof as is hereinbefore required ; such medical officer shall for every such offence forfeit any sum not exceeding ten pounds.

71. If any relieving officer, by this Act required to convey any person to any asylum, refuse or wilfully neglect to execute such order with all reasonable expedition, he shall for every such offence forfeit any sum not exceeding ten pounds.

72. Orders of justices, &c., may extend to authorise reception into hospitals or licensed houses, but lunatics to be always sent to asylums, if circumstances permit.

78. Pauper lunatics not to be received into any other than the county or borough asylum without endorsement of order by a visitor, provided always that no lunatic being a pauper shall be received under any order made by virtue of this Act into any asylum, other than an asylum belonging wholly or in part to the county or borough in which the parish or place from which such lunatic is sent, or the parish in which he is adjudged to be settled, is situate, except there be a subsisting contract for the reception of lunatics of such county or borough therein, or such borough otherwise contributes to such asylum, unless such order be endorsed by a visitor of such asylum ; and it shall not be compulsory on the superintendent of any registered hospital or the proprietor of any licensed house to receive any lunatic under any such order, except in pursuance of any subsisting contract.

81. Visitors may discharge a lunatic on the undertaking of a relative or friend ; where application is made to the committee of visitors of any asylum by any relative or friend of a pauper lunatic confined therein, requiring that he may be delivered over to the custody and care of such relative or friend, it shall be lawful for any two of the visitors aforesaid, if they think fit, and upon the undertaking in writing of such relative or friend to the satisfaction of such visitors that such lunatic shall be no longer chargeable to any union, parish, or county, and shall be properly taken care of, and shall be prevented from doing injury to himself or others, to discharge such lunatic.

It will be observed that the effect of these clauses is to provide—*a*. That all lunatics who are at large shall be periodically inspected by the dispensary medical officer, and returns of their condition made to the guardians, for which duty the officer is to receive a fee of 2s. 6d. a quarter.

b. That all medical officers, relieving officers, &c., shall be bound to give notice of the state of any person whom they may find to be insane, and that the person so reported shall be examined and certified in the same manner as dangerous lunatics are now dealt with. For the remuneration of the medical officer for performance of this duty the Bill provides in the same terms as the present Dangerous Lunatics Act.

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A SPECIMEN OF IRISH SANITATION.

NAAS UNION.

THE Local Government Board forwarded copy of a report on the sanitary condition of the town of Naas, which has been forwarded to them by Dr. Smyth, medical officer of Naas and Carragh.

(Copy.)

Appendix to Quarterly Report—Naas.

"The town of Naas still continues to be extremely deficient in proper sanitary arrangements. For many years and for many times in each year, the matter has been pressed on the attention of the sanitary board, and has been over and over again discussed in almost every detail. The sanitary authority have spent the past six years and have not yet arrived at any intelligent conclusion. At present they have it under consideration to establish a system of private cesspools at the rear of those houses provided with water-closets, and have seriously and formally asked the town commissioners whether this solution of the sanitary difficulty would not meet their approval. It is now nearly five years since the sewers of the town, or rather what passes for sewers, were opened up, carefully examined, and reported upon by the county surveyor. The disclosure then made was a truly shocking one, and disgraceful to a civilised community. Those drains, some of them of enormous capacity, were shown to be simply underground channels which had been converted into elongated cesspools; one of them actually had its gradient reversed—in other words it ran up a hill (a laugh), while the principal sewer in the main street is a vast *cul-de-sac*, from which nearly one hundred cartloads of sewage were removed.

"Regarding the other sanitary requirements of the town, matters are, if possible, in a more unsatisfactory and dangerous condition. There are between 300 and 400 houses in the town which have no latrines. In addition to these there are about fifty other houses still worse, because they have not only no latrines, but they have no rear accommodation at all, and the refuse from them must be deposited in the street. Indeed, I may state that the whole town presents a condition of sanitary neglect which imperatively calls for practical action."

Mr. Tracy—I don't see the town of Naas is kept so shockingly dirty at all.

Mr. Mansfield said from his experience of other country towns he thought Naas would compare favourably with any in Ireland.

Mr. de Burgh drafted a form of reply to the letter, which was adopted. It was to the effect that the guardians were most anxious to carry out a system of drainage for the town, and were doing everything in their power to expedite the matter.

THE SANITARY COMMISSION.

TO THE EDITOR OF THE "MORNING AND EVENING MAIL."

Dublin, October 14, 1879.

SIR,—The Sanitary Commissioners now sitting have stated that the inquiry will close next week.

I have been an attentive reader of the daily proceedings, and on a number of occasions have attended and listened to the evidence brought forward, but on no occasion that I am aware of has the name of any one of the sixteen medical officers of health for the city of Dublin, who are statutable officers, that is, officers imperative to the Public Health Act, independent, and not servants of the Public Health Committee, been mentioned either by Commissioners, Public Health Committee, or Sanitary Association. One, indeed, Dr. C. H. Moore, came forward and read a number of complaints of nuisances forwarded to him by persons suffering from them, but he was soon shut up and not a single pertinent question asked of him on any side.

Dr. Cameron, the superintendent medical officer of health, was examined, and as far as his evidence went it was very good, but he holds his office at the will and pleasure of the Public Health Committee, and is answerable to them alone.

On behalf of the citizens at large, therefore, I would ask you to use your influence to have the medical officers of health called and examined.

I do not press you to publish this letter, but I do ask you as a leader of public opinion to express in your columns a decided opinion that the officers who are depended on to do the sanitary work, and who ought to know something of the sanitary condition of the city, should not be altogether left in the background on this the only (probably) occasion when we shall have a chance of learning what are the causes of our excessive mortality, and what are the fittest steps to be taken by us towards reducing it.

For obvious reasons I can but sign myself,

Your obedient servant,

PHYSICIAN.

A DISREPUTABLE HOAX.

THE Local Government Board lately forwarded to the hon. secretary of the dispensary committee of Sligo a copy of a letter which they had received, purporting to be written by Dr. Palmer, complaining of Dr. Denning as being an inefficient and unqualified apothecary. Dr. Palmer, it appears, never wrote such a letter, and holds the very opposite opinion regarding Dr. Denning. The letter is, it seems, a forgery.

DISPENSARY ELECTION—THE CASTING VOTE.

THE Local Government Board have communicated to the Ballyroan dispensary committee their decision respecting the recent election of a medical officer for the district. At the recent election Mr. Pepper, who it is alleged was struck off the committee some time ago, attended and voted for Dr. Coyne. Mr. Pepper's vote made the numbers for the two candidates equal, and the chairman gave a casting vote for Dr. Coyne, whom he then declared to have been duly elected. The Local Government Board point out that the chairman has no casting vote, and that if Mr. Pepper is not a member of the committee there would appear to be a majority for the other candidate.

CARRICKMACROSS UNION.

SALARIES UNDER THE PUBLIC HEALTH ACT.

THE consideration of the letter received from the Local Government Board recently, in reference to the proposed reduction of the doctors' salaries under the Public Health Act, from what they had as sanitary officers, £15 to £10, was taken up.

Mr. Phelan said to take a practical view of the matter he didn't see how they could resist the L. G. B. They seem determined not to allow the reduction, and I think in order to prevent them carrying out their threat of increasing the salaries we should yield, but under protest.

The Chairman read that part of the letter in which they stated that should the guardians adhere to their resolution they would issue a sealed order fixing the salaries of the doctors at sums commensurate with the duties which they would now be called upon to perform.

Mr. Phelan—It's an open threat. They possess arbitrary power and they mean to use it. I have prepared a short reply to their letter and I will move that it be adopted.

Mr. Phelan then moved—

"That as the guardians have to submit to the arbitrary authority of the Local Government Board in this matter by their threat to increase the salaries, they do so under strong protest, which they desire publicly to record."

The motion was agreed to.

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QUARTERLY RETURN OF BIRTHS AND DEATHS.

DURING the quarter ended 30th September last, there were registered in the 799 registrars' districts in Ireland 32,918 births—a number equal to 24·6 in every 1,000 of the estimated population—and 20·423 deaths, representing an annual mortality of 15·2 per 1,000.

In England last quarter, the birth-rate represented was 34·4, and the mortality 16·4 per 1,000.

The birth-rate in Ireland was 0·1 under the average of the corresponding quarter of the five years 1874—78, the death-rate was 0·7 in excess of the average for the same period. The principal zymotic diseases caused fewer deaths than at the corresponding period of last year, the rate of mortality from these affections being 37·2 of the population, against 51·1 for the third quarter of 1878. The slight increase in the mortality from all causes may be mainly attributed to the continuance of the inclement weather, and possibly in some degree to the increase of poverty, as shown by the return of the number of persons receiving relief, which shows a considerable excess over the average.

BIRTHS.

The births during the quarter ended 30th September last amounted to 32,918—24·6 per 1,000 of the population. The average ratio of births registered during the corresponding quarter of the last five years was 24·7 per 1,000.

The highest county birth-rate is 30·9 per 1,000 for Dublin, and the lowest 20·5, for Fermanagh.

DEATHS.

The deaths registered during the quarter amount to 20,423, an annual ratio of 15·2 per 1,000 of the population, against an average rate of 14·5 for the corresponding quarter of the five years 1874—78.

The death-rate in Leinster was 17·4 per 1,000, in Munster 14·9, in Ulster 14·9, and in Connaught 13·1.

The county death-rates range from 11·6 per 1,000 in Sligo to 22·8 per 1,000 in Dublin. Between these rates the five highest are Carlow, 17·9; Armagh, 16·6; Westmeath, 16·4; Antrim, 16·3; and Waterford, 16·0; and the five lowest Fermanagh, 12·3; Donegal, Wicklow, and Longford, each 12·6; and Leitrim, 13·0 per 1,000.

HEALTH OF THE PEOPLE.

The public health has materially improved during the past quarter, as compared with the first two quarters of the present year, but nevertheless it cannot be considered very satisfactory, inasmuch as the death-rate is above the average, and severe epidemics have prevailed in some districts, for example:—Small-pox in Dublin and its suburbs, scarlatina in Cork, whooping-cough in Belfast, and measles in some portions of the South-Western division of Ireland.

During the same period the death-rate in England was 16·4, against an average of 20·2, showing a decrease of 3·8 upon the the average death-rate of England in the third quarter. In the second quarter of the present year the English death-rate was slightly below the average, and in spite of the extremely severe weather which prevailed during the first quarter it was but 1·1 above the average. In Ireland during the first quarter it was 3·2 above, in the second 1·9 above, and again, in the third (as already stated), 0·7 above the average. It would thus appear that during the present year the public health in Ireland has been becoming worse, while in the sister country it has been improving, an entirely unsatisfactory state of things, which cannot be accounted for by the weather, which was not more unfavourable in Ireland than that in England, or by the state of trade, which does not appear to have had as great an affect in Ireland as in England.

Special attention is directed to the Registrars' notes, to be found at pages 127-133. They contain much valuable information as to the sanitary condition of the country, and locally prevailing diseases. It would be well for those who take an interest in the welfare of the districts in which they reside to give special attention to the defects pointed out in the Registrars' notes. These notes possess a peculiar value, as they are furnished by gentlemen who occupy not only the position of Registrars, but also those of Dispensary Medical Officers and Medical Officers of Health, under the Public Health Acts, and who have, therefore, special opportunities of becoming acquainted with the sanitary defects and requirements of their respective districts.

Diseases.—The number of deaths returned by the Registrars as having resulted from the principal zymotic diseases* is 1,996, or 9·8 per cent. of the total deaths registered, and equal to 37·2 in every 100,000 of the population. This number is 740 under the deaths from the same causes in the corresponding quarter of 1878, and 265 under the average mortality for the third quarter of the three years 1876 to 1878.

Small-Pox.—The deaths from small-pox, which in the first quarter amounted to 334, and in the second quarter to 153, further diminished to 84 during the last quarter; all of these except 4 (1 in Belfast, 2 in Ballymena, and 1 in Loughrea), occurred in the province of Leinster; the greater number occurred in the county and city of Dublin, amounting to 72.

Measles.—The deaths from measles numbered only 104, being the smallest number registered in any quarter during the past two years. In the second quarter of this year the number was 183, or 79 more than in the past quarter; the number for the corresponding quarter of last year was 309.

Scarlet Fever.—This disease caused 309 deaths, as compared with 307 in the second quarter. This disease has been very prevalent in the City of Cork during the past quarter, the first cases having occurred towards the end of the preceding quarter. In Ulster the deaths from scarlatina numbered 75, as compared with 115 in the preceding quarter.

Diphtheria.—Only 48 deaths from this disease were registered during the quarter. These were very generally distributed through the country. There were 15 in the province of Leinster, 10 of which were in the county and city of Dublin, 5 within the Dublin Registration District. In Ulster there were 19 deaths from this disease, which were generally distributed through the province; four of these occurred in the Ballymena Union. There were 7 deaths from this disease in each of the provinces of Munster and Connaught.

Whooping-cough.—There were 375 deaths from this disease, as compared with 416 in the second quarter of this year, 521 in the third quarter of the year 1878, and 355 in the third quarter of the year 1877. It would thus appear that the epidemic of whooping-cough, which has prevailed in some parts of the country during the past year is abating.

Fever.—There were fewer deaths from fever in the past than in the preceding quarter, the numbers being 651 and 774 respectively. The deaths, however, were in excess of those of the corresponding quarters of 1877 and 1878, when they amounted to 620 and 621 respectively.

Diarrhœa.—There were only 417 deaths from diarrhœa registered during the quarter, being 291 lower than the number registered for the corresponding quarter of the year 1878. This slight prevalence of diarrhœa is mainly attributable to the low temperature and excessive rainfall which prevailed during the quarter.

Simple Cholera.—Only 8 deaths were referrible to this disease.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 12, 1879.

CONTENTS.

Original Communications.

PSYCHOLOGY AND THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the National Hospital for the Epileptic and Paralysed, and to the London Hospital.

(Continued from page 385.)

We must now consider the two terms Objective and Subjective. They are used variously in medical writings.

Sometimes the term subjective is used for psychical states, and the term objective for the correlative physical states. Under this use of the terms colour is subjective, the correlative discharge in the visual centres is objective.

Occasionally, however, the term subjective is used for a psychical state when the corresponding physical changes are centrally initiated, and the term objective for a psychical state when the corresponding changes in the centre are peripherally initiated. Under this use of the term when we think of colour (coloured thing) there is a subjective state; when we see a colour there is an objective state. This use of the two terms is out of harmony with the first-mentioned use of them, for colour is always a psychical state (a state of our minds), and there are always along with it nervous states. So that if the first use of the two terms is correct, we should say that in thinking of colour there is a subjective along with an objective state, and that in seeing a colour there are also the two correlative states. Indeed, it would almost seem to be held by some that when we think of a thing (ideation) there is a psychical change only, and that when we see it (perception) there is a physical change only. In each case there is both. The difference betwixt the two is only one of degree. The psychical state in the former is faint, in the latter vivid. The physical state during the former is a slight nervous discharge, in the latter a strong nervous discharge.

Obviously it matters not for the psychical nature of what goes on whether we are looking at blazing crimson, or have intense red "balls of fire" before our eyes at the onset of an epileptic or epileptiform seizure, or are thinking, however faintly and transitorily, of the least vivid red we saw years ago. There must be corresponding physical conditions, there must be nervous discharges of differing strength, during the three psychical states.

Let us take a medical observation. Some epileptics have at the onset of their paroxysms, a strong stench in the nose. This is often called a subjective sensation. If subjective be used as a term for psychical states, the expression is correct, except that it is tautological, for all sensations are psychical states. But the expression, subjective sensation of smell, is sometimes used in contrast to a smell initiated by some substance placed under the nose; the latter is then called an objective sensation of smell. But if objective applies to nervous states, the expression "objective sensation," is absurd. (*a*) Whether a smell arises during slight discharges in the nervous centre, as when we think of some odour, or during excessive central discharges in some cases of epilepsy, or from central changes roused by odorous particles striking on the olfactory periphery, it is still psychical, and in each case the smell is a different thing from the correlative discharges in the olfactory centre, a purely physical process which must occur in each case.

I hope no one will suppose that I imagine myself to be capable of declaring the right way in which these two venerable terms should be used. I am only about to state the way in which I shall use them. For the present I speak very briefly.

Much of what follows is hypothetical. I should not venture on the inquiry were it not that I think we must study delirium, epilepsy, &c., on a deeper basis. The hypothesis stated most generally is that mental states are

(*a*) In some of the cases of epilepsy in which the paroxysm is heralded in by a strong stench in the nose, there is loss of smell; as the patient puts it, he never smells anything outside him, but is worried by smells in his nose. It is just as some blind patients are worried by vivid colours. These cases are sometimes described as loss of objective sensation, with retention of subjective sensation of smell.

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always double, and double in a particular way to be indicated by the two terms I am about to define.

I use them both as psychical terms. A subjective state is one which is the psychical side of what is physically the influence of the environment on the organism. The fuller definition is to say that a subjective state is the psychical side, not only of the effect of the present environment on us, but of that in relation to the whole of what we are from past organisations of such effects, individually and racially. Subjective states are in their totality subject consciousness.

On the other hand, the term objective is used for the psychical side of the present reaction of the organism on the environment, and for that in relation to all possibilities of reaction, which we have organised individually and racially. Objective states are in their totality object consciousness.

The correspondence of the organism with the environment is duplex; the environment acts on the organism, and the organism reacts on the environment; "we," physically being all that has been organised during the two parts of the correspondence, racially and individually.

It is not meant, of course, that there is a case of simple and complete reflex action, but often of exceedingly compound and incomplete reflex action. It may be, for example, that the whole organism is engaged in those correspondences in which the highest nervous centres are ultimately concerned during discharge of which centres, will, memory, and emotion are displayed.

So, then, the two terms are not used as psychically corresponding to what are materially (1) organism and (2) environment, but as corresponding to (1) organism as affected by, and (2) organism as reacting on, the environment. As psychical states both are states of our minds; the two corresponding physical states are states of our bodies. The whole double process is in us—in our minds and in our bodies. How it is that we have got the notion of there being two separate things in relation, organism and environment, I do not inquire.

Nothing justifies us in using the term subjective at one time as a name for psychical states, and thus in contrast to states of the nervous system and rest of the organism, which latter states are then called objective; and at another time for mind, in contrast to the environment, which latter is then called objective.

The division just made is plainly too abrupt: there is no such absolute chopping in two. Let us approach the consideration of this admission by first trying to show what we do *not* mean by the two terms, subjective and objective.

The difference betwixt ideation and perception is not what we mean by the difference betwixt subjectivity and objectivity. Let us see how ideation and perception differ.

We said that the difference betwixt thinking of a thing, ideation, and seeing it, perception, is in faintness and vividness. But there is a further difference; in the former an image is feebly referred to the environment; in the latter strongly so referred. But in each case it is so referred, and is, therefore, objective. Whether I think of a ball, or see one, that ball is seen or thought of (ideally seen) in the environment, as not me; in the former there is a faint image, feebly referred to the environment, and in the latter a vivid image, strongly referred to the environment; so that both ideation and perception are objective; there is objectivisation in different degrees.

Of course, neither the faint nor the vivid image is in the material environment; it is in us as much as the pain of a pin-prick is in us. It is manifestly so of visual images in dreaming, and strikingly so of images occurring in delirium of the blind. A patient of mine, several years absolutely blind, becoming insane, would "see" people in front of her, and once took the poker to strike one of them. She referred some images to the environment, and by the same process as healthy people do. These images were in her. The so-called material environment starts in us the subjective process, which is followed by the objective process, and it is the images constituting the latter which we call the environment (each person's environment). What the so-called material environment is we know not. And when we think of any images the process is more obviously the same fundamentally, as in delirium; there is excitation of nervous arrangements representing experiencesof former actions of the so-called material environment on us. This is followed by excitations of other nervous arrangements corresponding to images referred to and constituting the environment which images are hallucinations, true forus, as the poor girl's were true for her. We can see only in the sense of having images that objects can provoke in us; the Esquimaux could not understand that glass was not ice; it was perceived as ice, because it could in them develope nothing else than that image. Why images in us are taken to be in, or to be part of, the environment I do not inquire. Let us look at the anatomico-physiological side of the difference betwixt ideation and perception.

Physiologically there is in each case a discharge of parts of the highest centres, but slight and strong, corresponding to faint and vivid images. This difference in strength of discharge of highest centres leads to a further difference. In perception the lower centres are engaged also, for in that case the discharge of the highest centres being strong, overcomes the resistance of these lower centres, and puts them in action, and ultimately peripheral parts. To return for a moment to the psychical side, ideation does not pass into perception by insensible degrees; insensible degrees are equivalent to no degrees; there would, indeed, be no such contrasted things as ideation and perception were this so. The resistance offered by the lower centres, to discharges beginning in the highest, is the physical side of effort, the basis of our knowledge of the difference betwixt ideation and perception. When it is not overcome there is ideation, when it is overcome ideation passes into perception.

The popular notion is that we see or perceive an object first and then think of it, or have an idea of it; we think of it first and then see it, or rather the image first rises up in us, and is then projected externally. A description of the correlative physical process is not an explanation of this external projection. Nor would it be an explanation if we were able to give all details of the physical process correctly.

So, then, we say that ideation and perception are doubly compound degrees of objective activity. Now for the subjective stage which precedes ideation, followed or not followed by perception.

Before I can have an image of, or think of, a ball, as in the environment, faintly or vividly, that image must have arisen in my mind. It is this prior process subconsciously preceding either ideation or perception, which is in this book to be called subjective. We have stated part of this in an earlier paragraph. Of course, the image referred to the environment is in all cases in, or is part of, our mind; but the image must first arise as a survival during the end of a conflict of many or of the whole of our already organised experiences before we can have it as in the environment. It is this image, or its similar, which is at once the end of the subjective and the beginning of the objective stage. Physically the changes (subjectively) are periphero-central, (objectively) centro-peripheral. This is re-stating that subjective activity corresponds to what is physically the effect of the environment on us, and that objective activity corresponds to what is physically the reaction of the organism on the environment. Periphero-central changes may be either strong discharges of centres, determined by something acting upon the related periphery, or slight central discharges of centres, which once were acted on by a related part of the periphery, and thus represent it. Centro-peripheral changes are strong discharges of centres which move parts of the periphery, or slight discharges which give the idea of its moving them, or give us results equivalent to moving them.

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Possibly the reader may hold that the prior process is not subconscious, but unconscious, *i.e.*, that there is prior nervous activivity which has no attendant consciousness, but that it leads to modifications of the sub-strata of object consciousness which are attended by consciousness. At all events, before any one sees an object, that object must have roused an image in him, and all he sees is what is aroused by that object in him.

There is no "faculty" of perception we cannot see or think of what we like; we only see images, or better, have images objectively of subjective origin—that is, which (1) presented objects rouse in us, or (2) images risen in us from a conflict of many past organised images. In both cases the subjective process is essentially one. The objective process, whether in the degree of perception or ideation, always comes last; the subjective process in either of its two degrees comes first. When, popularly, we say that an image comes into our mind spontaneously, we mean that, being alive, something is always going on in our nervous system, and correspondingly in our minds. The so-called spontaneous image is a survival of the fittest image of the moment during conflicting energisings of all nervous arrangements which have been already organised in us. It is evidently the same when the conflict is aroused by a presented object. There is a difference of degree in the subjective process as there is a difference of degree in the objective process. The faint subjective process, physically the centrally beginning change, is the so-called spontaneous survival, and is followed by ideation; the vivid subjective process, physically the periphero-central charge, is that initiated by a presented object, and is followed by ideation passing into perception. There is a subjective stage in one of two degrees ending in the survival of the fittest images before the objective stage of reference of those images to the environment in one of two degrees.

We seem to perceive an object without a prior stage because the earliest part of this prior stage is unconscious or sub-conscious. But it is plain that we could not perceive—or, let us use a stronger word, recognise—an object, unless we had always organised in us an image which that object could rouse *in us*, or rather, images of all degrees of resemblance to the one which, surviving, is, for us, what we call seeing the object in the environment.

(To be continued.)

PAUPERISM AND DRINK, WITH SOME REMARKS ON THE MEDICINAL VALUE OF ALCOHOLIC BEVERAGES AND THE MORTALITY FROM ALCOHOL IN WORKHOUSES.

By THOMAS M. DOLAN, F.R.C.S.Ed., L.R.C.P.E., &c.,
Medical Officer Halifax Union Infirmaries.

I.

The temperance question, or rather the propriety of using alcoholic preparations in workhouses, has repeatedly come before the board of guardians to whom I am medical officer, giving rise to very interesting discussions as to the value of alcohol as a medicine.

My attention has necessarily been attracted to the subject, not in consequence of the reports of these meetings, but from its scientific side, I have considered the question, in the hope of arriving at some satisfactory conclusions to guide my practice.

Personally, I have a predilection for temperance, or total abstinence, having practically tested, by my own personal experience, the possibility of preserving health and doing a very large amount of physical and brain work without any alcoholic stimulation. So far then I established one great point, that alcohol is not essential to one individual's health. Can I push my own experience to the conclusion, that because I individually can do without alcohol, *ergo* every other individual can do without it?

After mature consideration I do not consider such a deduction tenable. I have questioned and examined a number of patients and friends who were anxious to abandon the use of alcohol in every form, but by the test of their practical experience and my own practical observation of the effects of total abstinence on their health, I have found, that total abstinence would not suit their individual constitutions.

This experience singularly accords with the axiom of one of the great fathers of medicine, Hippocrates, who says, "Wine is a thing wonderfully well suited to man, if, in health as well as in sickness, it is administered in moderation and judiciously, according to the individual constitution."

I have, however, arrived at the following primary conclusions:—

1. The majority of people can dispense entirely with the use of alcohol in any form, without injury to health.

2. A large number can not dispense with it, moderation or temperance being the better course.

3. Children and young growing people do not require it, except under special conditions.

Having satisfied myself so far, and established a certain number of general principles, some other questions required solution, questions upon which there is the greatest diversity of opinion. As—

Is alcohol a medicine? Should it be discontinued in my hospital practice?

If medical opinion is of any value we must look to men who are acknowledged leaders in the profession for its rational exposition. But here at once I am met by a difficulty.

What guidance can be derived from such contradictory teachings, for on the one hand I find Dr. Richardson with a number of able men, condemning alcohol *in toto*, whilst on the other hand there is an opposing camp, composed of men equally able, conscientious, and impartial, in favour of alcohol as a medicament. I have but to turn to the pages of the *Contemporary Review* for proof, for there may be found a series of inharmonious utterances, emanating from physicians and surgeons who have made a mark in the medical world.

A brief synopsis of the argument of each paper will clearly prove, that the searcher after Truth cannot derive much assistance from this source.

Sir J. Paget advocates the moderate habitual use of alcohol as certainly pleasant, and probably useful. Of moderate drinking, he thinks the balance of medical and of popular feeling favours it, and that neither statistics, nor physiological or pathological researches, have proven it injurious. He doubts the inherited evils which are propagated and handed down from drinking ancestors, and finds no proof of it in comparisons of different nations.

Dr. T. Lauder Brunton discusses how and when alcohol may be of value. He thinks that to a small class it may be a poison, and to a still smaller number it may cause mania. Another class is exhilarated, markedly so, and to such persons the risk is great. Most persons do not need alcohol, and are better without it; but late in life it is excellent, and acts often as food, and as a stimulant.

As a food, it is one which sometimes interferes with the oxydation of other foods in the body, while it is being itself decomposed, and as a food it is only adapted to febrile conditions. As a stimulant alcohol is often useful to tide over a severe crisis, but its best effect is in rousing the system at the close of an exhausting work.

Dr. Albert J. Bernays describes with great minuteness the causes and extenuating circumstances of intemperance. He thinks the water, the adulterations of beer, the bad atmosphere, and the variations in the strength of alcohol, are most common causes. Beer is considered the safest kind of alcohol, and wine the next best. Teetotalism, in his opinion, is no remedy for intemperance; we must secure it by other means.

Dr. Walter Moxon is also opposed to total abstinence. After a long argument to show why men drink, he defines it both a blessing and a curse, and thinks certain temperaments are more susceptible to alcohol than others.

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Dr. S. Wilkes defines alcohol to be a narcotic, and not a stimulant. He shows how its use has become so general over the country; that its value is chiefly that of lessening pain and suffering, the same as opium, or other narcotics.

Sir William Gull is confident that in disease and debility it is useful, and also in over-work. But the constant use of alcohol is dangerous, and should be avoided. Short of drunkenness, alcohol is the most dangerous agent in the country.

Dr. C. Murchison doubts if alcohol has any value in health; but in some kinds of disease and debility it may be very beneficial. He makes a special point of arguing that it should not be used on an empty stomach.

Dr. James Risdon Bennett urges the temperate use of alcohol as both a food and a medicine. He is confident that physicians have investigated the facts very thoroughly and that a middle-aged man may safely use it in moderation, but children and young people must abstain. As a medicine it is invaluable, in his opinion.

Dr. C. B. Radcliffe believes that alcohol is both a sedative and stimulant, and as important as opium or quinine in medicine. He urges that it is a cheap food to be used by all classes in moderation. Drunkenness is the exception to the rule. Moderation must be learnt by each one for himself.

Dr. Joseph Kidd would have all men educated to restrain their animal passions, and thus indicate how far alcohol could be safely used. In large doses it is a poison; in small doses it may be a food. If it was studied on a scientific basis, and minute directions given as to its use, little danger would follow.

Mr. R. Brudenell Carter relates his own experience in favour of alcohol. He calls teetotalism a delusion, and believes the disasters from alcohol originate from impurities. The more pure, the less liable to be taken in excess. The palate will not lead the man astray if it is properly gratified.

Dr. A. B. Garrod urges that alcohol be taken largely diluted in water, and only at meals. That it is of great advantage, both medicinally and otherwise, if taken properly.

I might quote *ad libitum* from other sources, but it would only tend to heighten the difficulty, for a moderate-sized volume might be compiled, in reference to the action of alcohol on the body, filled with opinions the most opposite.

Continental writers of acknowledged eminence have thrown in their weight on the side of alcohol as a medicine; and I need only allude to Bouchardat, Pasteur, Gay-Lussac, Duprè, Beaumetz (France), Professor Polli (Milan), P. Semola (Naples), and P. Binz (Bonn), as exponents of the belief that wine is both beneficial and a powerful medicinal agent.

I may add one quotation from Dr. Prosper de Pietra Santa, director of the *Journal of Hygiene and Climatology*, (France), who thus sums up his opinions:—"When we see a vine meandering over a cottage wall, framing the windows in its green wreaths, perfuming the air with its flowers, distilling wine from its wild aromatic juice, for the man who works, for the old man who rests, we feel full of admiration for this graceful plant; indeed, no other plays so weighty a part for good or evil in the life of humanity. So powerful for evil as to become the executioner of reason and the corrupter of morals; so powerful for good as to shed joy upon the thorny path of life, to prolong the days of some precious existence. It forms an integral part of the history of humanity, and its fertilising influence runs through the scale, from the hymn to the orgy, from generous enthusiasm to prostration, from the songs which waken a nation to the *delirium tremens* which decimates a whole generation. Blessings and curses which inspired St. John Chrysostom with these poetical words—

'Wine is the work of God,
Drunkenness is the work of the Devil.'"

The individual who attaches weight to names, must be sorely perplexed by this array of conflicting testimony, for when he places in the balance, the name of Dr. Richardson, he can oppose to it another name of equal importance, and similarly with other leaders of the temperance movement. Nay, more, I consider it must be admitted that if names (*a*) are any criterion, there is a preponderating weight on the side of those who advocate the judicious use of alcohol as a medicine.

But names have not had much weight with me in forming my estimate of the value of alcohol; and though I have adopted and carried out for years, the principles laid down by Professor Miller, of Edinburgh, it was not his name which attracted my adhesion. His logical and consistent reasoning, his clear and lucid exposition of the general question, his calm and dispassionate advocacy, his striking and stern facts, joined to his lucid classification of the various actions of alcohol, carried conviction to my mind.

Though new theories, as those of Anstie and Duprè, supported by experiments, have been advanced in opposition to those of Lallemand and Perrin, whose views were supported by Miller, yet his general principles are unshaken; and since the alcohol question has been on the *tapis*, there have been very few new ideas announced, or fresh facts adduced, to supplement those contained in his work.

Successive writers have gone over the ground quartered by Miller, and have repeated him, though they have altered the form of expression, and clothed in other language, probably unconsciously, his ideas.

In "Alcohol, its Place and Power," we have a text-book in which alcohol is classified, both rationally and scientifically, and a proper place and power are assigned to it as a food, as a poison, as a luxury, and as a medicine. Published by the Scottish Temperance League in 1861, nearly 36,000 copies have been circulated, but yet it does not seem to have reached the hearts and minds of the profession, for if it had, I do not think we would have required the declaration of "270 of the leading physicians of Great Britain," nor would we have been treated to the symposium of the *Contemporary Review*, for we would have had a universal concensus of medical opinion, based upon rational principles.

Though, as I have said, later theories and experiments are opposed to Miller's view, that alcohol is not a food, yet he seems to have grasped its practical value as an indirect agent, not in building up tissues, but in preventing waste, and also to have foreshadowed modern views as to its paralysing and stimulating influences.

There is yet a diversity of opinion as to the true action of alcohol, though it would seem that the more favourite views are that, in large doses, it acts as a narcotic or de-depressant, whilst in small doses, and in the first stage of its action, it is a true stimulant, conducing to the activity of nerve force, and to the sustentation of the system under exhaustion or feebleness, as a food-medicine, views which are disputed by Dr. Richardson, and other able leaders on the total abstinence side.

Whatever theory may be true, I have practically tested its value, and I am compelled, by the force of experience, to include it in the list of my therapeutical agents; and more particularly in workhouse practice, do I believe it be an agent of indisputable power, when used judiciously, and on the lines laid down by Miller.

It cannot be denied that it is largely used without necessity, as a placebo, and as a reward for extra labour imposed upon the inmates of poorhouses, but this fact does not invalidate its proper use and power, or form an argument for its entire banishment from our poorhouse infirmaries.

The granting of beer to able-bodied paupers must be looked upon not as a necessity, but as an expedient, to extract, both an extra quantity of work, and a more efficient performance of it, from unwilling hands, and it therefore comes under the head of economic administration and

(*a*) See Dr. Norman Kerr, "The Medical History of the Temperance Movement."

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management. One half-pint of beer will not intoxicate, neither is it required; but the question arises, will a certain amount of work be done as satisfactorily without it, or will its denial lead to the necessary engagement of a larger staff of officers to ensure the performance of work, which might be done by unpaid labourers, for the cost of a half-pint of beer? This is a subject for the guardians' own consideration, and might be tested in a simple and effectual manner, by closing the tap.

(To be continued.)

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY.

AMONGST the patients whose cases came to a conclusion during the month of October, were the following:—

Vesical Calculus.—Lithotrity.—A white-haired man, æt. 68, was admitted in a miserable condition, from constant and severe suffering. He required to micturate every few minutes; passing urine alkaline, very offensive, and with large muco-purulent deposits. The sound at once struck the stone, and also indicated the bladder to be extensively columnar. Examination was intensely painful. Four "sittings" were practised, at intervals of three, three, and ten days. At each of the three first sittings large quantities of a soft mortar-like stone were removed by means of a succession of lithotrites; but little *débris* could be voided by the patient in any position, or evacuated by the Clover apparatus. The last sitting became necessary in consequence of a small fragment which had heretofore eluded detection. A concurrent constitutional treatment was carefully attended to, and the bladder regularly washed out with acidulated water. In consequence of the vesical difficulty it was necessary to retain the patient in hospital for nearly six weeks after the last crushing. During this period he was repeatedly sounded, but no further fragment could be detected. The urine became healthy in appearance and character, and the man, perfectly restored to health, looked considerably rejuvenated in appearance.

Female Hairpin removed from Male Urethra.—The patient, a well-developed man, æt. 28, a sailor, was admitted in a sorry plight, having, in addition to a severe clap, the foreign body impacted far down the passage; the points were located anteriorly, and deeply imbedded in the inferior wall four and a-half inches from the meatus. The man was reticent as to the *raison d'être* of his state, but it was ascertained that with the idea of curing himself of the gonorrhœa by scooping the discharge clean out, he had the day before admission extemporised a species of cuzette with the hairpin. This slipped his grip, and continued to pass deeper and deeper to the position which it now occupied. During the manipulations for its removal, the further progress of the pin towards the bladder was prevented by firm pressure on the perinæum, maintained chiefly behind the bend of the pin. The efforts made by the urethral forceps to bring the points of the intruder together proved abortive in consequence of their deep impaction in the corpus spongiosum, about a third of an inch of tissue being between them. Whilst the pin was held firmly in place a minute incision was made through the integument only, over one point, which was then forced through, and the lax skin slid over so as to bring the little cut over the second point, which was then similarly protruded through it. The pin was now easily pulled out till the little bridge of corpus spongiosum hitched in the bend, when, the pin being rotated so as to present this portion of it towards the meatus, it was pushed along and readily extracted. (*a*) No escaped urine nor extravasation occurred from the little cut, no mark of which in a couple of days could be found. The patient took his discharge by his own desire on the third day, only a little inflammatory induration marking the locality where the points of the pin had lacerated and pierced the urethra.

Stricture—Internal Urethrotomy.—The patient was an intemperate tailor, æt. 49, the subject of chronic stricture. A drinking bout had caused complete stoppage, which threatened for some time to necessitate puncture of the bladder. The man was apparently an unfavourable subject for operative interference, but assiduous trial for more than three weeks, during which he often had severe rigours, failing to dilate the stricture beyond the size of a one and a-half bougie, it was decided to cut it. Maisonneuve's instrument, with the blade running on the concavity, was used. So close and rigid was the stricture that considerable pressure had to be exerted to cause director to follow in the wake of the filiform bougie guide. A No 11 gum elastic catheter was passed immediately. There was scarcely any bleeding, no unpleasant sequelæ occurred, and the patient was discharged a week after the operation able to urinate with perfect ease, and a No 11 passing readily.

Circumcision (Three Cases).

A. Phymosis complicated with bad Bubo.—Patient æt. 32; trouble acquired and very close. After circumcision by Ricord's mode the parts healed kindly. Subsequent to this little operation a heretofore small and indolent bubo increased with amazing rapidity; was opened, and required much care in dressing to prevent the formation of burrowing sinuses.

B. Partial Phymosis complicated with Warts.—Patient æt. 17; trouble congenital. The ring of the prepuce was a regular circle of warts, a further large quantity of which could be felt beneath the foreskin. The operation was as in the preceding case, the warts being clipped and shaven off after opening up the parts. "Butter of antimony" was freely applied to all the cut surfaces. The case made an extremely rapid recovery, healing being nearly complete when the patient left the hospital five days after the circumcision.

C. A lad, also æt. 17. The details of this case are very similar to the preceding, except that there was also present a bad gonorrhœa. A week after the circumcision the patient was discharged to attend as an out-patient, with the parts in a healthily granulating condition.

Vesico-vaginal Fistula.—The patient, æt. 30, a remarkably large, fat woman, also suffered from badly ulcerated legs. The vagina was obliterated entirely from its commencement by dense cicatricial tissue, leaving only an opening which would admit the finger into the bladder. Some months earlier an operation to close this opening had only reduced it in size. On the present occasion it was considered desirable to attempt closure of the vulvæ. In the operation the ordinary quill and superficial sutures were used; the issue now, too, was only a partial success. Union of the apposed surfaces for the most part failed; but there was gained, the patient said, a knowledge of the coming flow, which often enabled her to save herself. The improvement seemed likely to increase as the parts healed in. The patient was obliged to leave the hospital whilst yet a large portion of the surfaces operated on remained unhealed.

Operation for Rupture of the Perinæum occurred in a small frail creature, who, when confined, three months previously, of a full-time live child, was not yet 15 years old. The labia were freely pared in the ordinary manner, and the round surfaces brought into and steadily retained in apposition by quill and superficial sutures. The case progressed very favourably, the girl being discharged eighteen days after the operation with a good firm, and quite normal-looking, perinæum.

Excision of Upper Jaw, on male, æt. 60, for a large

(*a*) It measured three and a-half inches in length.

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antral growth on the right side, protruding the eye, and causing swelling beneath the cheek; there was not much encroachment in the naris. Five months previously some apparently ordinary mucous polypi were removed by the snare from the same nostril, and on the present occasion some seemingly similar innocent growths were there developed again to a moderate extent. It was only a month since the trouble in the upper jaw was observed, and since it was first noticed it had increased rapidly. The patient was a feeble man, with very weak heart, which intermitted badly. In accordance with his own wish, and in consideration of his extreme suffering, was determined to remove the jaw; this was done under chloroform, which acted admirably. An incision running along the lower border of the orbit, down the side of the nose and its alæ, and through the centre of the upper lip, enabled the cheek to be raised and thrown back. The parts were very vascular. Several bleeding vessels having been secured by catgut ligature, the muco-periosteal covering was stripped from the palatal aspect of the bones by an angular rasparatory, and the osseous attachments of the upper jaw were severed by powerful bone forceps. The whole mass was readily removed. The deeper portions of the bone proved to be extensively disintegrated by the disease. A separate growth, as big as a walnut, was dissected out from beneath the eye, and some suspicious-feeling material was scraped and gouged away from the under surface of the ethmoid by a Volkman's sharp spoon. Some bleeding points were cauterised. The preserved muco-periosteal covering of the palate was now attached by interrupted sutures to the mucous membrane of the cheek, and suitable plugs of lint (wrung tightly out of carbolised oil), to which were secured guiding cords, for their after extraction, having been placed *in situ*, so as to support the eye and the cheek, the soft parts were brought together by hare-lip pins and interrupted sutures of carbolised catgut, and further duly supported by adhesive strips and pads; all the guiding strings of the plugs were brought out in the front. Half-a-grain of morphia was given subcutaneously. The patient soon rallied, and became warm and comfortable; there was no sickness of stomach; during the day he passed water, and took fluid nourishment readily. A good night was subsequently obtained. The morning after the operation there was much fœtor. The plugs, which came away readily, were removed, and the cavity syringed out with a solution of Condy. The use of a mixture of quinine, iron, and digitalis, which had been given before the operation, was resumed. In the evening a quantity of blackened blood, that had been swallowed, was rejected. The progress of the patient seemed to continue to be most satisfactory; he took fluid nourishment and stimulants readily; the cardiac intermittencies lessened in frequency, and the line of the wound looked charmingly. On the evening of the third day there was some diarrhœa, which castor oil in hot milk promptly relieved. Next day the improvement was progressive (one needle was removed), and when seen at midnight all still promised well; but at 4 a.m. he died very suddenly, ninety hours after the operation. *An autopsy* was not permitted; it could only be ascertained that locally matters had continued so as to indicate a most thoroughly satisfactory result had the man lived.

Complicated Double Hare-lip—Scarlatina.—Male, æt. 9 months; there was considerable deformity, cleft palate, with the intermaxillary mass projecting at the tip of the nose. The density of the structure preventing the restoration of this in its entirety, the septum was nipped, and the osseous portion in front shelled out of its muco-periosteal envelope. A large vessel spouting on the face of the divided septum was staunched by the pointed actual cautery. The edges of the fissure were pared by the scissors. The parts came very nicely together, without deformity. The infant passed a good day and night. Next morning he seemed to be doing well, the face, however, being more swollen than usual; in the evening he looked badly, was cross and feverish; during the night the cutaneous manifestations of scarlatina developed, this trouble steadily progressing from bad to worse, proved fatal 120 hours after the operation. When, at the end of the fourth day, the needles were removed, the parts, notwithstanding the concurrent constitutional trouble, proved to be united in a most satisfactory manner; had the child lived, the result would have been all one could desire.

Only for the confession of the mother it would have remained unknown how the scarlatina was contracted. In consequence of a cold the infant got on the journey up to town, it had been in the hospital for 17 days prior to the operation—he was amongst the first to occupy a ward newly opened, fresh from the tradesmen's hands, after the annual scraping, distempering, and, on this occasion, painting. Moreover, no case of scarlatina had been in the hospital for many months. Careful inquiry eliminated the likelihood of any of the students having been the means of infecting the child. The mother had not been allowed out on pass, but subsequent to the child's death she stated that one of the tradesmen, who had been employed on the work at the hospital, had been in the habit of fondling the infant, and that, though he told her his own family were at the time laid up with the disease at home, yet she permitted him to continue his attentions to her child. (*a*)

Cancer of Angle of Mouth involving both Lips.—A healthy-looking man, æt. 48, was troubled as indicated at the right side, the disease extending as a caudate prolongation more than half-way across the red edge of the lower lip. The cheek having been transfixed, the scalpel cut above the cancer so as to remove the outer fourth of the upper lip, the knife then ran obliquely below the mass to a point corresponding to the commissure of the mouth (making a ≻) ; thence the incision was sloped upwards, so as to slice off the implicated red border of the lower lip, rather more than half its length. For a distance corresponding to the extent of the normal mouth, the mucous lining of the stump of the lower lip was whipped to the skin by the continuous catgut suture. The same manœuvre was repeated with the upper lip, and the remainder of the wound brought together with three hare-lip pins. The man made an admirable recovery, and was discharged from hospital in a fortnight with scarcely any deformity, and but little mark or trace of the extent of disease which had been removed. Careful strapping and dressing was maintained throughout the treatment. (*b*)

(*a*) There still remain in the hospital under treatment a female infant, æt. 6 months, the subject of single hair-lip *on the right side*, complicated with cleft palate and protruding bone. This was cut at the base, and forced back, when the soft parts were treated as in the above case. Both patients occupied adjacent beds, they were operated on the same day, and both sickened in a similar way, this one some hours later than the other, which was placed in an isolation ward as soon as the nature of its new trouble was known. For a considerable time this creature, too, lay in a most precarious state, chest trouble and diarrhœa supervening on the scarlatina. Eventually, however, amendment slowly began, and there now seems likelihood of a good recovery. The progress of the lip was at first all one could wish for; perfect union was obtained throughout. But the 11th day after the operation smart inflammatory action occurred around the alæ of the nose. The upper part of the cicatrix gave way subsequently, and through the ulcerated opening a tooth was extracted on the seventeenth day. A little plastic operation will hereafter be advisable to re-shift the side of the nose from its flattened position, and to close this perforation, but as the lower part of the lip has held firmly, with good union, and free from any depression or gap, an ultimately most successful result is anticipated.

(*b*) Another similar, but more aggravated, case remains at present under treatment, the patient here being a woman, æt. 70, the left angle of whose mouth, together with nearly half of the upper, and considerably more than half of the lower lip were involved. The trouble, too, in this case extended deeply and widespread, forming a huge prominent mass as big as a good-sized pear split and everted. The surface had bled, was painful, and stunk terribly. There was no glandular enlargement. It was scarcely a year since the trouble was first noticed. Only palliative results being contemplated, no attempt was made at the special formation of a new lip by the knife: yet treated as above described, the judicious use of carbolised catgut suture, and a few hare-lip pins, brought the parts together with a degree of deformity far less than could have been anticipated.

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Severe Smash of Hand from Machinery.—A man, æt. 60, got his right hand jammed in the rollers of a paper mill, the damaged limb being held wedged for nearly an hour before it could be extricated. The amount of local damage was very considerable, the soft parts of all the fingers being split up; the palm and the back of the hand were both extensively lacerated; large flaps torn up; the tendons exposed and displaced. The second finger had the two upper articulations laid open, and the third finger was badly fractured; the soft parts of both in common with the other two fingers being greatly injured. Primarily it was attempted to save all the digits, but after a three weeks' trial the two specially named were disarticulated at the metacarpo-phalangeal joint, covering being obtained by lateral and irregular flaps where material for the purpose could best be procured. All along great care was necessary to keep the displaced soft parts in good position. A thorough though slow recovery was obtained, the patient being discharged with a soundly useful limb after a stay of forty-six days in the hospital.

Excision of Elbow.—A delicate girl, æt. 16, got permanent disease of the left elbow, as a sequel to general rheumatic trouble with bad gastric complications. She was long under treatment; finally abscesses formed, and sinuses led down to diseased bone. Some weeks in the country failed to accomplish either local or general improvement; and when the girl came into the hospital again for operation she was in a truly deplorable state. To her miseries had lately been added diarrhœa, which had rapidly emaciated her to an extreme degree. The joint was excised by a single long incision; the ulnar nerve was seen but gave no trouble. There was an unhealthy and fungous state of the mucous membranes generally, with much disease of the lining, requiring an oblique longitudinal slice to be taken off it. The radius and ulna were healthy. The wound was dabbed with a solution of chloride of zinc (40 grs. ad ℥j.), and put up in the straight position, ample provision for drainage being provided. Fair repair took place; the splint was left off on the twenty-fifth day; but still a good deal of attention was required to be bestowed on the dressing, and the practice of passive motion, so that it was more than two months after the excision before the girl could be sent to the Convalescent Home, a sinus still leading down to a bit of necrosed bone on the sawn side of the humerus. The long incision had been for some time covered over with a thick heavy scab, beneath which healing had been completed. The girl's health, though she was still weakly and puny, was greatly improved. There was nearly normal power of flexion and extension, pronation and supination being more limited.

ABSTRACTS OF THE INTRODUCTORY LECTURES AT THE DUBLIN SCHOOLS OF MEDICINE.

CATHOLIC UNIVERSITY.

The Inaugural Address was delivered by Dr. Nixon, Lecturer on Medicine in the University, who took for his text, "The Necessity of Mental Culture for Professional Students." After some preliminary remarks, Dr. Nixon observed:

I must remember that the occasion of the delivery of introductory addresses is intended to serve a double purpose. The speaker mainly devotes himself to that which specially concerns the interest of the student, and what may prove an incentive and encouragement to him in his career. But the publicity given to these discourses seems to imply that questions showing the relation of medicine to public interests and the State should be discussed—that the occasion should be availed of to point out the position and progress of medicine amongst the sciences, and to indicate its shortcomings and requirements. I do not wish to pronounce any opinion as to expediency upon all occasions of such discourses. I did not make the opportunity—unfortunately, it was found for me, and I purpose utilising it in directing your attention, in a purely suggestive way, to the claims which medicine has upon the sympathy of the community, its relation to other branches of knowledge, some of the methods of inquiry involved in its study, and the requirements of its students.

The social position which any profession attains depends upon the general culture of its members, upon its advancement as a science, and its improvement as an art. It is not very difficult to show the wide connection which medicine has with other sciences, standing, as it were, in the centre of the different pursuits of man. From mediæval time—when the physician was, besides being the healer of the sick, astrologer, alchymist, and often the minister of religious worship—down to our own time, we can trace the influence which it exercised upon society, because it embraced most of the known branches of knowledge subservient to the interests of mankind.

The speaker then dwelt upon the connection of medicine with collateral sciences as illustrated by the study of hygiene, which necessitated the study of the laws governing matter and force in relation to food, geology in relation to water, and meteorology in connection with the subject of ventilation. He then passed on to the investigation of the methods of inquiry employed in medicine as shown in the investigation of physiological and pathological laws. He continued as follows:

It would be altogether beyond the scope of a necessarily limited address to trace within even a brief period the advances made in the investigation of disease, and in that science upon which all knowledge of it rests. It will fully serve my purpose to indicate the method of investigation employed in the study of physiology and pathology, and to point out the influence which these branches exert upon each other.

The first great impetus to the study of physiology may be said to have been given by the carefully conducted experiments of Haller. From being a mere series of abstract reflections upon the nature of life, it has progressed to such a degree as to completely remodel our ideas of disease, and, to a considerable extent, our notions of practical medicine. This progress may be traced to the application of physical laws, and those governing the operations of chemistry, to explain the phenomena of life. Every change that occurs in the body implies chemical action, and, as in the ordinary laws of physics, the results are heat or mechanical work, or both. But the physics and chemistry of inorganic nature receive a large increment of abstruseness when applied to the investigation of the processes constituting life. Taken by itself, chemistry is known to be the least deductive of all the sciences. It is, *par excellence*, the science of experimentation. No train of reasoning would ever lead one to expect that hydrogen and oxygen, united in certain proportions, would form water, or that two fluids mixed together would form a solid. You cannot determine the nature or action of a compound from an analysis of its elements. The very fewness and partial character of the generalisations of chemistry serve only to show the difficulties that are experienced in its study. These difficulties, it can readily be observed, become intensified when chemical processes are commingled with a series of complicated physical phenomena, to which is added the unknown quantity of a vital force. The analysis of such phenomena gave rise to the development of what have been termed heteropathic laws, generalisations which have built up the entire superstructure of Modern Medicine. Thus it is shown that in certain cases a number of phenomena, instead of producing a result which is the sum of the separate causes, develops one which is completely heterogeneous. Yet, at the point of departure from the older and better known laws new ones are generated which become not alone capable of composition with one another, but give rise to laws which are themselves immutable and universal. The laws of Dalton and of Berthollet, and that of isomorphism, illustrate this development in chemistry; in physiology it is tersely laid down "that the Laws of Life will never be deducible from the mere laws of the ingredients, but the prodigiously complex Facts of Life may be all deducible from the comparatively simple laws of life." In framing these laws observation and experiment are the implements with which we work. The former, in its condition of perfection, implies the exercise of those mental qualities which are the distinguishing marks of superior intellectual gifts and high mental culture. For observation not alone means seeing the thing as a whole, but also the parts of which it consists, their kind, and the quantity of each; whilst the mental analysis which it involves intures that what is material will be carefully distinguished from what is unaccidental or important. It was observation

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that led the minds of the greatest men to that concentration of thought which resulted in the most brilliant discoveries. Thus Newton discovered the law of gravitation from seeing an apple fall at his feet, young determined the laws of diffraction of light from observing the varying colours of a soap-bubble, and Galileo discovered a means of measuring time from watching the swinging motion of an oil lamp.

Having shown the value of observation and experiment in the study of physiological conditions, Dr. Nixon pointed out that in pathology, unfortunately, we have to trust to observation alone; we cannot ourselves, as in physiology, vary the circumstances. The experiments of disease are not those that we can take home with us—they are beyond our control, and we can only see them as they are presented. Hence the science of medicine must be built up more upon inferences than upon facts—upon probability rather than upon demonstration. But like as in those sciences which rest entirely upon observation, we have the advantage in medicine of reasoning in a two-fold way: we may from the effects deduce the cause, or, on the other hand, from the antecedents we may trace the consequents. Take, for example, a case of hemiplegia. You note all the concomitant circumstances—the existence of any lesion of sensibility, the state of the paralysed muscles, the condition of the face and tongue, the appearances in the retina, the evidences of renal disease, and the age and medical history of the patient. From the signs that exist you judge as to the nature and site of disease in the brain. Here you have reasoned from the effects to the cause. On the other hand, suppose you have been in attendance upon a case of valvular disease of the heart, and that the patient complained suddenly of acute pain in the left hypochondrium, accompanied by gastric disturbance, you at once infer that some fibrinous coagula have been detached from the diseased valves and lodged in the vessels of the spleen, producing there an hæmorrhagic infarction. In this case you have from a pre-known cause determined the effects. Each of these methods has its advantage under certain circumstances, but in both observation is liable to be vitiated by errors which are only to be avoided by special training. We must be careful to discriminate accurately between what we really observe and what we only *infer* from facts observed. It is largely owing to this confusion of inference with facts that medicine cannot be regarded as an exact science. Hence arises the necessity of specially training those faculties which are concerned in the investigation of the laws of evidence—of mental philosophy in general, and its key, logic. Apart from the great interest attached to the study of final causes, the habit of thought which is acquired by the reading of metaphysical works is in itself a high cultivation of the reasoning powers, whilst the perusal of the fine-drawn distinctions of such writers leads to the acquirement of a philosophic language for the expression of our ideas—an attainment of immeasurable value to observers of disease.

Dr. Nixon thought he had said sufficient to show that medicine is a learned profession, and that it is one of advancement. There is scarcely a branch of human knowledge to which it is not in some way bound. Its progress is not limited by the domain of physical science; it travels insensibly into the regions of mind, and is intimately associated with the greatest problems which can engross man's attention—religion and morals. It has been not inaptly termed the metropolis of human knowledge, of which we are the privileged denizens. But how are we to fit ourselves for the duties of citizenship? It was not his purpose, even if he considered himself equal to the theme, to point out the advantages of a liberal education apart from utilitarian considerations—to show why the acquirement of knowledge, or a philosophic habit of thought, should be its own end. What specially concerns us is the importance of varied mental acquirements and a sound and thorough education of those faculties which are constantly employed in the exercise of our profession. It is easy, doubtless, to find arguments for the usefulness of limitation of attention and study in the various divisions and subdivisions of intellectual labour. We recognise the advantages to ourselves and to the general public in the broad division of our profession, where practicable, into the fields of medicine and surgery; to ourselves in permitting us to concentrate our energy upon a limited part of a wide and great science; to the public in securing the services of better trained and more competent observers. We have further illustration of the benefits of limited attention in our profession in the practice of the different specialities, as in ophthalmic and aural disease, and in gynæcology. I do not say that specialism pushed to an extreme degree has not its disadvantages. It is apt to cramp and narrow the mind's range, to lead to an undue significance being attached to things which are trivial, whilst those of grave importance may be overlooked. But the question of the utility of exclusive devotion to professional pursuits, or of limitation of attention in any branch of knowledge, can only be said to arise when men are fitted intellectually to deal with the principles of any special calling. Great results are not to be expected from minds untrained. One cannot comprehend astronomy without a thorough knowledge of mathematics; to produce a musical composition of any value it is necessary to understand the principles of harmony. In both instances a certain amount of routine knowledge may be acquired and correctly applied, just as the mariner determines his latitude by observing the meridian altitude and declination of the sun.

It is quite true that men deficient in preliminary culture may attain some proficiency in learning the technical details of a special pursuit, but instead of following it with ease and a feeling of conscious power, they have always that sense of mental strain and diffidence which renders the work irksome and monotonous, whilst they can never hope to become original observers. It is in the one case like learning to swim with bladders; in the other it is as though you commenced dancing with loaded shoes.

Let the strongest man try to compete in a rowing match with the practised oarsman of a Cambridge or Oxford crew. He is utterly out of the struggle. The discipline of the gymnasia led to a race of men who boasted that one Grecian could overcome ten Persians. To conquer with the cæstus implied years of rigid training, in which not alone strength and agility were acquired, but a careful restraint was exercised upon the passions, lest they should weaken bodily vigour, or impair bodily beauty. It is precisely similar in mental contests. No matter what may be the natural endowments—how quick the apprehension, how varied the imagination, how tenacious the memory—if the mind be not fully instructed, and afterwards educated; first taught, then disciplined, so as to be rendered capable of methodising the knowledge which it has gained, it enters handicapped the race of life, and must inevitably sustain defeat. "Men are men," it has been well said, "before they are lawyers, or physicians, or merchants, or manufacturers; and if you make them capable or sensible men they will make themselves capable and sensible lawyers or physicians. What professional men should carry away with them from the university is not professional knowledge, but that which should direct the use of their professional knowledge, and bring the light of general culture to illuminate the technicalities of a special pursuit. Men may be competent lawyers without general education, but it depends on general education to make them philosophic lawyers, who demand and are capable of apprehending principles, instead of merely cramming their minds withdetails. And so of all other useful pursuits, mechanical included. Education makes a man a more intelligent shoemaker, if that be his occupation, but not by teaching him how to make shoes; it does so by the mental exercise it gives and the habits it impresses."

Such great importance is attached to this preliminary culture of the intellect in most of the German universities that no student is permitted to enter any of the professional schools until he has passed the "abiturienten," or leaving examination of the secondary schools. It is mainly owing to this system that Germany has produced such a lengthened roll of names distinguished in all the branches of medical science. And it is only by this preliminary culture, with the present advanced and advancing state of medicine, that we students—for we are all students, and I trust that we shall always continue so until called to another sphere—can hope to tread in the front rank of human progress.

CARMICHAEL COLLEGE.

THE new Carmichael School of Medicine and Surgery, Aungier Street, was formally opened by the President. Although the dissecting-rooms have been open for upwards of a month, the main parts of the building had not been fully completed, and even yet the board-room, as well as some of the ornamental work in the exterior of the building, is still in the hands of the builders.

Dr. GORDON recalled the circumstances under which the proprietary school was founded half a century since, and pointed to the distinguished success which had attended its teaching. The records of the school disclose a bead-roll of

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illustrious names not surpassed by any similar institution in the United Kingdom; and from the ranks of its pupils and teachers every professional chair in Ireland was filled. He first named Dr. Robert Bentley Todd, who became eminent both as practising physician and still more teacher in London, and whose "Cyclopædia" and "Clinical Lectures" would remain as specimens of high intelligence and almost oracular penetration. Next there was Thomas Andrews, late Vice-President of the Queen's College, Belfast, whose investigations into ozone, heat, and the changes undergone by matter in passing from the liquid to the gaseous state were invaluable. Then they had Dr. Allen, who first projected a pupils' medical society, which it was most desirable should be now revived, and whose recent address on biological science at Sheffield was one of the most remarkable utterances on this most important subject. The names of Richard Carmichael and Robert Mayne should never be forgotten in connection with the school—the first as one of its greatest benefactors, and the second as one who conferred valuable advantages in the way of prizes—left a bright example in his life to all pupils, and might be regarded as the first who reduced physical diagnosis to a system. Immediately after the conclusion of the president's Inaugural Address, most of the audience made a tour of inspection round the new premises, and expressed their thorough satisfaction with the arrangements.

LEDWICH SCHOOL.

The Introductory Address was delivered by Mr. Alcock Nixon, F.R.C.S.I., Lecturer on Anatomy, and Surgeon to Mercer's Hospital. After a touching reference to the loss the school had sustained by the death of Dr. Ledwich, Mr. Nixon addressed the students particularly in reference to the studies which should engage their attention during the session, and went on to say—Since the date of the foundation of this institution, more than half a century ago, down to the present day, its aim and object has ever been to impart to its students (over 8,000 of whom have entered its portals) a sound, practical education, and that it has done so successfully is shown by the great confidence reposed in it—confidence which was never stronger that it is to-day, as proved by this year's entries, the largest in its history up to this date, and also by the fact that, in every quarter of the globe its *alumni* are to be found in the foremost ranks fighting the battle of life with marked success. As an example, I may mention the name of Surgeon-Major Boileau, who now occupies the important position of Assistant Professor of Pathology at the Army Medical School at Netley, and many others I could name did time permit. Medical students are, to my mind, one of the most maligned classes in the whole community. (Laughter.) We have always found them fair and reasonable if fairly and reasonably treated, while they stand staunchly and manfully by those whom they believe to be their friends. As a body they are generous, warm-hearted, and brave to a fault. Look at the record of our hospitals. A patient is perishing from hæmorrhage; the surgeon proposes transfusion, and on the instant, without a moment's hesitation, a volunteer steps forward from among his fellows, and freely offers his own blood to save the life of a dying pauper whom perhaps he had never seen before.

MEATH HOSPITAL.

The Inaugural Address of the Session 1879-80 at the Meath Hospital and County Dublin Infirmary was delivered on the morning of November 3, by Dr. John William Moore, Physician to the Hospital, in presence of a large gathering of the medical profession and visitors. In the opening part of his address, Dr. Moore alluded in appropriate terms to the lamented death of Mr. Robert Persse White, one of the surgeons to the hospital, and to the appointment of Mr. William Joseph Hepburn as Mr. White's successor, and exhorted the students to be diligent in their daily attendance in the wards of the hospital. Dr. Moore then proceeded to speak at length of one of the burning questions of the day in relation to the progress of medical science. He said that for some time past such expressions as "zymotic disease," "blood poisoning," "germ theory of disease," "antiseptic medicine and surgery," and the like, have been on everybody's lips. It occurred to him, therefore, that it would be neither uninteresting nor uninstructive were he to give a brief summary of the present state of our knowledge respecting what may, perhaps, be termed the "microcosm of disease." The topics, which were considered in some detail, were—(1) The microphytes of the blood and their relation to disease. (2) The nature of the virus in the contagium diseases. (3) The practical bearing of the subject. Under these headings, Dr. Moore sought to epitomise the present state of our knowledge respecting the organised or vital causes of disease. It was shown that there is good reason to believe that in the septic group of diseases, in relapsing fever, in malaria, in noma, and in some forms of diarrhœa, the presence of microphytes in the blood or other fluids of the body has an intimate causal relation to the phenomena of these several affections—the microphytes either exciting the disease themselves, or playing the part of a ferment which sets a-going the development of the specific poison or virus of the malady. It was also shown that in the contagium diseases the contagium is particulate, incapable of reproduction outside the body, and although not referable to the lower forms of fungi, nevertheless a "contagium vivum" growing and multiplying indefinitely when placed upon a congenial soil. What, then is the practical bearing of these researches? The expressions "preventable disease" and "preventive medicine" have of late years become "familiar as household words," and the lecturer could not help thinking that they are now likely to acquire a fuller and more precise meaning than they have ever possessed in times past. It is true there are some men even at the present day—conscientious, intelligent, and otherwise well-informed men—who object to the use of such a phrase as "preventable disease" on the ground that it is to say the least irreverent. They point to that close analogy which exists between the moral nature and the physical nature of man, both subject to laws which cannot be broken or violated with impunity. Any infringement of the divine moral law is followed by spiritual disease and death. No less certainly will the violation of the equally divine physical law, subject to which we live and move and have our being be followed by bodily disease and death. "The soul that sinneth it shall die!" Ah, yes, but do those who use this argument so solemnly, so fatally true, forget the glorious antithesis—God is "not willing that any should perish." And so we can believe that every earnest effort made to prevent disease and the misery it brings in its train has the divine sanction and approval. In striving to attain the prevention of disease, we may hope (1) so to modify the nature of the contagium as to render it inert or comparatively innocuous, as for example by vaccination in the case of smallpox; (2) to destroy it absolutely either (a) without the body or (b) within the body—namely, by disinfection and by antiseptic medicine or surgery; (3) so to counteract its effects upon the organism as to save the patient's life or even cause the symptoms quickly to disappear as for example by the administration of drugs, as quinine in ague. The lecturer concluded his notice of the "Microcosm of Disease," and of the lessons it teaches, quoting a short passage from a discourse delivered some years ago, in the theatre of the Royal Dublin Society, by a physician who was well known in the Meath Hospital, and indeed throughout the civilised world. The author to whom he alluded remarks:—Till the germ theory of contagion is established, till we know more of germ life, and of what preserves, what destroys it, and what replaces the latent by the manifest life, I believe that we must mainly trust to disinfection, cleanliness in the widest acceptation of the word. "It may yet happen—and God forbid that its possibility should be denied—that science will discover the essence of these affections, and with that the means of preventing and extinguishing them. When that is accomplished, preventive medicine will be employed directly, as it is now indirectly. Till that time comes, however, there is a great work for us to do. We have, on the one hand, to labour patiently, and in a severely inductive spirit, in the study of the natural history of epidemics, and their comparison in various portions of the world, avoiding conjecture, and honestly accumulating and analysing facts, which, thus treated, will in time crystallise into discovery." The writer of these weighty, almost prophetic, words was William Stokes—a name amongst the most illustrious in the heraldry of this hospital, in which, as physician, during well-nigh half a century, he acquired a wonderful experience of the natural history of disease. Far in advance of his contemporaries, his mind with eagle glance gazed into the future, foreseeing a

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time when modern methods of research would pour a flood of light upon the causes and, as a consequence, upon the preventive treatment of disease. He lived only to reach the borders of that promised land, for even of earth's best and greatest the words are true—

"All that lives must die,
Passing through Nature to Eternity."

So he, too, passed away—to use the words in which he himself spoke of another—"after a long and splendid life of deserved and almost unexampled success, with "honour, love, obedience, troops of friends."

ST. VINCENT'S HOSPITAL.

THE Inaugural Address for the Winter Session was delivered by F. J. B. QUINLAN, M.D., F.C.P., Physician to the Hospital upon, "The High Death-rate of Dublin and its Causes." The lecturer commenced by a careful meteorological and topographical comparison between London, Edinburgh, and Dublin; and showed that there was nothing in the situation, climate, or other natural surroundings of these three cities to account for the fact of the alarmingly high death-rate of Dublin as compared with that of London or Edinburgh, which he described as remarkably low. Dr. Quinlan then entered into an elaborate detail of the reasons of the high mortality of the Irish metropolis, ascribing it to the very bad state of the tenement houses inhabited by the artisan classes; the general want of proper and safely constructed house drainage (even among the rich); the public sewers; the almost total absence of proper periodical removal of house refuse; and to the filthy condition of the streets. Speaking on this latter subject, he quoted the description of the Rev. Professor Haughton as to the geological disadvantages of Dublin; and expressed his own belief that the streets could not be kept clean unless they were altogether paved. After dwelling at some length upon the remedies for the present sanitary state of Dublin, Dr. Quinlan concluded his address, which was listened to with marked attention, and frequently applauded, with an eloquent allusion to Surgeon-Major Reynolds, V.C., who was present. The Hero of Rorke's Drift, on leaving, received a perfect ovation from the students.

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOV. 6, 1879.

The President, H. C. STEWART, Esq., in the Chair.

Dr. HUGHLINGS-JACKSON on

INTRA-CRANIAL SYPHILIS.

This was a case of a man of 38, where the following four symptoms were found:—1. Headache. 2. Paralysis of the third nerve on the right side. 3. Paralysis of the fifth and sixth nerves on the right side. 4. Paralysis of the fifth nerve on the left side. Six years before this he had a chancre, the scars of which still remained. The array of symptoms suggested syphilis. No one symptom is pathognomonic of syphilis, but groups of symptoms are. Severe headache is one of the worst nervous symptoms, and is a most important indication for treatment. Convulsions are the evidence that a gumma or gummata have formed. Where both syphilis and epilepsy co-exist, each must be treated; and thus iodides and bromides must be given together. Paralysis of the third nerve is suggestive of syphilis, though it is found with loco-motor ataxy, or aneurism of the posterior communicating artery of the circle of Willis. Paralysis of cranial nerves due to syphilis is rarely double. In consequence of the implication of the sixth nerve the man reeled slightly when the left eye was closed. As to the treatment, when syphilis implicates the cranial nerves, iodide and bromide of potassium are indicated. Mercury is called for when the new material has become consolidated into bastard connective tissue. The affected muscles will then plump out again. Hemiplegia came on after the local paralyses. Multiple lesions always indicate syphilis. Softening of the brain follows when an artery becomes perfectly blocked up by a gummatous growth, in consequence of its supply of nutrient blood being shut off. The actual softening is, of course, not amenable to treatment, but an earlier stage may be. Under large doses of iodide of potassium the patient got quite well. Plugs of recent origin may be absorbed. One night the patient was delirious; but this had no significance, as delirium is a general symptom of cerebral disturbance not confined to organic changes.

The PRESIDENT thanked Dr. Jackson in the name of the Society for his able paper.

Mr. POWER said that in eye disease of syphilitic origin he had not observed hemiplegia. He inquired how far gout or rheumatism might predispose to syphilitic disease.

Mr. ALDERSON related a case.

Dr. BUZZARD spoke of the diagnostic significance of groups of symptoms. Of old in severe headache it was customary to apply leeches and administer mercury—a plan which often gave good results.

Dr. SYMES THOMPSON spoke of cases resembling cranial syphilis.

Mr. JONATHAN HUTCHINSON spoke of the necessity for prompt and early treatment, even when the diagnosis was not absolutely clear; and related a case in point. Pain was not constantly present in intra-cranial syphilis; while it was often intense in non-syphilitic disease—as tumour, for instance. He had seen inherited gout in girls give rise to very severe headache, with disturbance of the muscles of the eyeballs. In loco-motor ataxy the eye disturbance generally gets well early.

Dr. JACKSON replied, repeating the statement of the necessity for the combined treatment of epilepsy and syphilis when co-existent. The headache of glioma, abscess, and cyst were indistinguishable. In his experience disease of the cerebral arteries did not give rise to pain. Of course it was most desirable to find definite and unmistakeable evidence of syphilis; but this could not always be found.

The meeting then adjourned.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 12, 1879.

THE OPENING OF THE SCOTCH MEDICAL SCHOOLS.—II.

IN peculiar contrast to Dr. Tuke's address, we have that of Professor Balfour at the University of Glasgow. This school continues to distinguish itself by its uneasiness on the subject of medical reform, and, inferentially, its dread of competition with members of the profession outside its hallowed precincts. Excusing himself in not possessing the age and experience which makes counsel impressive, Dr. Balfour chose to spin the web of his discourse in a region of science with which he was more familiar, and we honestly regret that we cannot compliment him generally on his skill as a weaver. He demonstrated the identity of the phenomena of vegetable and animal life, and, as if conscious of Dr. Tuke's simultaneous onslaught on his farm, he maintained that it seemed to him of some importance to bring out prominently at the present time the connection between the natural history sciences, and to point out their true relation to one another, in view of the widespread tendency in many quarters to underrate their value in medical education—an argument equally relevant to the study of the steam-

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engine and aeronautics by that unfortunate "pillar of science," to apply Dr. Tuke's happy phrase, the medical student!

There was, Dr. Balfour alleged, at present an agitation for medical reform, heralded by the plausible cry of protection for the public. No one would deny that there was room for reform in certain directions, but it was open to grave question whether the sweeping changes in the character of the tests for medical licence, and the modifications of the course of study ["class-bias"] which had been urged, would produce the desired effect. It was "hard to conceive how the lowering of the standard of education to a minimum would tend to the better protection of the public, or how the exclusion from the curriculum of study of those sciences which even the reformers designated the fundamental medical sciences would produce practitioners more fitted for the work of their profession." This is an argument which naturally becomes the newest-fledged professor; he would sink the raft that carries him to land, that he and a few treacherous friends may more fully enjoy the abundance of the soil. It was Professor McKendrick's argument, and now the mantle is passed on to the last-elected professor. We flattered ourselves to have conceived that it was already made sufficiently manifest in these columns that it was "an argument" unworthy "the literary and scientific culture" of a famous university. Once for all, then, be it understood by Dr. Balfour and his academic *confrères* that *medical reformers have no wish to lower the standard of education to a minimum*, nor to exclude any subject of study *which would contribute to a more rational comprehension* of the art of healing—a comprehension at the present time, it would appear, of an appallingly perverted nature; they desire that the requirements shall be *as high*, if not *higher*, than those of the University of Glasgow, or any other Scotch University, while they contend that the liberty to teach such requirements should not be monopolised by any section of the profession to the detriment of the science at the expense of the student and the tarnished honour of any member of the healing art. Dr. Balfour concluded by a feeble rally in favour of his beloved "natural sciences" in medical education. Many of his statements are singularly inconclusive, and must fail in imparting the conviction that extraneous demands, both uncalled for and pernicious, are not made on the medical student of the present day, in the brief space of four years' study.

The Glasgow Royal Infirmary School of Medicine was opened by an address from Mr. H. E. Clarke. Having recently acquired the proverbial "cow," or by more strict analogy probably, "the calf," Mr. Clarke naturally felt it incumbent upon him to fence his possession. He had no doubt, he said, that some changes would be forced upon them, in spite of their wishes, and in order that the change might not be too radical ["class-bias"], it would be well to endeavour to effect some compromise, in order that harmony might once more reign in their midst. Dr. McKendrick would abolish the corporations entirely; Mr. Clarke would plead for a compromise that might save something from the wreck; and like most other newly-created radical teachers in Glasgow, he does not feign to conceal his intolerance of radical brethren still outside the *cordon*. His position is clear. He wishes, in the crash, to share the carrion with the Universities, and by way of a sop to Cerberus, the Crown is to be permitted to look on, and see that no throats are being torn while the carousal is proceeding. It could not be denied, he said, that a multiplicity of diplomas and licensing bodies caused much practical inconvenience to the public and the profession. Then the question is almost entirely conceded; but he contended (contention is but a mean accomplishment), that there was no evidence of the inefficiency of the present examining boards, and no proof that students selected the examinations of certain corporations because they were notoriously easy. He believed that an examination under the supervision of the State would be the most likely to give satisfaction, and so forth. It were wearisome and unprofitable to follow Mr. Clarke further.

We have deferred to the last our cursory review of the opening address at Anderson's College, for to the venerable Emeritus Professor of Physiology at the University of Glasgow must be accorded the palm of the "introductories." Dr. Buchanan's address was pre-eminently academic in tone, incisive in speech, and faultless in argument and common sense, with a judicious occasional dash of piquant humour. It must be a source of unfeigned gratification to his friends, that advancing years have not impaired an intellect peculiarly keen, and that his strength was such as to have enabled him to acquit himself so worthily of the task imposed upon him, remaining, more conspicuously so by contrast with the many medical babblers in our midst, still "the old man eloquent." *Habet senectus, honorata præsertim, tantum auctoritatem, ut ea pluris sit, quam omnes adolescentiæ voluptates.*" In the good old-fashioned way, Dr. Buchanan chose as his subject, "The present age considered as the age of biology; the advantages to the members of the medical profession resulting therefrom, and the correlative duties imposed upon them thereby." At the outset, Dr. Buchanan referred to the eminent men who had, in times gone by, been connected with the institution. He asked himself if medicine was ever to have its day of popularity? Were the professors of the medical art always to be regarded as quacks, charlatans, and knaves, and otherwise depraved? Such, from time immemorial, had been the position of the medical profession, and the estimate formed of it by the general public. Signs of a brighter day were appearing, stimulated by the age of biology first inaugurated by Cuvier. Referring to popular movements, he stated that they were attended with more or less risk, when the objects were indefinite, or not fully understood. He gave two illustrations of this, derived from the present time. The first was, the milk movement, originating with the "discovery" of Dr. Russell, and his sanitary enthusiasts. How in this age of biology was Dr. Russell's new doctrine received in Glasgow, where, in every drawing and dining-room questions of sanitary science, were familiar topics of discussion? Emotions were strongest in the female mind, and what mother could, without apprehension, and even terror, see her children drink, every morning, as much milk as might bring them to the grave. The mothers argued, entreated, upbraided, and implored, till at length their distracted husbands rushed forth in a state of desperation, and marched in a phalanx to the chief magistrate, and demonstrated to him the absolute, urgent, and imperative

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necessity of convening a public meeting to consider the milk supply. In this way was inaugurated the great movement which has since extended to every corner of the three kingdoms, and seemed for the present to be strongest of all in London. He wished he could speak in the same laudatory terms of their coadjutors. But it seemed that they had overstepped their province in delivering an authoritative opinion on a subject of which they know so little as the causation of fevers. Neither could he approve of their milk companies, for he could see no good, but only harm, that would arise from interfering with an important branch of industry, and diverting it into another channel, in which it could not possibly continue; while, in the meantime, they were injuring, and perhaps ruining, many poor but honest people, who earned their livelihood by the sale of milk. Were we to suppose that the endemic fevers of our own country proceed from causes quite different from those that cause the endemic fevers of other countries; or, on the other hand, were we to suppose that in all those countries the drinking of milk is the common cause of, or at least one of the means of, propagating endemic fevers; that it produces the fever of Cyprus, of which we hear so much; the malarious fevers of Rome and Florence; the yellow fever which was now decimating Memphis and New Orleans; and the bubonic plague of the banks of the Nile? Dr. Buchanan then proceeded to speak of the alcohol controversy, maintaining that alcohol was a food in the sense that fats were; and while acknowledging that alcohol was, in excess, a full and overflowing source of disease, immorality, and crime, he regarded it, judiciously employed, as a good gift of God to man, which human perversity alone has converted into an instrument of evil.

As for the total abstinence movement, the age of biology having arrived, the mist of error and prejudice in which both parties were now involved would be at length dispelled, and good men would act in concert in framing a code of wise laws for the repression of intemperance.

May the worthy lecturer long live, and with the authority of his intellect and years, continue to frown down all pseudo-scientific pottering suspiciously suggestive of vulgar notoriety or personal vain-glory, which cannot fail to bring its quota of contempt on a confessedly difficult and abstruse science.

PAROCHIAL SANITATION.

THERE lie before us three separate reports supplied by Government sanitary inspectors to the Central Local Government Board, dealing with the hygienic defects of three different places. The story told in them is, however, with slight variations of detail, precisely the same in all. Deficient house ventilation, amounting in places to no ventilation at all; inadequate water-supply, occasionally absolute absence of the fluid from the vicinity of the habitations; imperfect removal of refuse, even to the extent of a persistent accumulation of human excreta and domestic rubbish; and, consequently and naturally, without exception, a high death-rate and epidemic outbreaks. The zymotic diseases find in such localities their natural home; and it in no way surprises us to learn that eruptions of scarlet and other fevers recur with annual regularity in the unhappy districts yet visited.

"In the Rochdale Road (we quote from the report dealing with the Urban Sanitary District of Crompton in Lancashire) the privy accommodation is most scanty, *one group of 23 houses largely populated having only three privies*" ! ! The inevitable sequence of this must be, the frequent abuse of the home facilities, and the accumulation in the homes, and about them, of fever-breeding masses of ordure. Inevitably, therefore, "at East Crompton typhoid fell heavily. At Wood End, small-pox, typhoid, and scarlet fever occurred;" and following the suggestion his experiences compelled, the inspector rightly urges that "excrementitial pollution of the soil and want of ventilation, if not the actual cause, kept up this disease and rendered it of a more fatal type." "This year," also, "the same localities have been again visited, and several deaths from typhoid and from scarlatina have occurred at Milnrow Road and Rochdale Road."

One statement in the same report strikes us with peculiar significance—viz., "The bye-laws relating to common lodging houses have never been put in force, although at the time of my visit there were many Irish mowers in the town, and on this and other like occasions there is need for specially careful inspection of the lodging houses." We can infer from this, and from the generally lax enforcement of legal restrictions by the local authorities here and elsewhere, that very much of the disgraceful state of affairs is due to the incompetence and ignorance of the parish administrative body. Nor can any hope of improvement in this respect be entertained until one of two things takes place; until, that is, the principle and practice of sanitary reform become familiar to the local authorities and constantly called to their assistance in parochial legislation, or a duly qualified and duly accredited Government officer is deputed to superintend and ensure by his presence the adoption of measures necessary to the preservation of the public health of the district over which he has control; and, further, to ensure that these measures are constantly observed.

The first condition we despair of witnessing until the limits of the country become conterminous with the "Salutland" of Dr. Richardson's imagination. The ordinary parish guardian's contempt for the "fadding" provisions, as he terms them, of Government inspectors, is too genuine and too firmly rooted to permit of his receiving the first germs of a newer wisdom and a wiser knowledge. He is too much in the habit of regarding the individual and collective intelligence of the "board" as perfectly able to regulate *all* the affairs of the district, and is intolerant of any interference from without.

Notes on Current Topics.

Special Entries at the London Hospital.

OUR attention has been called to the real meaning of the large number of entries in "special subjects" at the London Hospital, a number exceeding fifty. The majority of these, it is urged, are American and foreign graduates, who enter at the hospital for a single clinical course, and who then by virtue of an imaginary right of free access to each and every clinique, crowd the demonstrations of the physicians and surgeons. The consequence of this

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system of wholesale admission of outsiders is, that the legitimate perpetual student of the hospital is more or less ousted from his place beside his teacher, and has to give way to strangers, who are often too by no means punctilious in their attempts to obtain and retain the best positions for seeing and hearing, to the exclusion of the pupil who claims the London for his *alma mater*. Largely increased as the number of full entries has been of late, we cannot but concur in the opinion expressed by many men who suffer from this irruption of *specials*, that they have a real grievance in the encouragement afforded to the birds of passage. It is certainly fair that those who elect to pursue their whole curriculum at the London Hospital should receive advantages of an educational kind superior to the advantages afforded to such men as merely seek a temporary instruction there; and, either special facilities should be given them for securing such advantages, or a limit should be placed on the pressure from outsiders, commensurate with the necessities incident to ward-teaching. From its nature, a clinic can be of material use to as many only as can be accommodated within sight and hearing of the patient, and the lecturer: but this is certainly not possible to all the hundred or more men who are seen to crowd round the members of the staff while making their tour of the wards at certain hospitals. In the interests of the full student some consideration should be given to this question, and some necessary restrictions of an efficient nature imposed, to prevent the injurious monopoly of clinical experience enjoyed, we are assured, by those who do not possess equal rights with the "perpetual."

A New Exploring Machine.

Mr. Thomas Stevenson describes in *Nature* an invention which enables an accurate examination of dark cavities to be made by means of a beam of light (electric or other), which is directed into any situation by successive refractions through glass prisms. The value of the instrument is likely to be well seen in the surgical exploration of dark cavities, which from the difficulty of directly illuminating them, can only be submitted to a hazardous operation. There is no physical reason why the ingenious contrivance of Mr. Stevenson should not enable every such operation to be brought within the region of possibility and safety.

The London Hospital.

The Princess Louise (Marchioness of Lorne) paid a private visit to the London Hospital on Thursday afternoon, and was escorted round portions of the building by the chief members of the staff and governing body. During her stay the Princess spent some time in the children's wards and evinced much interest in the little patients' ailments. This is one of several royal visits to the East-end hospital within the last two or three years, and the effect of them on the institution and the public that supports it is a beneficial one. We could wish to see a still stronger interest on its behalf excited, for as well as being the largest of the metropolitan charities, it is the sole general resource of the great mass of the population in the East-end.

Elections at Trinity College, Dublin.

Dr. Alexander Macalister has been elected by the Board of Trinity College, Dublin, to the chair of Anatomy and Chirurgery in the University of Dublin, which has been left open by the recent retirement of Dr. B. McDowel from the active duties of the Professoriate. Prof. Macalister is well known as the author of "An Introduction to Animal Morphology," Vertebrate and Invertebrate, and other works. He resigns, under the new arrangement, the professorship of zoology, which he held together with the chair of comparative anatomy and the direction of the zoological museum. The latter post also falls vacant now, but Dr. Macalister will continue his lectures on comparative anatomy. The election of a director of the museum rests with the College Board, and hitherto the professor of zoology has always held it. The combined emoluments of the two offices amount to from £300 to £400 per annum. The new professor of zoology will be appointed early in the present month.

The Homes of Medical Men.

The Annual Congress of Sanitary Reformers, held at Croydon last week, is provocative of a good many social questions. Amongst them may be asked—Are the homes of medical men built or constructed on model sanitary principles? or even are they altered to show how necessary it is to have healthy homes, with through and thorough ventilation? Are medical men acquainted with the actual position of the drains in their homes? or do they possess a ground-plan of their drainage? We are the leaders of sanitary science, and we tell the public you must do so-and-so; but our patients observe that their medical attendants live in houses far from being model ones, and they smile, and say *sotto voce*, "What is good for Dr. A. must be good for me. And as he is content to live in a room without a single ventilator in it, why, I may do the same." We have noticed this subject, as we have heard it remarked and discussed by sanitary reformers outside the profession, and the conclusion they have drawn is, that unless medical men set a practical example, the public will not follow their advice, and sanitary reform will consequently be imperilled. In connection with medical men's homes we may notice another point, viz., the papering of the rooms. Are the papers free from arsenic? Do medical men take precaution to ensure that their children's bedrooms are papered with a tissue free from this poison? We fear not. Our few words may have some effect in directing attention to a most important subject.

Irish Registrars' Sanitary Reports.

We referred last week to the responsibility which the efficient discharge of his duty entails upon an Irish medical officer of health, to the experience of Dr. Barry, of Limerick, who was threatened by his sanitary authority if he persisted in recommending a disinfecting chamber; and of Dr. Wallace, of Parsonstown, who was called upon for an explanation because he had stated in his quarterly report that the discharge of his sanitary duty had "got him into hot water" with his guardians. Being anxious to see Dr. Wallace's report and the context of his statement, we referred to the published returns of the

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Registrar-General, and did not find there any report whatever from Dr. Wallace. We therefore assume that Dr. Wallace's report must have been confidentially communicated from the Registration Office to the Local Government Board, and injudiciously sent on by the latter department to the Board of Guardians. We believe that it has always been the custom for the Registration Department to collate for publication such portions of these reports as seemed suitable, and to send forward to the Local Goverment Board other portions, which—though important—were not fitted for the Quarterly Return. Such system is necessary for the efficiency of the sanitary system; and without it we believe that the Local Government Board would be even more helplessly at sea as to the public health of Ireland than it now is; for we conceive that these confidential reports are made the subject of special inquiries by the local inspectors, and thus the facts become known at the Custom House. It would be, therefore, most disastrous if medical officers of health should acquire the impression that they were liable to answer to their boards of Guardians for the honest expression of their opinion and their experience; and we believe we can say that this is not so, and that the communication of Dr. Wallace's report to his local masters was a chance error. At all events, we are sure that the present Registrar-General will not permit his reports to be used in any way which would be disadvantageous to their writers.

There is one conclusion derivable from this episode which deserves consideration. We know already—and our readers, by perusal of the abstracts published in our "Supplement" to-day, may see for themselves—that the working, or, we should say, the pretence of working, of the Public Health Act in Ireland is denounced by the local medical officers in all moods and tenses. But it seems that there is much contained in these reports which it is not thought expedient to publish; and we may guess what the elided portions of these reports say of Irish sanitation. We suspect that the chorus of contempt and dissatisfaction is loud, long, and vehement; and that the Irish Local Government Board is, therefore, more thoroughly aware than we supposed that the sanitary system of the country is a pernicious sham. The more it knows of the real character of that system, the more reprehensible are they in lending themselves to its continuance and obstructing its amelioration.

The Public Health Organisation of Dublin.

We are truly gratified to find ourselves outside the fault-finding vein which we have been obliged to assume *en permanence* in reference to the Dublin Sanitary Organisation. Since Dr. Cameron, the newly-elected medical superintendent officer of health, was installed in office the prospects of something being done to save the lives of the city poor and relieve the senses of the citizens of the nastiness of Dublin seem to be rapidly brightening. The white-washing process has been transferred from the Public Health Committee's reports to the interiors of the tenement houses, and an increase of earnestness in sanitation is delightfully manifest.

Amongst the movements which have followed upon Dr. Cameron's ingress to office is the establishment of a "Metropolitan Medical Officers' Association," an organisation of the whole of the medical officers of health for the city and the metropolitan unions, to compare notes and concoct means of sanitary reform. The first meetings of this Association have been held at the Irish College of Surgeons, and we wish it even a greater success than its promoters can hope for.

Paregoric without Opium.

A CHEMIST, in Derbyshire, was last week charged with selling as paregoric a preparation which was entirely destitute of opium.

The inspector went to defendant's shop for three ounces of paregoric. Defendant served him, and he paid 8d. for the three ounces. The public analyst had reported that the preparation was entirely wanting in opium, of which there should be two grains to the ounce.

Defendant said he purchased it of Greaves and Sons, of Chesterfield, and that they informed him he was right in selling it as a mixture free from opium. To this the analyst gave the following reply:—"'Paregoric Elixir' always was, and always is, understood to contain opium. No one objects to shopkeepers selling a common domestic medicine (free from poison), if they will do it under such a name as not to cause mistakes. Dangerous and even fatal results are continually happening owing to the preparation, destitute of opium, being sold under the name of 'Paregoric.' Its failure to produce the intended effects lead to an increase in the dose, and then when the genuine article is obtained, as it will be if a druggist is asked for it, poisonous effects are produced." A nominal fine of 1s. was inflicted, with costs 11s. 6d.

The Mortality in Dublin.

THE deaths registered during the week ending 1st November represent an annual mortality of 30·6. The average annual death-rate of eight large town districts of Ireland (including Dublin), calculated on last week, was 28·4. In twenty large English towns (inclusive of London, in which the rate was 21·6) the death-rate averaged 21·9; in Glasgow, 14·3; in Edinburgh 16·1; in the Dublin District, 200; 86 deaths, or 46 per cent. of the total, were of children under 5 years of age, 37 being of infants under one year old. There were 41 deaths from zymotic diseases registered, being 8 less than the number in the previous week, but 8 over the average for the 44th week of the last ten years; they comprise 6 each from small-pox and scarlatina, 8 from measles, 4 from diphtheria, 3 from croup, 2 from whooping-cough, 3 from fever (2 typhus and 1 typhoid fever), 3 from diarrhœa, &c. The registered deaths from small-pox are one less than in the preceding week. Thirty new cases of this disease were admitted into the Dublin hospitals last week, being 10 over the number admitted in the week ending 25th October; 88 remained under treatment on Saturday last, being 10 more than the number in hospital at the close of the previous week. The new cases of scarlatina admitted into the hospitals are 7 in excess of the number in the previous week; 9 cases of pneumonia were admitted, against 5 in the preceding week.

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Workmen's Donations to Hospitals.

We are glad to notice a growing tendency on the part of working-men to devote a small portion of their earnings in a systematic manner to hospitals. The Hospital Saturday Fund in London this year exhibits a considerable increase in this direction, whilst in Birmingham the change is still more marked. It has been found that in every case which has come under notice where weekly contributions have been made, the amount raised on behalf of the Hospital Saturday Fund far exceeds the sum similarly raised in previous years. The following notable instances may be given:—One establishment, in 1875, contributed only £3 15s., and it was then decided to adopt the penny weekly system. In the following year the amount was increased to £17; in 1877 it reached £55 4s. 2d.; in 1878 it rose to £91 14s.; and this year the sum of £109 2s. 4d. was paid in. Another firm, whose contributions had previously never exceeded £17, adopted the penny weekly system, and at the next collection they had upwards of £50 available for distribution. Another firm have, by the adoption of this system, increased their subscriptions from £2 2s. in 1875 to £15 at the last collection. The system has been adopted in very many of the manufactories of the town, and many more establishments have notified their intention to adopt this system of contributing at the next collection. In many instances, where the work-people wish it, the employers allow the pay-clerk to deduct the amount from the wages of each contributor weekly, and this plan is found materially to facilitate the collection of the contributions.

The Dangers of Chloral.

The dangerous nature of chloral has received a melancholy illustration at Carlisle through the death of Dr. Wm. Hay, a well-known practitioner of that city. At the inquest on Friday, the Coroner, Dr. Elliot, recommended that public attention should be drawn to the fact that chloral does not, like opium, lose its power by repetition; but it may, if repeatedly taken, exert a sudden cumulative action resulting fatally. He insisted, further, that chloral paralyses the heart's action, and may produce sudden death before any remedy can be applied. The deceased was shown by medical evidence to have had a disproportionately small heart, and therefore, possibly, more amenable to the fatal effects of chloral poisoning. More precaution seem to be called for with respect to chloral, especially since the preparation which proved fatal to Dr. Hay was shown to have been very considerably stronger than that in ordinary use, one minim being equal to a half-grain of the drug. It may be remarked that the Carlisle City Coroner (Dr. Elliot) was first instrumental in securing the inclusion of chloral among poisonous drugs.

Of diseases of the zymotic class Portsmouth, Plymouth, Sheffield, Newcastle-upon-Tyne, and Dublin showed the highest death-rate. Scarlet fever was fatal in Bradford, Sunderland, Liverpool, Newcastle-upon-Tyne, and Dublin. Three fatal cases of diphtheria were recorded in Birmingham. Small-pox caused one more death in London, 6 in Dublin, but not one in any of the other large towns.

A Medical Fracas.

It is with profound regret we learn that an assault has been committed by one medical man upon another in the open street. A good deal of gossip is rife in London medical circles relative thereto, and we fear that something graver than any mere breach of professional etiquette must have caused this assault. We hear, however, on good authority that an apology has been tendered and accepted, and the matter will probably end thus. It is a pity that some understanding had not been arrived at before the gentleman applied his walking-stick to the person of a professional brother. Personal chastisement is rarely resorted to nowadays, in this country at least; and we deeply regret that any medical man should adopt this method of venting his grievances upon another.

Dr. Rosa Welt, a young lady of Vienna, has been appointed assistant to the chair of Ophthalmology in Bern.

Richet says that, in general paralysis of the insane, the anatomical lesion is an alteration of the deep cortical layer of the gray cerebral convolutions.

Surgeon-Major Reynolds, V.C., has been taken on the strength of the Dublin District from the 6th inst., and ordered to proceed to the Curragh for duty until further orders.

Prof. Wright, who recently died at his home in Cincinnati, will long be remembered as a medical teacher, lecturer, writer and practitioner; the cause of death was the impaction in the œsophagus of a plate of gold containing an artificial tooth.

The Medical Superintendent of the Worcester Lunatic Asylum, Dr. Shelock, and his wife, were, a few days since, presented with a very handsome claret jug and an illuminated address, on the occasion of their silver wedding.

The New Orleans *Med. and Surg. Journal* says that so great is the intimacy between newspaper reporters and certain doctors "that one of the dailies of that city, contains from day to day, bulletins of cases of sickness in private families."

We understand that the lucrative appointment of Principal Medical Officer in India, held for some years past by Surgeon-General J. H. K. Innes, C.B., will be vacated by that gentleman in January next, his probable successor being Surgeon-General T. Crawford, M.D., now Principal Medical Officer in Ireland.

The executive committee for the memorial to Surgeon-Major Shepherd, who was killed at Isandula, whilst trying to save a wounded comrade's life, have resolved to present the senators of Aberdeen University (Dr. Shepherd having been born in that shire) with an annual gold medal for surgery.

The Duke Carl Theodor of Bavaria, a doctor of medicine of Munich, who presided over the Naturforscher-Versammlung at its meeting in Munich in 1877, has just published a scientific essay in Graefe's *Archiv f. Ophthal-*

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mologie, entitled "Contributions to the Anatomy and Physiology of the Vitreous Body."

On Friday last Lord George Hamilton and Sir Francis Sandford, Secretary of the Education Department, visited the Royal College of Science, Dublin. It is understood that their visit is in connection with the reorganisation of that institution.

In the principal large towns last week the rates of mortality per 1,000 were—Portsmouth 14, Glasgow 14, Plymouth 15, Oldham 16, Edinburgh 16, Wolverhampton 17, Leicester 21, Bristol 21, Birmingham 21, Sunderland 21, Bradford 21, Nottingham 21, London 22, Salford 22, Norwich 22, Hull 22, Newcastle-upon-Tyne 23, Brighton 23, Sheffield 24, Leeds 24, Manchester 25, Liverpool 26, and the highest rate Dublin 31.

A munificent offer has been made by Professor Erasmus Wilson to the Court of Directors of the Margate Sea Bathing Infirmary for Scrofula, namely, to erect at his own sole cost a new wing containing wards for nearly seventy patients, a tepid sea-water swimming bath, and a chapel containing seats for 300 people. A resolution accepting with the warmest cordiality and gratitude this large-hearted act of benevolence, the cost of which will probably exceed £20,000, has been unanimously passed by the governors.

The Army Medical Service seems likely in the future to be a mixture of the Red Cross, the St. John Ambulance Association, with a mixture of Red Cross Pills, and a few army doctors to savour the mess. We are glad to notice the students are holding aloof. We wish that Poor-law medical officers had as much self-respect; if so, we would not hear of health officers at £10 a-year, or such out-pourings as find their way to our letter-box.

Dr. J. V. C. Smith died in Richmond, Massachusetts, on August 20. In 1823 he started the *Medical Intelligencer*, the first medical weekly in America. He has since been connected with the Boston *Medical Journal* and the *Medical World*, Mayor of Boston, Professor of Anatomy in Berkshire Medical College, author of the Natural History of Fishes of New England, and Treatise on Anatomy and Physiology of the Eye.

Mr. Mark Firth has signified his wish to found a Chair of Chemistry in connection with Firth College, Sheffield. He proposes to invest a sum sufficient to produce an annual income of £150, and this, together with the fees of students, will amount, it is believed, to a handsome sum. Mr. Firth proposes that the appointment shall be first filled by Dr. Carvelley, of Owens College, Manchester. Mr. Firth built the College bearing his name, contributing at the same time £20,000 towards the general endowment fund.

On Friday last Dr. Hardwicke held an inquest in Holborn on the body of Cornelius McCarthy, a costermonger, who met his death under somewhat singular circumstances. Some days previously deceased ate some fried fish. Next day he complained of pain in the throat, and went to a hospital. The surgeons endeavoured to dislodge some foreign matter from the larynx, but not succeeding the man went home, and died two days later. A post-mortem examination revealed the fact that a small fish-bone had penetrated the heart, causing death.

Another singular accident, resulting in death, occurred last week at Sherborne, in Dorsetshire. About four months ago a little boy swallowed a tin toy, which is used to produce the noise in imitation of Punch. This became so firmly embedded in the trachea, that all efforts to dislodge it proved abortive. It subsequently broke into pieces. These were removed, except a three-cornered detachment, which, revolving on its own axis, eventually caused death from suffocation.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were—in Calcutta 26, Bombay 34, Madras 40; Paris 23; Geneva 17; Brussels 27; Amsterdam 21, Rotterdam 24; The Hague 24; Copenhagen 26; Stockholm 17; Christiania 19; St. Petersburgh 31; Berlin 25, Hamburg 25, Dresden 20, Breslau 22, Munich 38, Vienna 24, Buda-Pesth 33; Rome 33, Naples 26, Turin 21; Alexandria 36; New York 24, Brooklyn 22, Philadelphia 13, and Baltimore 18 per 1,000 of the populations.

The election of the Council of the Surgical Society of Ireland took place on Monday week last at the Irish College of Surgeons. In addition to the outgoing Council, who offered themselves for re-election, the following gentlemen presented themselves for ballot:—Mr. P. C. Smyly, Dr. E. H. Bennett, Dr. Roe, Dr. Swan, Dr. Swanzy, and Dr. Wheeler. On scrutiny of the votes, it appeared that the entire of the Councillors who sought re-election had been again placed in office with the exception of Mr. Stapleton, and that Messrs. Smyly, Roe, Bennett, and Wheeler had also been admitted to the Council.

Mr. Rawdon Macnamara, junior, has been selected by the Professors of the Royal College of Surgeons in Ireland to act as a Demonstrator of Anatomy in the College School. The newly-elected is the third Rawdon Macnamara who has taken a place in the College School, his grandfather having been a very distinguished professor in the College, and his father its present representative in the General Medical Council, and its Professor of Materia Medica. Mr. Macnamara has just relinquished the house-surgeoncy of the Alnwick Infirmary, and has received, on his departure from that town, a handsome presentation and address, in testimony "of the golden opinions he has won from the public at large and the patients under his care since his residence there."

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—For the week ending Nov. 1st, the deaths were 65 in number, and the death-rate was 15 per 1,000. The birth-rate was unusually high. No death

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from fever was recorded in the city, and no zymotic deaths occurred in the southern suburbs.

Death from Hydrophobia in Glasgow.—On Saturday, Nov. 1st, a death from hydrophobia was reported in the Camlachie district of Glasgow. It appears that as far back as July last, the wife of a hammerman, residing at Gallowgate, was bit by a bad dog. The wound, which was on the right hand, was cauterised immediately by a medical man, and appeared to have healed entirely at the expiry of six weeks. No evil effects were, therefore, anticipated. On Sunday, previous to her death, she experienced considerable pain in the region which had been bitten, and subsequently the sensation extended to the whole of her arm. The following Tuesday unmistakeable symptoms of hydrophobia manifested themselves. Drs. Miller, Leitch, and Muir, visited the poor woman, but their skill was unavailing, and she expired on Saturday morning. During the last four days of her life she suffered terrible agony, and refused to touch either meat or drink.

Health of Glasgow.—Glasgow continues to be exceptionally healthy. Some two months ago—for the week ending Sept. 6th—the rate, as we reported at the time, reached the low figure then unparalleled in the city's mortality statistics, of 15 (14.5) per 1,000 of the population per annum. Since then the rate, as could only have been expected at this season of the year, has generally shown an upward tendency. Last week, however, going down at a bound from 18 in the preceding, the minimum of 14.3 was reached, being 2 of a decrease as compared with the first week of September, and absolutely the lowest rate of mortality on record in the city's statistics. In the corresponding week of 1878, 1877, and 1876, the rate stood at 21.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland says that the death-rate during the week ending with Saturday, the 1st November, 1879, was 15·9 per 1,000 of estimated population. This rate is 3·7 under that for the corresponding week of last year, and 1·2 under that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 11·7, and the highest in Greenock, viz., 23·0. The mortality from the seven most familiar zymotic diseases was at the rate of 2·6 per 1,000, being 0·4 less than the rate for the last week. A slight increase occurred in scarlet fever. Acute diseases of the chest caused 77 deaths, being 7 less than the number recorded during the previous week.

Action against a Glasgow Doctor.—The action against Dr. J. S. Cummings, as before referred to, by a commercial traveller, for £500 as damages for injury alleged to be sustained through unskilful treatment and negligence, has been dismissed by Sheriff Lees, the sheriff finding no proof of the allegations. He finds the defender entitled to expenses.

Testimonial to Dr. Andrew Fergus, of Glasgow,—At a numerous meeting of ladies and gentlemen assembled in the Merchants' Hall, Glasgow, Dr. Fergus was presented with his portrait by Mr. Norman McBeth, and several articles of plate. The chair was occupied by the Lord Provost, who spoke in eulogistic terms of Dr. Fergus. The plate consisted of a solid silver tea and coffee set in the style of the Elgin Marbles, a case of 18 pairs of silver fruit knives and forks, a case of four silver fruit spoons, and four corner dishes. There was also a gold bracelet, set with pearls and diamonds.

A Dinner after the Ancients.—In the Latin *menu* given in our last under the above heading, "Ostrea coccisa frixa" should read "Ostrea *con*cisa frixa."

Obituary.

CHARLES EDWARD SMITH, L.R.C.P., L.R.C.S. Ed.

A Medical Hero.

Those of our readers who knew "Charley Smith of the 'Diana,'" will read with sincere regret the announcement of his early death. The history of that terrible winter in the Arctic Seas—never published *in extenso*, and but partially revealed in fragments—caused a deep throb of emotion throughout the profession. Deserted by the other whaling vessels, the unfortunate "Diana" of Hull was left amidst closing ice in September, 1865—without provisions, without winter clothing, without fuel. On Christmas Day the captain—Captain John Gravill—died of cold and exhaustion. Their spare spars, their boats, save one, were burnt to melt the ice for drink. In a little time half an oil cask per diem was the allowance of fuel; a biscuit and a half per diem their scanty ration, in the Arctic Seas in a winter of unwonted severity. As the only educated man among them, the management of the ship and crew, after the captain's death, devolved upon its doctor. An Essex Quaker, the surgeon manifested all the passive courage of his sect. He took his turn at the pumps, which were going day and night, the ship having received a severe nip in the ice. By his example he animated and cheered the crew to work at what seemed a hopeless task. Then scurvy broke out; and many of the enfeebled wretches, on their miserable dietary, died on slight effort. With their swollen, bleeding gums they mumbled their biscuit, and ran "their race with death," as Captain Allen Young has designated this memorable voyage. When the death-stricken vessel drifted into Ronas Voe, in the Shetland Isles, in April, 1866, only four men could stand. Of the crew of fifty-one men, the captain lay in an icebound grave, while nine corpses lay stretched on the deck, and four more of them died before the ship reached Lerwick. When the "Diana" entered the port of Hull, thousands of people assembled to greet the ill-fated vessel. Charley Smith was recognised as the master-spirit to whom were due the lives of the survivors—the safety of the ship. Modest, courteous, diffident, unwilling to speak of his own deeds, Smith found himself a recognised hero. His reception was more than enthusiastic. The profession *fêted* him in public. The Board of Trade presented him with a case of surgical instruments which cost £50, accompanied by a testimonial signed by the President, declaring that his services had been "generous, humane, and unwearied." The townspeople of Hull and the underwriters of Lloyds presented him with a testimonial, and a purse containing one hundred and eight guineas. Many months of illness and exhaustion followed this long and terrible strain; and it was some time before Smith could resume his studies. When he returned to Edinburgh, one and all, teachers and fellow-students, welcomed back the genial, pleasant youth whose experiences had been so dreadful, and who had borne himself so heroically. Nothing, however, could overcome his repugnance to any perusal of his diary with a view to publication. Scraps and fragments of his story occasionally fell from him, telling of what straits he had passed through, of what a tremendous tension he had endured. Not feeling equal to study, he resided with Dr. Moffat, of Dalston, near Carlisle, working as his assistant. A general favourite, full of genial humour, no mean poet, the pleasantest of companions, "Diana Smith" was known far and wide. During this time Sir Roderick Murchison induced him to join Mr. Lamont in a Polar expedition; and few who knew Smith will forget his descriptions of scenes in Spitzbergen. A keen naturalist, from his very childhood he was familiar with every beast and bird. When only twelve years of age he noted that the martins never builded their nests in the afternoon, but left their work to dry while they were engaged in search of food. After a year or two of comparative rest he resumed his medical studies in Glasgow, where "Diana Smith" won a reputation for earnest application. He made an excellent appearance for his diploma, and became house-physician to the infirmary, where his discharge of his duties was most exemplary. His clinical reports are described as "models of correct English and careful observation." After trying a practice in Durham, he gave it up, and went as surgeon in charge of the emigrant ship "Dunedin" to New Zealand, where he settled in practice at Otepopo. Here he soon gathered friends around him, and was beloved by the Maoris; he was made a magistrate, so great was the respect for him. He married, and had a

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very extensive practice, when his health broke down. The final act, which completed what over-exertion had been only too successfully essaying, was diving in the harbour for the body of a drowned man, which after repeated efforts he succeeded in recovering. A life of self-sacrifice culminated in this effort, and a severe ulcer of the stomach followed the exposure. He disposed of his practice, and came home with his wife and child, in the hope that this would restore his health—in reality to die. Worn, wan, wasted, waxen—he met death calmly and composedly, as he had faced it many a time and oft before. The old man, the playful humour passed away, and religious convictions took their place. Quietly, in his Essex home, the wanderer went to his rest in peace. After all his perils in various parts of the globe, "Diana Smith" died in bed under his father's roof-tree in September last, leaving the sorrow-stricken old man to furnish what comfort he could to the girlish widow and her fatherless boy. To this boy he has left the manuscript diary of that fearful winter in the Arctic Seas. Many will regret that he has thus prevented the publication of the record of his sufferings and his heroism until they will be well-nigh forgotten; for one and all of his hundreds of friends would have been glad to possess, in the form of a book, a memorial of a man who did honour alike to his profession and to humanity.—*Edinburgh Medical Journal* for November.

Correspondence.

VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The severe nature of the small-pox epidemic which visited London during the autumn of 1876, and prevailed with more or less intensity during the whole of 1877 and 1878 and part of 1879, induced the Managers of the Metropolitan Asylums District—upon whom, in their official capacity, devolved the treatment of a large proportion of the infected—to collect certain statistical facts which illustrate the advantages of efficient vaccination and re-vaccination, as evidenced by the experiences of the medical superintendents of the several small-pox hospitals under the control of the Board.

The observations of these gentlemen confirm former opinions on the subject, and establish beyond doubt the mitigating influences in small-pox cases of successful primary vaccination, and the preventive powers of efficient re-vaccination.

The total number of small-pox patients treated in the various hospitals of the managers, from the outbreak of the epidemic in 1876 until the commencement of the present month, has been 15,171, of whom 11,412 were vaccinated, and 3,759 unvaccinated; and it is believed that for each case treated in the Board's Hospitals, another was privately attended—hence some idea may be formed of the magnitude of the epidemic.

The total number of deaths which occurred in the hospitals during the period under consideration was 2,677. Of these 1,008 were vaccinated, and 1,669 were unvaccinated cases. The percentage mortality upon the whole of the admissions was therefore 17·6, being at the rate of 8·8 per cent. of the vaccinated, and no less than 44·4 per cent. of the unvaccinated.

It may be observed that, among the 11,412 vaccinated patients admitted, are included the majority of those who stated that they had been vaccinated, but upon whom no traces of vaccination were discernible. No case of small-pox has come within the cognisance of either of the medical superintendents of any person who had been efficiently vaccinated and successfully re-vaccinated. The nurses and servants employed from time to time at the various hospitals during the epidemic, have enjoyed almost absolute immunity from infection, and the few, some half-dozen amongst nearly one thousand—who contracted the disease whilst discharging their duties, had, from some cause or other, escaped re-vaccination before entering the wards. Experience has therefore irrefutably proved that, were vaccination efficiently performed in infancy, within the period prescribed by the Vaccination Act, and re-vaccination successfully accomplished at puberty, small-pox, instead of being, as it is at present, a common and extremely fatal disease, would be a comparatively rare one, and so little fatal that few, if any, deaths would result from it.

Yours, &c.,

W. F. JEBB, Clerk.

The Metropolitan Asylums Board Offices,
37 Norfolk St., Strand.

VACCINATION AND ITS SUPPOSED DANGERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to the excellent letter of Dr. Whistler in your columns of this date, and to your own question—Whether any disease is ever communicated by vaccination other than vaccinia? I trust you will permit me to make a few observations.

In Dr. Ballard's prize essay on vaccination the reader can find unmistakable evidence that syphilis may be conveyed from one child to another by vaccination, and in the pages of the *Lancet* and other medical journals from time to time further evidence is offered. I am not aware that any medical man who has studied the literature on the subject denies these facts.

Some time ago, in speaking on this subject to a well-known physician he replied—"A family, relatives of my own, had themselves and their servants re-vaccinated during the recent epidemic of small-pox, and everyone so re-vaccinated showed afterwards a secondary syphilitic rash." A few days afterwards I mentioned this statement to another well-known physician, and he replied—"A patient of mine recently got re-vaccinated, and he came to me afterwards and showed me his arm, whereon I saw, at the spot where the operation had been performed, a chancre."

Pure vaccine lymph, being a specific, cannot convey any disease but vaccina; but if there exist any blood corpuscles mixed with the lymph, then that lymph may convey syphilis. Rashes of various kinds frequently show themselves among the poorest classes after vaccination, but no doubt, in the great majority of cases, these are the result of a fermentation bringing latent disease to the circumference.

For two years I have been engaged in producing calf vaccine lymph and distributing it to the profession. About 5,000 (five thousand) cases have been so vaccinated with that lymph, the success, so far as I can ascertain, being, in infants, about 80 per cent.

As I consider the lancet may convey blood from one case to another, I advise the use of large American lancet ivory points, each used for one child only. It is not so easy to vaccinate thus as with liquid lymph and the lancet, hence the percentage of failures is accounted for; but with myself, I have during two years had only *one* failure in infantile vaccination. The method is not so convenient for medical men, but as all classes of society, from the very highest to the very lowest, and especially the operative class, prefer calf lymph, I do trust, with Dr. Drysdale, that our Government may be induced to inquire into the matter.

The duty I have imposed upon myself is an anxious, laborious, and expensive one, and I shall at any time be only too glad to surrender my position, and to place before any commission all the practical information I possess on the subject. Until Government, however, relieves me of my responsibilities, I will do my best to supply the profession with calf lymph, as a complete answer to all objections against vaccination.

Yours truly,

GEO. WYLD, M.D.

12 Gt. Cumberland Place, Hyde Park, W.
November 5th.

ST. JOHN'S HOSPITAL FOR SKIN DISEASES.

The following letter addressed to the Council of the Charity Organisation Society has been sent us for publication:—

GENTLEMEN,—I have the honour to call the attention of the Charity Organisation Society to St. John's Hospital for Diseases of the Skin, Leicester Square, W., which claims support as one of the public charitable institutions of the metropolis, and therefore invites public investigation.

I was lately one of its honorary medical officers, but in no way responsible for, or cognisant of, its management. In that position several matters came casually under my notice against which I protested. At the desire of the Committee I

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put my allegations into writing, and some of these I now beg to lay before the Charity Organisation Society. I shall address myself only to the financial questions, which I apprehend solely concern the Charity Organisation Society, and with that view I shall first quote verbatim the following extract from my written statements to the Committee of St. John's Hospital :—

"The position of the hospital from a charitable point of view is peculiarly unsatisfactory. While its collecting boxes at railway stations and on drawing-room tables ostentatiously inform all that *sickness pleads for succour*, are contributors aware that the numerous out-patients pay on an average about a shilling a week, and does the Hospital Saturday Fund, which will not contribute to provident dispensaries, as they hold this to be paying twice over, know this when they give high marks and contributions to St. John's Hospital? Does the medical profession know that, while the medical staff receive nothing, some out-patients pay two, three, and even five shillings a visit, the honorary medical staff being thus made to cut the ground from underneath the feet of outside general practitioners?

"Is it not a fact that, to the intense disgust of the honorary medical officers, the board advertised last year for middle class patients, from whom the sum of five shillings per visit was demanded, my first patient of the kind being an American tourist living at the Langham Hotel, who claimed the benefit of the advertisement, in accordance with which I had to prescribe for him? Is it not a fact that from two to three pounds were thus received lately on each occasion of my seeing the out-patients, I being but one of three who see out-patients on the same day, and are not from four to five pounds received during the hours of attendance of another medical officer?

"The above merely gives an idea of the income of the hospital from out-patients' fees. Two of the seven medical officers brought in £10 a week at least from that source alone, and my last two in-patients paid, one at the rate of ten shillings a week for nine months, and the other one pound a week for some months. But if we return to the last printed report of the hospital, at page 9 we find that the number of out-patients for the year 1877 is put down as 23,540, which, according to my estimate of a shilling a visit, ought to have yielded £1,175, and my estimate may be verified on the medical officer's register of out-patients. But the amount received from patients (including both out and in-patients) for not merely the twelve but for the fifteen months between October 1st, 1876, to December 31st, 1877, is put down at page 14 as £299 16s. 7d. The amount, according to my estimate, ought to have been five times as much, and the serious question is, what has become of the balance?"

I may add that my statement concluded with the words "If the board are unwilling to institute the necessary reforms I shall be content to see this letter distributed broadcast as the justification of my action, or to submit the questions I now raise to the Charity Organisation Society, by whose decision I am willing to abide."

I had thought that the board of St. John's would have only been too glad to have the imprimatur of the Charity Organisation Society, whose avowed function is to promote the co-operation of honest charities; but in this I was mistaken, for instead of their consent I received a letter from their solicitor threatening me with a prosecution for libel if I did not completely withdraw all the statements I had made (*at their own request*) and fully apologise for my conduct.

Instead of doing this I invited them to carry out their threat, and they replied that they would not prosecute me at present, but dismissed me from all connection with the institution as if it were either an advantage or an honour to be connected with it.

Farther, it is to be considered that, not only is the hospital cutting the ground from beneath outside practitioners by vending that for which it pays nothing, but it is enabled all the better to do so from the large subsidies it receives from the Hospital Saturday and Sunday Funds.

On the 29th of July last the Sunday Fund made a grant of £50 10s. 5d. to St. John's Hospital, and the very next day the secretary sent out letters to the contributors to the hospital announcing the fact as showing "how great progress in efficiency it had made."

As the subscription from private contributors in the year 1877 purports to have been double all other sources of income of the hospital (see page 14), the result of such a subsidy used as an imprimatur of character and efficiency must be disastrous for the private practitioner who has to meet such heavily subsidised competition. And the Hospital Saturday Fund will, I presume, be the next to give it imprimatur and subsidy if the Charity Organisation Society does not give some note of warning on the subject.

I shall be glad to suggest to the officers of the Society how further information may be obtained on the points I have referred to. In submitting the above case to the Charity Organisation Society, as one which merits its best attention,

I have the honour to remain, gentlemen, your obedient servant,

GEORGE HOGGAN, M.B.

7 Rutland Gate, London, W.

THE UNIVERSITY OF DURHAM DEGREES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A correspondent in your issue of the 29th of October, who signs his letter "A Word to the Wise," seeks for information respecting the Medical Faculty of Durham University. As that gentleman seems to imagine that the race of medical graduates of that University is extinct, the following facts may serve to convince him to the contrary. About three years ago certain changes were made in the regulations for the M.B., which placed that degree within the reach of students of other schools on condition of one year's residence; since then the number of candidates, and consequently graduates, has steadily increased.

At the last meeting of Convocation ten gentleman graduated in medicine, two of whom held the diploma of F.R.C.S. England. Since the 1st of October last year, thirty-six gentlemen possessing qualifications in medicine, many already doubly qualified, have entered for the necessary year's residence, and four candidates in addition have presented themselves, within the same period, for examination for the degree of M.D. without residence, granted to practitioners of fifteen years' standing and forty years of age.

Should your correspondent require further information on this subject I can only refer him to the prospectus of the University of Durham College of Medicine.

Yours, &c.,

A MEDICAL UNDERGRADUATE OF THE UNIVERSITY OF DURHAM.

7th November.

INTRA-UTERINE MEDICATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have found the following simple arrangement for intra-uterine medication answer very well :—Cut the end off a flexible No. 10 catheter, pass the wire stilette through it, and make a knob on the end of it with wax and cotton wool, which will just cover the end of the catheter; then push up the stilette about an inch and a-half, roll cotton wool round it, and dip it in the solution to be applied (carbolic acid and iodine is excellent), and draw it within the catheter so that the knob just covers the end, give it a bend like a uterine sound, and pass it up to the fundus of the uterus; then draw the catheter down the wire. This, of course, brings the medicated cotton wool in contact with the uterus through its whole length. After leaving it in for a minute or two, it can be withdrawn. The speculum is not needed. The main recommendation of this arrangement is that it saves the cost of a 20s. or 25s. instrument, an important matter in these times.

Yours, &c.,

ALEXANDER WALLACE, M.D.

Parsonstown, Oct. 29, 1879.

Important Meeting of Medical Men on Water Contamination.—A few weeks since we called attention to the decided stand made by Dr. Hime, the medical officer of health for Sheffield, against the contamination of the water supplied to the town by sewage, and by the continued building in of the dam whence the town supply came. At a meeting held on Saturday last, convened and presided over by the Mayor, the following gentlemen were present :—Drs. Bartolomé, Banham, Hime, J. Young, Law, W. Dyson, and W. E. Thomas; and Messrs. J. Barber, Edward Barber, Olliver Barber, Taylor, Hargreaves, W. Favell, A. Jackson,

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Snell, Martin, Packman, Ed. Cooke, Benson, Leach, M'Beath, Davidson, James, Skinner, Pye-Smith, Adams, Morton, Cleaver, Shera, Inkster, and Thorpe. The meeting was most enthusiastic, and it is gratifying to notice that the Mayor was at one with the profession upon this vital question. Resolutions were passed condemnatory of the system of over-building around, and drainiage into, the dam; and Dr. Hime's hands were further strengthened by the unanimous support and thanks of his brother practitioners for his zealous and determined action in the matter.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

CANDIDATES FOR THE ARMY MEDICAL SERVICE are informed that the next examinations for admission to this department of the public services will be held in London at the Law Institution, Chancery Lane, on December 8, and following days. Particulars as to applications will be found in our advertisement columns.

MR. NEWMAN.—With much pleasure.

THE METRIC SYSTEM.

As we are frequently asked for information on the metric system, we shall publish the annexed and other tables from time to time, with the view of assisting our readers in what is rapidly becoming a difficulty, in consequence of the frequent use of the metric notation by writers, both in our own and other journals:—

METRIC MEASURES OF LENGTH.

Millimetre	0·001	of a Metre	equals	0·03937	inch
Centimetre	0·01	,,	,,	0·39370	,,
Decimetre	0·1	,,	,,	3·93707	,,
METRE	1	METRE	,,	39·37079	inches
Decametre	10	Metres	,,	393·70790	,,
Hectometre	100	,,	,,	3937·07900	,,
Kilometre	1000	,,	,,	39370·79000	,, (1 mile)
5 Kilometres	..	...	equals 3 miles		

METRIC MEASURES OF WEIGHT.

Milligramme	0·001	of a gramme	equals	0·015	grain
Centigramme	0·01	,,	,,	0·154	,,
Decigramme	0·1	,,	,,	1·543	,,
GRAMME	1	GRAMME	,,	15·432	grains
Decagramme	10	Grammes	,,	154·323	,,
Hectogramme	100	,,	,,	1543·234	,,
Kilogramme	1000	,,	,,	15432·348	,,

454 Grammes equal to 1 lb.

METRIC FLUID MEASURES.

When using the metric system, fluids are preferably prescribed by weight, employing the gramme, its multiples and sub-divisions, just the same as with solids, thus avoiding the errors due to refraction, adhesion, and inaccurate measuring vessels.

For practical purposes, four grammes of water may be regarded as equivalent to a fluid drachm of that liquid. And the same may be considered true of tinctures and infusions. Syrups, on the average, are about one-third heavier than water, so that a fluid ounce of a syrup will be approximately represented by 43 grammes. Fluids may be prescribed by volume in the metric, just as in the present system, using for that purpose the cubic centimetre, that is a volume represented by a cube, all of whose sides measure one centimetre.

One cubic centimetre (C.C.) equals 16·231 minims. It is approximately regarded as one-fourth of a fluid drachm.

Mem.—Approximate weights of 20 drops of the following:—

	GRAMMES.	GRAINS.
Ether Sulphuric at 66 deg.	0·35 equal to	5½
Liq. Hoffman	0·45 ,,	6¾
Alcohol at 80 deg.	0·45 ,,	6¾
Oil of Almonds	0·55 ,,	8¼
Acid Acetic at 10 deg.	0·60 ,,	9
Essential Oil of Peppermint	0·65 ,,	9¾
Distilled Water	0·75 ,,	11¼
Laudanum	0·70 ,,	11
Acid Sulphuric, 60 deg.	1·20 ,,	17⅞
Syrups at 35 deg.	1·50 ,,	23

MR. E. HAWKER.—Not suitable for our columns; we have directed our publisher to return the MS.

A MEMBER OF THE COLLEGE.—A "storm in a teapot."

FOREIGN HEALTH RESORTS IN LUNG DISEASES.—Several letters on this subject are unavoidably held over from press of matter.

MR. HEMMING.—If possible in our next.

AN ANXIOUS ONE.—Quite out of print.

DR. T. H. WILLIAMS, New York.—Thanks for your complimentary remarks; we shall endeavour to merit a continuance of the good opinions of our American *confrères*.

DR. C. CROSSMAGHER.—Write to Dr. George Wyld, 12 Great Cumberland Place, Hyde Park, London, W.

DR. BALMANNO SQUIRE.—Communication will appear in due course. We are much pressed for space just now.

ZOOLOGIST.—The lectures now being delivered at the British Museum every Thursday and Saturday by Dr. Carter Blake will help you to a practical appreciation of the subject.

F.R.C.S.—We have carefully weighed the reports on both sides, and think it better not to give it the prominence of publicity in our columns.

"DEMAND FOR ARMY DOCTORS.

"(*Don't they wish they may get them?*)

"WANTED, for employment as medical officers in the British army, an adequate number of thoroughly well-educated physicians and surgeons, willing, on occasion, to expose their lives to the utmost danger in active service, without any expectation of receiving the Victoria Cross, or being otherwise distinguished or rewarded. They must have no objection to put up with indignity and neglect, be contented with an amount of pay not exceeding a sufficiency for their daily maintenance, and be prepared on their discharge to depend for their subsistence upon such private practice as they may hope to pick up by beginning the world again late in life. As the want of competent army physicians and surgeons is just now very urgent, the supply being far from equal to the demand, immediate applications are confidently expected at the War Office."—*Punch*.

A QUACK'S EXODUS.—The State Board of Health for Massachusetts, in their tenth Annual Report, direct the attention of the State Legislature to the experience of Illinois, where, in one year and a-half, 1,400 self-styled doctors are reported as having left the State, because they were unable to pass the examinations required of them. Of these, 400 are estimated to have gone to Indiana, 250 to Wisconsin, 100 to Minnesota, and an unestimated number to Missouri.

MR. WENHAM.—Your letter, with editorial comment, will appear in our next.

MR. T. M. D.—Letter on Superannuation will appear in our next.

CLINICAL SOCIETY OF LONDON.—On Friday, Nov. 14, Dr. Crocker, A Case of Congenital Sebaceous Disease of the Scalp; Mr. Spencer Watson, A Case of Acute Ophthalmitis affecting both Eyes—Treatment by Rapid Mercurialisation, and the Instillation of Duboisin; Surgeon-Major Alcock, A Case of Perforating Wound of the Lung; Mr. Norton, A Case of Removal of the Frontal Bone, Left Wing of Sphenoid, Ethmoid, large part of the Superior Maxilla, and one Eye, with complete restoration to health (patient exhibited); Dr. Goodhart will exhibit a Case of unusual Development of Keloid in Small-pox Scars; Mr. Balmanno Squire will exhibit a Case of Port-wine Mark cured at two Operations by Linear Scarification; also a Calotte after use in the treatment of Ringworm.

VACANCIES.

Abbeyleix Union, Ballyroan Dispensary.—Medical Officer. Salary, £100, with fees, and £20 as Medical Officer of Health. Election, Nov. 18.

Belmullet Union, Bangor Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health. Election, Nov. 17.

Gort Union, Gort Dispensary.—Medical Officer. Salary, £120, with fees, and £10 as Medical Officer of Health. Election, Nov. 22.

Royal Free Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary on or before Nov. 26. (See Advt.)

APPOINTMENTS.

CASLEY, R. K., M.D., Honorary Physician to the East Suffolk and Ipswich Hospital.

CHISHOLM, J. M., M.A., M.B., C.M., M.R.C.S.E., Resident Surgeon to the Royal Infirmary, Edinburgh.

HUTCHESON, G. W., M.D., M.R.C.P.E., Medical Officer for the Chipping Norton Workhouse.

JACKSON, M., M.R.C.S.E., Medical Officer for the No. 2 District of the Chipping Norton Union.

LOVEROCK, R. G., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Termon Dispensary District of the Bailieborough Union, co. Cavan.

LYON, Dr. J. A., Medical Officer and Public Vaccinator for the Parish of St. Andrew's, Fifeshire.

MCALPINE, A. N., B.Sc., Lecturer on Botany at the Minto House School of Medicine, Edinburgh.

OLIVER, T., M.B., Lecturer on Practical Physiology in the University of Durham College of Medicine, Newcastle-on-Tyne.

WILLIAMS, P. St. G., M.R.C.S., Assistant House Surgeon to the Huddersfield Infirmary.

Deaths.

CONNOR.—On Oct. 31, at Knockmaroon, St. John's Hill, New Wandsworth, William Connor, M.A., M.B., F.R.C.S.I., aged 75.

DAWSON.—On Oct. 28, at Thames Ditton, John Dawson, M.R.C.S.E., aged 72.

FOX.—On Nov. 5, at Brook Street, London, W., Hy. Hawes Fox, M.D., late of Northwoods, Gloucestershire, aged 60.

MORTON.—On Oct. 31. at Bideford, Augusta, wife of Dr. J. S. Morton, Surgeon-Major Madras Medical Service (retired), aged 50.

ROBERTS.—On Oct. 31, Eliza, widow of C. J. Roberts, M.D., aged 82.

SCOTT.—On Oct. 29, at Bryn, Conway, William Joseph Scott, M.R.C.S., aged 32.

SHORT.—On Nov. 1, at Beech Lodge, Harrogate, Wm. Short, L.F.P.S.G.

TORNEY.—On Nov. 1, at Ellis's Quay, Dublin, Richd. Torney, L.R.C.P., aged 48.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 19, 1879.

CONTENTS.

Original Communications.

PSYCHOLOGY AND THE NERVOUS SYSTEM.

By J. HUGHLINGS-JACKSON, M.D., F.R.S.,

Physician to the National Hospital for the Epileptic and Paralysed, and to the London Hospital.

(*Concluded from page* 411.)

We returnn ow to consider further differences betwixt ideation and perception, which will enable us to see more clearly that the demarcation betwixt subjective and objective activity is not so rough as we represented it to be.

So far we have implied that the differences betwixt ideation and perception are doubly compound—that there is not a difference in faintness and vividness only nor in feeble and strong reference to the environment only but in both. There is a further difference. The greater the ideation the more are the images which constitute it associated with our already organised images (or, in popular language, the more are they part of an ideal environment). This is admitting that there is no abrupt division betwixt subjective and objective activity, for the more mentation is made up of images organised in us the more subjective it is. The subjective stage ceases into the beginning of the objective stage—ideation. The greater the perception the less are the images constituting it associated with (that is more dissociated from) our already organised images, and the more associated are they with those now organising from the environment—in popular language, they are part of an actual environment. (We think not only by the Association but by the Dissociation of ideas). In brief, the greater the ideation, the less the perception; the greater the perception, the less the ideation; greater or less, in the triply-compound degrees of (1) differences of degree of faintness and vividness of the images particularly constituting the mentation of the moment, (2) differences of degree of association of these images with already organised, and of degrees of association with now organising images, and (3) degrees of feeble and strong reference to the environment. (*a*)

These statements as to differences seem to me to harmonise with the speculation as to the differences in the correlative physical discharges. The highest centres being most differentiated will be those with most numerous "cross," or "lateral," lines of integration. When nervous discharges of parts of the highest centres are slight, as during ideation, they will only be able to overcome the resistances, to discharge other parts of the highest centres, but not able to overcome the resistance of subordinate centres. They will be confined to the highest centres. Wide spreading discharges throughout the highest centres are the physical side of association with formerly organised states. When discharges of the highest centres are strong, they will be able to overcome the resistance of —to discharge—the subordinate centres. When discharged the lower centres are *then* lines of least resistance; the currents will then "flow" more downwards, and less laterally; and thus the ideation (association with formerly organised states, &c.), will be less, and the perception (association with now organising states) greater. It is significant that the subordinate centres contain more large cells than the highest centres.

This speculation seems to me to accord with the facts of epileptic seizures. I speak of the seizures which begin with loss of consciousness, or in which consciousness ceases very early, and mostly after a "warning," which we may declare to be consciousness ceasing. It is very common for a patient to have the slight attacks called *le petit*

(*a*) Of course, although speaking of the organised and the organising, we admit innumerable degrees of organisation from the most deeply and permanently organised (as, for example, the respiratory nervous arrangements) to the most slightly and temporarily organised (as, for example, those concerned in what we saw a moment ago). Moreover, we consider organisation in two ways. A process is organised the more the nervous arrangements for it are strongly or frequently discharged so far the more is it independent or differentiated from the rest of the organism. But those nervous arrangements are also organised along with others, and indirectly with all others; so far it is dependent on and integrated with the rest of the organism. The two kinds of organisation correspond to what on the psychical side are objective and subjective.

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mal long before he has *le grand mal*. The thing I wish to point out is that he does not, the rule is, become subject to *le grand mal* by having seizures of intermediate degrees of severity; but some unfortunate day he has a severest seizure. I believe that in the stage of *le petit mal* the discharges are nearly confined to the highest centres, and that when the big fit comes they have become strong enough to overcome the resistance of the subordinate centres. (*a*) The speculation accords with the general opinion of alienist physicians that the slight fits are worst for mind; it is, in terms of my hypothesis, bad for the discharge to be confined to the highest centres. It is better for them to "get out" through the lower centres.

There is a more direct bearing of the hypothesis. In some cases of slight epilepsy the patient has during the ceasing of object-consciousness (or simply when he is forgettimg what he is doing and where he is) an increase of subject consciousness (or simply ideas rise up in his mind, and necessarily, be they what they may, of what has been organised in him). Now he remembers this "dream," or at any rate, remembers that he did dream. In some cases of epilepsy, after the paroxysm, the patient acts; if so, the rule is, that he does not remember anything of the actions. (This is analogous to what has been affirmed of dreaming and somnambulism.) In the former case I submit the lower centres are not, and in the latter are, overcome. To remember a thing well is to have it firmly associated with other psychical states, which are fully organised. In some cases there is, during the onset of the paroxysm, the "dream," this being remembered; and after the paroxysm, there are actions of which the patient knows nothing. I hope, however, sometime to be able to show that the actions in these cases are in accord with the "dreamy" state. One patient's dreamy state during the onset is a feeling of "being somewhere else;" his unremembered actions are apparently those of trying to escape —"he makes for the door," as his father puts it.

I think also that some curious states in dreams are explainable on resistance of lower centres to the higher. Some people dream that they cannot do something they earnestly wish to do—cannot, for an example, dress when naked under awkward circumstances. I believe this is because the discharges corresponding to the ideation (incipient action) are not strong enough to overcome the lower centres; when they do the patient awakes, or perhaps is somnambulistic.

Thus, then, as we said, the distinction is not abrupt into subjective and objective states. A state is the more subjective the more the leading images of it are associated with other already organised images; it is the more objective the more it is associated with other images now organising.

Under another aspect all mentation is a rhythm of subjective and objective states. In morbid mentation there is defect of the objective process, and an increase of the subjective; the rhythm goes on at a lower level. This is equivalent to saying that the symptomatology of mental diseases is duplex; there is a negative, and there is a positive—indeed, an hyperpositive—element.

There is no such thing as a purely subjective or a purely objective state.

Let us take a case of morbid mentation. When more or less of the highest centres are *hors de combat* in dreaming, in delirium, &c., the rhythm of subjective and objective action goes on at a lower level. In delirium, the more organised images take the place of the less, the now organising; what in health are objective states being lost, what is in health subjective becomes then objective, there being a still lower subjective stage. There is a veritable deepening of consciousness—with diminishing object consciousness there is increase of what in health is a subject consciousness—then the images, particular and collateral, which in health subconsciously precede the images, particular and collateral, of objective states, are final, and for the patient quite real. A patient of mine, with some cerebral atrophy, in the London Hospital, complained that the man in the next bed got up and cut a round piece out of his blanket, as big as the top of a hat. I asked him why he believed that. He replied: "Because I saw him." A delirious *cabman*, standing by his bed, asked me to get into his cab, and to tell him where he should drive me. I asked, "Where is your cab?" He replied with a sneer which plainly meant what a fool you must be, "Why here!" pointing to his bed. Another patient of mine told me that his friends had brought him two birds, and had left the cage. I asked to see the cage, on which he brought the wire-work case for bottles affixed to his locker. I told him that it was not a cage. He admitted that it had lost its top. Another patient said to me when I went up to him: "I've brought this bale from the gateway, and want two shillings for it." The bale was a blanket wrapped up, and he was in a private room in the hospital. I wish to urge that these patients saw those things they spoke of, that the cabman saw a cab when we saw a bed. The bed developed in him the image of the big thing most organised in him. It was inferior perception. To wonder why he did not see it as a bed as we did is like wondering why the Esquimaux did not see glass as glass.

(*a*) The expression, "nearly," may seem to render the statement too vague. But I think it is not vague when we simplify it by saying that parts in which small muscles serve, parts chiefly concerned in emotional manifestations, are those effected by the discharge during *le petit mal*. My impression, indeed, is that many fibres, representing those parts chiefly concerned in emotional manifestations, pass from the highest centres, without break, by entering into—joining the cells of—the lower cerebral centres. Instead of small muscles, we should in strictness say, "movements which require little energy for the displacements they have to effect." Epileptic seizures begin by spasm of small muscles. I believe that small muscles are most represented in the highest centres, which is equivalent to saying that the hands and ocular muscles are largely represented therein; the nervous arrangements which are the motor substrata of tactual and visual ideas represent these parts.

PAUPERISM AND DRINK, WITH SOME REMARKS ON THE MEDICINAL VALUE OF ALCOHOLIC BEVERAGES AND THE MORTALITY FROM ALCOHOL IN WORKHOUSES.

By THOMAS M. DOLAN, F.R.C.S.Ed., L.R.C.P.E., &c.,
Medical Officer Halifax Union Infirmaries.

(*Continued from page* 413.)

II.

But there is another side to this custom of allowing beer to pauper inmates. In the course of my reading temperance literature, I have come across some very striking testimony as to the association of drink with pauperism; and one of the general arguments against employing alcohol in workhouses is, that as the majority of the inmates are admitted through drink, consequently alcohol should not be given, in any form, to gratify the passion which has led to dependence and pauperism.

The Rev. J. Holt, Chaplain to the Birmingham Workhouse, writes:—

"From my own experience I am fully convinced of the accuracy of a statement made by the late Governor, that of every hundred admitted, ninety-nine were reduced to this state of humiliation and dependence, either directly or indirectly through the prevalent and ruinous drinking customs."

Mr. Carlton, a guardian, states:—

"I have been a guardian for thirty years. I have never met with a single teetotaller who has come to our workhouse. We examined 108 females, and found 106 had come to the workhouse through drink."

A Mr. Mott observed 300 cases in Lambeth Workhouse. He found "in nine cases out of ten that the main cause for their pauperism was an ungovernable inclination for spirituous fluids."

Such testimony is very striking, and cannot be idly

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put on one side. It seemed to me worthy of inquiry whether drink was the main factor in filling the Halifax Workhouse; and I have endeavoured to find out whether my sick wards were crowded with old drunkards in the proportion of ninety-nine per cent.

The first difficulty was to arrive at accurate information and the method I had to adopt was not quite so satisfactory as I could wish; and hence, perhaps, a certain percentage must be written off for sources of error. My information, as to the habits of the patients, was obtained by two methods—direct and indirect—

1st. From the confessions of the persons themselves, which were generally very candid; and

2nd. In an indirect manner, from inquiries from persons who knew the individuals in other circumstances of life; whilst the appearance and diseases also afforded a certain standard of comparison, with the statements volunteered or collected.

I tried to free my mind from any bias, whether for or against alcohol, so that I might draw up an impartial report, which would tell its own tale without any interpretation.

I have drawn it up in a tabular form, showing sex, age, state of patient—whether married or single, disease and habits, temperate, moderate, intemperate.

As I have said, sources of error must be allowed for, as it was impossible to collect information as to the indirect influences, which led to the pauperism of the female patients. Thus many women may have been reduced to destitution by the intemperate habits of their husbands, or by the early death of the bread-winners from alcoholic excess.

Another consideration also arises, even assuming complete temperate habits. Is it possible for out-door labourers, with wages averaging from 10s. to 24s., to make provision for possible contingencies, as illnesses, arising from the very nature of their employment—such as rheumatism, bronchitis, inflammation of the lungs, phthisis, ulcers of the leg, and the rest—or for women, with lower wages, to save for the proverbial rainy day.

In the case of drinkers, would the amount of money expended be sufficient, if it had been saved, to provide an annuity for not only old age, but for sickness? (*a*)

Calculations of this nature must be entered into when dealing with the drink question, but as a rule they are

(*a*) The Rev. L. Lowry Blackley has suggested a scheme for "National Insurance" to remedy the evils of pauperism, and in the July number of the *Contemporary Review*, 1879, under the heading "Compulsory Providence as a Cure for Pauperism," he further advocates and defends his proposal.

TABLE I.—*Males.*

		Married.	Single.	Ages. Under 21.	21 to 30.	31 to 40.	41 to 50.	51 to 60.	61 to 70.	71 to 80.	Over 80.	Occupations. Clerks.	Operatives.	Out Labour.	Soldiers.	Principal Diseases. Venereal Diseases.	Acute and Chronic Rheumatism.	Paralysis.	Bronchitis.	Ulcer. Leg	Sen. Maras.	Other Diseases.	Habits. Intemperate.	Moderate.	Temperate.
Total, 92		72	20	1	5	13	17	18	20	16	2	4	19	64	5	1	16	19	20	15	12	9	42	39	11
Married		72	..	..	1	8	16	14	18	14	1	3	17	48	4	..	11	18	18	10	10	5	31	33	8
Single		..	20	1	4	5	1	4	2	2	1	1	2	16	1	1	5	1	2	5	2	4	11	6	3
Ages.	Under 21	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	1	..
	21 to 30	1	4	..	5	..	..	..	..	..	..	..	1	4	..	..	..	1	..	2	..	2	4	1	..
	31 to 40	8	5	..	..	13	..	..	..	..	..	1	..	12	..	1	1	..	2	4	..	5	7	5	1
	41 to 50	16	1	..	..	..	17	..	..	..	..	..	8	9	..	..	3	3	7	3	..	1	8	9	..
	51 to 60	14	4	..	..	..	..	18	..	..	..	2	4	11	1	..	7	5	5	1	..	..	7	6	5
	61 to 70	18	2	..	..	..	..	..	20	..	..	..	2	17	1	..	3	9	5	1	1	1	8	10	2
	71 to 80	14	2	..	..	..	..	..	..	16	..	1	4	9	2	..	2	1	1	3	9	..	6	7	3
	Over 80	1	1	..	..	..	..	..	..	..	2	..	..	1	1	..	..	..	..	..	2	..	2	..	..
Occupations.	Clerks	3	1	..	..	1	..	2	..	1	..	4	..	..	..	..	..	2	..	..	1	1	3	..	1
	Operatives	17	2	..	1	..	8	4	2	4	..	..	19	..	..	..	4	6	5	..	3	1	10	6	3
	Out Labour	48	16	1	4	12	9	11	17	9	1	..	..	64	..	1	11	10	14	15	7	6	24	33	7
	Soldiers	4	1	..	..	..	..	1	1	2	1	..	..	..	5	..	1	1	1	..	1	1	5	..	..
Principal Diseases.	Venereal Diseases	..	1	..	..	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	..
	Acute & Chronic Rheumatism	11	5	..	..	1	3	7	3	2	..	..	4	11	1	..	16	..	..	..	..	..	5	8	3
	Paralysis	18	1	..	1	..	3	5	9	1	..	2	6	10	1	..	..	19	..	..	..	..	11	6	2
	Bronchitis	18	2	..	..	2	7	5	5	1	..	..	5	14	1	..	..	..	20	..	..	..	6	12	2
	Ulcer. Leg	10	5	1	2	4	3	1	1	3	..	..	..	15	..	..	..	..	..	15	..	..	7	8	..
	Sen. Maras.	10	2	..	..	..	..	..	1	9	2	1	3	7	1	..	..	..	..	..	12	..	6	3	3
	Other Diseases	5	4	..	..	5	1	..	1	..	..	1	1	6	1	..	..	..	..	..	..	9	6	2	1
Habits.	Intemperate	31	11	..	4	7	8	7	8	6	2	3	10	24	5	1	5	11	6	7	6	6	42	..	..
	Moderate	33	6	1	1	5	9	6	10	7	..	..	6	33	..	..	8	6	12	8	3	2	..	39	..
	Temperate	8	3	..	..	1	..	5	2	3	..	1	3	7	..	..	3	2	2	..	3	1	..	..	11

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TABLE II.—*Females.*

		Married.	Single	Ages. Under 21.	21 to 30.	31 to 40.	41 to 50.	51 to 60.	61 to 70.	71 to 80.	Over 80.	Occupations. Housewife.	Domestic servant.	Operative.	Other Occupations.	Principal Diseases. Venereal.	Uterine.	Paralysis.	Bronchitis.	Acute and Chronic Rheumatism.	Ulcer. leg.	Other Diseases.	Habits. Intemperate.	Temperate.
Total, 68		38	30	4	10	8	14	14	11	6	1	32	11	18	7	5	3	15	7	6	11	21	8	60
Married		38	..	..	2	3	9	8	9	6	1	32	3	1	2	2	..	11	4	2	10	9	2	36
Single		..	30	4	8	5	5	6	2	..	..	..	8	17	5	3	3	4	3	4	1	12	6	24
Ages. Under 21		..	4	4	..	..	..	..	..	..	..	..	1	3	..	1	1	1	..	..	1	..	2	2
21 to 30		2	8	..	10	..	..	..	..	..	..	1	2	6	1	3	..	2	1	.	..	4	4	6
31 to 40		3	5	..	..	8	..	..	..	..	..	2	1	4	1	..	..	1	1	1	1	4	..	8
41 to 50		9	5	..	..	..	14	..	..	..	..	6	3	3	2	1	..	1	2	1	6	3	1	13
51 to 60		8	6	..	..	..	..	14	..	..	..	8	3	2	1	..	2	2	1	4	1	4	..	14
61 to 70		9	2	..	..	..	..	..	11	..	..	8	1	..	2	..	..	4	2	..	1	4	1	10
71 to 80		6	..	..	..	..	..	..	..	6	..	6	..	..	..	..	..	3	..	..	1	2	..	6
Over 80		..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	..	..	..	..	..	1
Occupations. Housewife		32	..	..	1	2	6	8	8	6	1	32	..	..	..	..	..	11	4	1	8	8	..	32
Domestic servant		3	8	1	2	1	3	3	1	..	..	..	11	..	..	2	2	1	..	3	1	2	2	9
Operative		1	17	3	6	4	3	2	..	..	..	..	..	18	..	3	1	2	2	1	1	8	5	13
Others		2	5	..	1	1	2	1	2	..	..	..	..	..	7	..	..	1	1	1	1	3	1	6
Principal Diseases. Venereal		2	3	1	3	..	1	..	..	..	..	..	2	3	..	5	..	..	..	..	..	..	5	..
Uterine		..	3	1	..	..	..	2	..	..	..	..	2	1	..	..	3	..	..	..	..	..	..	3
Paralysis		11	4	1	2	1	1	2	4	3	1	11	1	2	1	..	..	15	..	..	..	..	..	15
Bronchitis		4	3	..	1	1	2	1	2	..	..	4	..	2	1	..	..	..	7	..	..	..	1	6
Acute and Chronic Rheumatism		2	4	..	..	1	1	4	..	..	..	1	3	1	1	..	..	..	..	6	..	..	..	6
Ulcer. leg		10	1	1	..	1	6	1	1	..	..	8	1	1	..	..	..	..	..	..	11	..	1	10
Others		9	12	..	4	4	3	4	4	2	..	8	2	8	3	..	..	..	..	..	..	21	1	20
Habits Intemperate		2	6	2	4	..	1	..	1	..	..	..	2	5	1	5	..	..	1	..	1	1	8	..
Temperate		36	24	2	6	8	13	14	10	6	1	32	9	13	6	..	3	15	6	6	10	20	..	60

TABLE III.—*Children.*

Ages.	Impetigo Contag. Disease.	Antecedents. Father. Living.	Father. Dead.	Father. Habits. Intemperate.	Father. Habits. Temperate.	Mother. Living.	Mother. Dead.	Mother. Habits. Intemperate.	Mother. Habits. Temperate.	No. in one Family.	Orphan.
6	1	1	..	1	..	1	..	..	1		
9	1	1	..	1	..	1	..	..	1	3	..
2	1	1	..	1	..	1	..	..	1		
6	1	..	1	..	..	..	1	..	..	..	1
4	1	1	..	1	..	1	..	..	1	1	..
6	1	1	..	1	..	1	..	1	..	1	..
3	1	..	1	..	..	..	1	..	..	..	1
11	1	1	..	1	..	1	..	..	1	1	..
9	1	..	1	..	..	1	..	..	1	1	..
7	1	..	1	..	..	..	1	..	..	..	1
2	1	..	1	..	..	..	1	..	1	..	1
1	..	..	1	..	..	..	1	..	..	1	..

overlooked, and still more whilst the evils of intemperance are continuously harped upon, the causes which have led to excess are completely forgotten, so that in the well-meaning efforts of temperance reformers there is a tendency to begin at the wrong end. I do not expect any great social amelioration, either in respect to drink or pauperism, until more attention is paid to the dwellings of the poor, and to the sanitary condition of their surroundings—though I mean more by sanitary, than what is conveyed by our ordinary conception of the word, for I include under it the moral influences arising from education, and still more from religion.

The pertinacity with which some members of boards of guardians insist on the uselessness of alcohol in workhouses, and on the necessity of medical officers conducting their practice on strict teetotal principles, seems to me, though very praiseworthy, as evidence of consistency, yet, nevertheless, as so much misplaced energy, which might be expended to a better purpose. It is right that guardians should exercise some control over their medical officers, and when the quantity of alcohol used seems excessive that they should inquire the reason for its administration. This might be done by consulting the medical officer, and by making a bed-side visitation with him. Thus the guardians would see each individual, and would understand from the explanation of the medical officer, both the quantity administered to each patient and the nature of the disease. There can be no doubt that this would be a more satisfactory method than the one adopted, of periodically protesting in the name of teetotalism, whenever a few gallons of alcohol are placed on the workhouse order-book. In the true interests of temperance I submit that my plan, as suggested,

would be more productive of advantage and satisfaction to all concerned, and "the thin end of the wedge" would be more likely of introduction.

The interpretation of the foregoing tables I leave to my readers.

(To be continued.)

Translations.

OPHTHALMOLOGICAL NOTES.

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

Formerly Ophthalmic and Aural Surgeon to the City of Dublin Hospital and Dublin Eye and Ear Infirmary.

(Continued from page 395.)

Ossification of the Crystalline. (*a*)

The possibility of true ossification of the crystalline lens is to the author an acquired fact, as he has had occasion to enucleate an eye and to examine the crystalline, which was exceptionally hard.

The microscopic examination was made by Dr. Cutler, a distinguished micrographer, and proved most emphatically the existence of true ossification, characterised by the canals of Havers and concentric layers of osseous corpuscles.

On the Law of Duration of Impressions in the Eye. (*b*)

At the present moment, when inquirers recur more and more frequently to the hypothesis of fatigue of the retina as an explanation of consecutive images, it may not be inappropriate to recall to mind that, even before Fechner and Helmholtz had developed, with full details, Scherfer's theory on the subject of fatigue of the retina, M. Plateau, basing his statements on numerous ingenious and even celebrated experiments, had already fully elaborated an opposite theory, which referred the phenomena of consecutive images to a particular mode of reaction of the retina. The well-known *savant* of Ghent has suffered severely, by loss of sight, for the interest he has ever taken in this branch of optical physiology. Turned aside for several years from these studies, but not discouraged, he again pursues them by borrowing—so to speak—the eyes of some of his surrounding friends, as is testified by two publications in which he defends, in part with fresh experiments, his former hypothesis on the subject of accidental images and of irradiation.—(*Bulletin de l'Académie des Sciences de Belgique*, 2me série, t. xxxix., 1875, p. 100 ; and t. xlii., 1876, pp. 335 and 684.)

Not content with defending his former assertions, M. Plateau introduces to our notice in the present work a curious law of the duration of impressions. After having corrected certain flagrant errors found in Helmholtz's work, in that part in which the latter refers to Plateau's researches into the subject of the duration of luminous impressions on the retina, he proceeds to the subject of the present communication. Helmholtz, not clearly understanding one of Plateau's experiments, declares that, according to the latter, the correspondence in the angular size of the black and white sectors of a rotating disc does not in any way affect the degree of speed of rotation necessary to effect the disappearance of the twinkling (*papillotage*). What Plateau really stated, and what is substantially true, is that with two discs, the black sectors of which are not equal to the white, the quickness of rotation of the discs necessary to obtain a uniform tint is the same, if the angular size of the white sectors of the one be equal to that of the black sectors of the other, and if the black sectors of the one be equal in size to the white sectors of the other.

The two tints thus obtained are complementary in this sense, that the sum of their brightness is equal to that of the pure white employed.

It is by modifying this experiment that Plateau has been successful in elucidating the following facts :—

Let us suppose a series of discs with black and white sectors, arranged in such a manner that the angular size of the white sectors shall diminish more and more as that of the black increases ; the uniform grey tint of the rotating discs will be deeper and deeper, that is to say, that the impression of white during the rotation will be fractionally less and less than that obtained by looking at a white section in repose ; in other words, the impression obtained will be less and less complete in proportion to the possible maximum obtainable by looking at the white sectors in repose. Therefore, in order to obtain the uniform grey tint, the larger the white sectors the shorter should be the time of passage of the black.

It is evident that the time of passage of a black sector corresponds to the time during which the incomplete impression of the whole has not sensibly diminished.

Modifying these experiments, and interpreting the facts, Plateau arrives at the following conclusions :—

(*a*) Firstly, that a complete impression, whether it be intense or feeble, has never an appreciable period of apparent duration, and therefore that this period exists only for incomplete impressions ; secondly, that its length is in proportion to the incompleteness of the impression, that is to say, more on this side of its maximum.

(*b*) The degree of illumination to which the object which produces the impression is submitted has an influence on the apparent duration, but this influence is slight.

Doubling the time in question, the difference will about equal that between the light of a clear day and the light of the full moon. This slight influence appears also to be indirect.

(To be continued.)

(*a*) M. J. Plateau.—*Bulletin de l'Académie Royale de Belgique*, 2me série, t. xlvi., Nos. 9 and 10. 1878.

(*b*) By Alfred Voorhies.—*Archiv für Augen und Ohrenheilkunde.* v.—vii. Pp. 311.

Clinical Records.

LOUTH COUNTY INFIRMARY.

Under the care of HERCULES MACDONNELL, M.B., M.Ch.

Case I.—The following case of organic stricture presented so many points of interest, that it is considered worthy of being recorded.

Owen R., æt. 34, was admitted on the 25th of May, 1877 ; has been a most irregular liver, and given to habitual excess in drink. His appearance defies description, being worn, anxious, haggard, smelling most foully, his clothes being saturated and rotten with urine. His appearance would lead to the belief that he was 50. For the last two years he has been suffering from incontinence of urine. On examination with wax bougies two strictures were discovered, one was situated 2½ inches from the meatus, the second 5½ inches. The patient has been unable to pass a stream of urine for the last fortnight, the bladder relieving itself by constant dribbling. A hot bath was ordered, and 25 drops of tr. opii. Subsequently, an attempt to pass a No. 1 gum elastic catheter was made, but failed.

May 26th.—The dribbling has continued, the bladder is fully 5 inches above the pubis ; no catheter can be passed. The bladder was punctured above the pubis, and the canula left in.

27th.—Slept fairly last night. Urine clear ; passed a wax bougie, which was kept in for one hour.

28th.—Replaced canula, which had become disengaged with a No. 3 gum elastic catheter ; ordered pills, con-

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taining half a grain of opium and two grains of calomel, every sixth hour.

29th.—Urine contains mucus; is to have an exclusive milk diet.

31st.—Catheter has become choked; cut off the end of a No. 8, and passed it into the bladder over the No. 3.

June 1st.—Blood and mucus in urine; passed a No. 3 wax bougie into the bladder, subsequently attempted, unsuccessfully, to pass a gum elastic catheter; ordered a mixture containing tr. buchu, acid nitric dil. and decoct. Pareira brav., three times daily.

4th.—Less mucus and blood; is to have mixture four times daily; injected bladder with warm milk.

7th.—Urethra more tolerant of wax bougie, but will not allow the smallest catheter through.

16th.—Passed a No. 4 filiform bougie; complaining of pain in abdominal wound.

19th.—Opened a perineal abscess; to have quinine and opium pills.

22nd.—Urine in a small stream followed bougie out; filiform bougie easily passed; to resume nitric acid mixture

24th.—Replaced gum elastic catheter with a Holt's winged catheter; to resume ordinary diet.

July 1st.—Shivering and sickness of stomach last night; replaced winged catheter with a No. 3 gum elastic.

5th.—Has been getting worse; urine cloudy; to return to milk diet.

6th.—Rigors; tongue dry; temp., 103·2.

9th.—Still suffering from pyrexia.

12th.—Passed a No. 2 gum elastic catheter per urethra.

17th.—Passed a No. 5 gum elastic; delirious.

22nd.—Pyrexia has subsided; removed catheter from abdomen (57th day); passed a No. 5 through urethra, to remain until to-morrow.

24th.—Passed a No. 6 Mercier; put a silver pin across abdominal wound.

26th.—Passed a winged catheter into bladder; abdominal wound healed up; to return to diet, and mist. ferri and quiniæ.

29th.—Dilated urethra to No. 12; to get up for first time.

August 4th.—Opened a scrotal abscess.

30th.—Up every day; urethra admits No. 12 silver catheter readily; appetite good; sleeps well.

31st.—Left to-day, perfectly cured: has increased one stone in weight.

(To be continued.)

Department of Lunacy.

NOWELL *v.* WILLIAMS.

This extraordinary action which has been allowed to occupy so much of the valuable time of our law courts terminated at a late hour on Thursday evening, with a verdict for the defendant. It was a difficult thing from the strange nature of the evidence elicited, and which remained uncontradicted throughtout the trial, to arrive at a different conclusion. The whole narrative of this painful case is at the present time before the public, and it is only our intention to briefly allude to it.

It appears that Mr. Williams, the brother-in-law of Dr. Nowell the plaintiff in this action, in consequence of his extraordinary behaviour, decided to protect his sister from his repeated threatened attacks and place him, for his own protection and that of his wife, in an asylum. The delusions under which he suffered were that he was persecuted and watched, and in order to protect himself from these "imaginary" individuals he carried a loaded pistol in his pocket, intending to use it if required. He accused these persecutors of taking undue familiarities with his wife, and alleged that one of them was in bed with his wife and one of his children at the same time. In consequence of his alarming behaviour, in one instance seizing his wife by the throat, and saying that he would do for her, she left her home, and sought the protection of Mr. Williams, her "only living relative." It was consequently found necessary to place him, under lunacy certificates, in Northumberland House in February, 1877, the "order" for admission being signed by the brother of Mrs. Nowell, the defendant in this action, and the lunacy certificates by Dr. Newman and Dr. Sabben at Ramsgate. Upon these documents he was admitted into the asylum. It appears, however, there were certain informalities in the certificates, and the Commissioners in Lunacy visiting the asylum ordered his discharge, but to be re-admitted the same day on the certificates of Dr. Kesteven and Dr. Bucknill. In consequence, however, of receiving various communications from medical men and others as to the incarceration of Dr. Nowell as a lunatic, a special visit was made to Northumberland House by Mr. Phillips and Mr. Cleaton, two of the Commissioners in Lunacy. The result of this visit was a long and exhaustive report in the "patients' book," a copy of which was forwarded to the Commissioners' office and produced in court. The substance was, that they considered Dr. Nowell to be a "dangerous lunatic," and that he was properly detained in the asylum. It subsequently became necessary to apply to the Court of Chancery for a Commission in Lunacy, to place the monetary affairs under the protection of the Court.

The plaintiff, upon receiving notice of this, applied through his solicitor for a special jury to try the case, and in November, 1877, it was heard at Red Lion Square. In order to substantiate his sanity, Dr. Maudsley and Dr. Forbes Winslow were instructed to examine him by Mr. Scott, the solicitor then acting for Dr. Nowell. Dr. Maudsley visited him at the asylum, and Dr. Forbes Winslow on the second day of the Commission at Red Lion Square. Both these gentlemen expressed it as their opinion that he was suffering from a dangerous variety of insanity, and as this was their unbiassed opinion it was deemed inadvisable to call them as witnesses for Dr. Nowell. The result, however, of the Commission before the jury, was to pronounce Dr. Nowell of sound mind, and capable of managing himself and his affairs. In consequence of this decision Dr. Nowell was advised, though we cannot but think most injudiciously, to bring the present action into Court, which is, we learn, only one of many others he contemplates entering upon.

Apart from the testimony of lay witnesses as to his insanity, the leading specialists of the day were called as witnesses, including Dr. Tuke, who visited him as the consulting-physician of Northumberland House; Dr. Bucknill, who signed his certificate; Dr. Maudsley and Dr. Forbes Winslow, who were two independent witnesses; and as Lord Coleridge remarked in his summing-up, approached the case in quite an unbiassed way. Great weight must therefore be given to the evidence of Dr. Maudsley, and Dr. Forbes Winslow, who having been consulted by plaintiff's own solicitor, refused to state that he was of sound mind, but were compelled to attend the trial on a *subpœna*,

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issued from the defendant's solicitor. The attention of the jury was especially drawn to the fact that much of the evidence placed before them at this trial was not before the jury when the Commission was held in November, 1877, and consequently it would be no insult to the other jury to reverse their decision. The case terminated with a verdict for the defendant, with suggestions made by the jury that medical certificates should be signed on separate forms, and that sufficient trouble was not taken, as a rule, in filling up these documents by those signing. We will refer in detail to a discussion of these points on a future occasion.

It is, indeed, a lamentable spectacle to have accusations made against persons without one tittle of evidence to support them, to have private family affairs dragged into a court of justice, to have the characters of respectable peo- taken away by a person in the condition the plaintiff was in 1877.

Mr. Williams behaved in a thoroughly straightforward and unprejudiced manner under the unhappy circumstances in which he was placed, and if he had not acted promptly in confining Dr. Nowell as a "dangerous lunatic," and protecting his sister from the premeditated and oft-repeated threats of his brother-in-law, his conduct would have been most reprehensible. He however leaves the Court with the strong conviction of everyone who is conversant with the details of the case, that he at least has done his duty—though to fulfil such duty has involved him in great pecuniary losses, and what is more, in great mental anxiety. But not only has he done a private duty, but he has protected the public from the actions of an individual whom, by their verdict, the jury have pronounced as being, at the time of the incarceration, a "dangerous lunatic."

Transactions of Societies.

THE CLINICAL SOCIETY OF LONDON.

FRIDAY, NOVEMBER 14th, 1879.

Dr. RADCLIFFE CROCKER on

A CASE OF CONGENITAL SEBACEOUS DISEASE OF THE HEAD AND NECK.

This was a case in which a male infant, æt. 6 weeks when brought to University College Hospital, was born with patches on the skin of the occiput, left side of the head, both cheeks, the front of the neck, this last joining by processes those on the cheeks. Small patches existed on the left alæ nasi and inner angle of left orbit, and in the vicinity of the large patches. The patches varied much in size, the largest on the occiput measusing 9¾ by 2¾ inches in its greatest dimensions, the smallest about ¼ in. in diameter. They were irregular in shape, narrow processes branched off them, and showed signs of being formed by the coalescence of several into one by small sulci, sometimes with a slightly raised edge at the borders of the sulci. The whole patch was slightly raised, the edge more than the rest, and these edges consisted of comedones, with their usual black tops. These were also seen—but not so close together—on the borders of some of the dividing sulci, and occasionally one or two sometimes suppurating on the surface. The general surface at first sight appeared smooth, but on looking at it closely it was seen to be finely granular, a pale yellowish red, but varying in tint, growing redder when the child cried, and paler when exposed o cold. The patches on the scalp were quite hairless; they had not increased in size since birth, and the mother thought they were decidedly less prominent, but not smaller. The child was well nourished, the skin was healthy, except for these patches, and had not had any other kind of eruption. There were no snuffles when first brought to the hospital, but it caught cold three days after, and then snuffled slightly. There was no evidence of syphilis besides this, either in the infant or his sister, three years old, the last being in good health. The mother had not been ill, or even ailing, since her marriage, five years before, and the father had never had a day's illness for the seven years she had known him. The presence of comedones on the edge, and occasionally on the surface, suppurating like ordinary acne, point to its being of sebaceous origin; and though the surface might be of a different nature, the individual granules have much the appearance of milium on a small scale, with a yellowish tint. The case appears to be unique.

Dr. DUCKWORTH said he had never seen a case in any way resembling the one described. He had examined the case with Mr. Hutchinson, and had at the time concluded that it might have a syphilitic origin. This opinion, however, could not now be maintained. He thought a committee should be appointed to make an accurate investigation into the case.

The PRESIDENT agreed with Dr. Duckworth that the case was a unique one, and was fully deserving of being made the subject of investigation by a committee. He proposed this should consist of Dr. Duckworth, Mr. Hutchinson, Dr. Robert Liveing, and Dr. Crocker.

Dr. W. SPENCER WATSON on

A CASE OF OPHTHALMITIS (DOUBLE) TREATED BY DUBOISIN AND MERCURY.

Both eyes of a woman, æt. 37, were seized, one a few days after the other, with acute ophthalmitis, with severe pain, tenderness, and inflammatory redness, but no purulent discharge from the conjunctival surfaces. The sight was so nearly destroyed that the patient had to be led into the waiting-room. Duboisin drops were used freely and frequently after the failure of atropine, and at the same time mercury was administered by inunction and by the mouth. The gums became tender in a few days, and simultaneously an improvement took place in the condition of the eyes, the sight gradually improving in both, and so much so that in the eye last and less severely affected good-sized type was distinguishable, and she could do needle-work at the end of a month's treatment. The Duboisin drops produced full dilatation of the pupils, and though used at intervals of only two hours for some days, no toxic effects were observed, such as have been noticed by other surgeons. The highly congested state of the conjunctival and ocular vessels may have been an impediment to the rapid absorption of the drug, and the usual constitutional symptoms may have been prevented from this cause.

Dr. THEODORE WILLIAMS on

A CASE OF PERFORATING WOUND OF THE LUNG, ENDING IN RECOVERY.

(Reported by Surgeon-Major ALCOCK.)

On May 8th, 1878, Trooper G of the Frontier Light Horse, æt. 30, during the Transkei war in South Africa, was struck through the chest by a rifle bullet in a close attack on a Kaffir position. He was carried to the Field Hospital, two and a-half miles distant, and arrived in a very exhausted state. The bullet had entered through the fourth intercostal space on the right side internal to the nipple, and had escaped through the ninth rib, which it fractured about one and a-half inches from the spinal column. Air, blood, and mucus escaped freely from both wounds, and the patient expectorated a considerable amount of blood. The wounds were treated by lint soaked in carbolic acid, covered with loose freshly-picked oakum, held on by a bandage, so as to act both as a respirator and disinfectant to the wounds. The dressings were changed night and morning, and the parts carefully washed with a solution of Condy's fluid. Chloral and morphia were given from time to time. During the first two days the patient was distressed by the frequency of the cough, and the temperature was 100·2° F. But afterwards he rapidly improved, the discharge being copious from both wounds, and except on one occasion, when owing to the bandage being tightened, the secretion was pent up, thereby causing distress and slight rise of temperature, no drawbacks occurred, and the patient was able to be out of doors one month after the injury with both wounds

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healed, and free from cough. The lung was thickened along the track of the bullet, and there was some signs of consolidation in the lower lobe.

Mr. BRYANT remarked that the successful progress of the case prevented the possibility of many points arising for consideration about it. But he would suggest that it showed two things—first, the benefit of non-interference in chest injuries, as opposed to the older modes of treatment; and secondly, the advantages following the existence of a free outlet for purulent discharges. This latter was the main lesson to be learned from the case, as presented to them.

Dr. S. J. POLLOCK thought the case proved that fatal consequences are by no means to be anticipated from punctured wound into the lung. The time, moreover, is rapidly approaching in which the advantages of free openings to secure an efficient drainage of wounds will be fully recognised, and in empyema the necessity of adopting such means towards healing are becoming daily apparent. This, and like cases, tend to prove that even serious injuries to the lung can be safely recovered, and that artificial drainage wounds may even be made with every prospect of a successful result.

Dr. WILLIAMS briefly replied on behalf of the author, drawing attention again to the conditions under which the case had progressed.

Mr. A. T. NORTON on

SYPHILIS—REMOVAL OF FRONTAL PORTION OF FRONTAL BONE, ROOF OF BOTH ORBITS, ETHMOID BONE, PARTS OF BOTH SUPERIOR MAXILLARY BONES, VOMER AND PALATE, LEFT WING OF SPHENOID BONE, AND THE LEFT EYE—COMPLETE RESTORATION TO HEALTH.

The subject of the paper contracted syphilis in June, 1866. He was of a strumous constitution, having suffered previously from strumous psoriasis, and since acquiring syphilis, from strumous arthritis of the left knee-joint, followed by anchylosis. The chancre healed in about five weeks, and was followed by an eruption of small vesicles and sores every two or three months for more than a year. The glands of the groin were swelled, but the patient never suffered from sore throat, nor from any cutaneous eruption whatever. His habits were intemperate, and about a year after the chancre, syphilitic ulceration attacked the matrix of several toe-nails. About Christmas, 1873, he had a severe attack of syphilitic laryngitis, and in 1875, a suppurative and foul discharge flowed from both nostrils, followed by necrosis of the bones of the nose, and of the left palate and superior maxilla. From time to time pieces of bone were removed by various surgeons, and in June, 1876, he came under Mr. Norton's care. At that time, the ethmoid bone was necrosing, and a suppurating node occupied nearly all the frontal portion of the frontal bone. All stimulants, of which he had previously been taking a large quantity, were prohibited, and the iodide of potassium treatment stopped. Quinine and iron and opium, with milk and simple diet, were advised, and a point was made of not allowing the patient to undergo any change of temperature. In October, 1876, sight was destroyed in the left eye, and the left half of the sphenoid bone was separating: this mass of bone was ultimately removed through the nose; a large part of the left superior maxilla having previously been taken away allowing space for the operation. It was now evident that the frontal and ethmoid bones would be destroyed, and the suppuration was exhausting. The patient was, therefore, never allowed to leave the house, but kept in an unchanging temperature of 62°. On July 4th, 1878, the bones were in a fit state for removal. An incision was made perpendicularly upwards from the nose to the sagittal suture, and from each end of this central incision lateral incisions were carried outwards; in the upper part along the coronal suture, and in the lower part along the orbital ridges. The flaps thus formed were turned outwards to expose the whole of the frontal bone. Gentle traction and manipulation brought away the frontal portion of the frontal as far outwards as the temporal ridges, the cribriform portion of the ethmoid bone and the roofs of both orbits. The left eye being inflamed and suppurating, and its sight gone, was also removed. Granulations rapidly sprang up, and the discharge was no longer fœtid; some bone was re-forming over a part of the forehead. Mr. Norton considered it astonishing that health could have been maintained under the prolonged and exhausting suppuration which occurred during the separation of the extraordinary quantity of necrosed bone, especially as much of the pus, which was horribly foul, found its way into the stomach through the nose. Further, it was remarkable that the brain should be in no way affected, notwithstanding that not less than its entire anterior third was supported and covered in by cicatricial tissue only. As far as treatment was concerned, the drugs usually administered in syphilis were avoided, the object being to maintain a desire for food, and—looking upon a patient suffering from syphilis as one predisposed in the extreme to inflammation—to avoid all changes of temperature, and so withdraw the patient from the influence of the most common exciting cause of inflammation.

Mr. BRYANT thought it would be well to postpone the discussion on this case until the portions of bone could be produced, the point of interest in connection with it centering on the formation of new osseous plates. By examination of the patient (who was present in the room), he could discover only one place where it was not re-formed, and the extreme rarity of any such restoration after removal of syphilitic caries rendered it important to have the complete details before them.

By unanimous consent the discussion was adjourned as proposed.

Dr. GOODHART on

A CASE OF UNUSUAL DEVELOPMENT OF KELOID IN SMALL-POX SCARS.

The patient is sixteen years of age. He had never been vaccinated, and in March last he had small-pox, and the disease so severe, that bed-sores formed on his shoulders, elbows, hips, and back. He was in bed four months, and during that time the present disease came on. Since that time it has been slowly decreasing. The face and neck, shoulders, and upper extremities, and the legs, are the parts where the disease is most abundant. On the thighs it attacks the seat of old bed-sores, and over each great trochanter, and over the sacrum there is a similar keloid scar. The appearances in the various parts vary somewhat. Thus, on the face, where perhaps the greatest exuberance of growth is shown, there are large flattened masses of solid growth, occupying chiefly the inferior maxillary region, though by no means confined to it. The skin of the face is more or less trabeculated all over by an irregular growth of thickened scar bands, giving the features a rather elephantine expression. The cuticle in these parts is red, traversed into small capillary vessels, smooth and shiny. The sacral and trochanteric regions show similar masses of keloid, but in these parts the entire scar is not so universally affected, and the skin is much deeper in colour, being a dark purplish brown, like a recently-healed wound. From the ill-defined outline of the disease in these parts, and the depth of the pigmentation, I believe that the disease is disappearing, and the patient himself and his father say that they are less in size. On the arms and forearms, except over each olecranon, where there has been a bed-sore, the keloid lumps are mostly circular and discrete, though numerous, and the same may be said of the legs. In both arms and legs they are mostly about half-an-inch in diameter, a deep livid brown in colour, smooth on their surface, and indurated like an infiltrated scar. They are mostly present on the outer aspect of the arm and forearm; on the back of the hand, and on the shin. Some of the lumps in both legs and forearms are certainly disappearing, leaving a soft, slimy, slightly depressed, pigmented cicatrix. The unaffected skin, that mostly is on the lower part of the trunk, is thickly covered with the pits of small-pox vesicles, but these as yet show no alteration like keloid, though they are distinctly raised. There is no history of any tumours in the family so far as the patient himself can say, and his father. I have brought the case to the Society for three reasons, first, because it seems to me to be a very unusual extent of development of keloid, and in reference to its occurrence in the cicatrices of small-pox, I should say that it seems to me possible that in the small-pox scar there may be some unusual facilities afforded to such a growth as this, because I have observed keloid not unfrequently take place in vaccination scars. Secondly, I wish to hear from any member who may have seen any similar case, whether I am justified in holding out, as I am doing, a hope to the patient that the keloid will ultimately all disappear; and further I wish to show the case at this early stage, that if anything unusual happens I may exhibit the patient again in some months time.

Mr. SQUIRE thought that a marked distinction can be drawn between the keloid of syphilitic scars and that of non-syphilitic origin.

Mr. CHRISTOPHER HEATH considered this case to resemble

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in character the ordinary keloid, but unlike the variety known as Addison's. He had not known a keloid developed after a burn to disappear.

Mr. SQUIRE explained that he agreed to call the instance under discussion one of ordinary keloid; but it differs from the syphilitic variety. The spontaneous keloid, he continued, follows non-syphilitic scars, and may disappear as it arises, *i.e.*, spontaneously.

Mr. GANT drew attention to the fact that one of the most interesting features of the case is the marked symmetry of the growth; patches on the jaw and shoulders being markedly so. He thought the development of the keloid might be intimately dependent on the condition of the blood, and he further showed how the influence thus exerted can be traced in numerous instances.

Mr. MORRANT BAKER said he had, then, in the outer room, a patient exhibiting Addison's keloid, and it would be interesting to compare the two cases. He could not follow the distinction attempted to be set up by Mr. Squire.

Mr. SQUIRE had observed a marked difference in the plates depicting the varieties of keloid in Alibert's works, and it was on this he founded his belief, together with the result of his own personal observation, which enabled him to distinguish an essential difference between syphilitic and ordinary keloid.

Dr. DUCKWORTH pointed out that Mr. Hutchinson had declared keloid to follow on the formation of scars, almost invariably. Alibert's keloid, however, is frequently a sequela of irritant applications, and its common occurrence over the sternum could be attributed to the blistering stimulation of the præcordial region. In a case under his own care this had taken place, Alibert's keloid developing and continuing slowly after. In the case under discussion the present soft vascular masses would, he thought, in time become firmer and more scar-like. He did not know any distinctive signs whereby syphilitic keloid might be separated from the ordinary form.

DR. LIVEING observed that Hebra mentions one or two kinds of keloid in acne scars. He imagined spontaneous keloid might originate in small scars.

Mr. MALCOLM MORRIS mentioned a case in which keloid, eventually almost entirely disappearing, followed after operation. He was struck also by the remarkable symmetry exhibited in Dr. Goodhart's patient, and thought it notable that the symmetrical appearances should be found where keloid developed on the loci of bed-sores independently of scars. He was familiar with Alibert's plates, and considered them identical with representations of ordinary keloids.

Dr. CROCKER had recently treated a case in which keloid developed on acne scars. The spots had never disappeared in his experience. He thought there might be more than one *phase* of keloid, and suggested that Dr. Goodhart should remove one of the spots from his patient and submit it to examination.

The PRESIDENT proposed the appointment of a committee to inquire into and investigate this case, and draw up a report dealing with the differences that may exist between the varieties of keloid. The suggestion having been adopted,

Mr. GOLDING BIRD detailed a case in which keloid succeeded to a boil, and continuing to grow for a year, was raised as much as one-third of an inch from the shoulder, and as large as a split hazel-nut. At the present time, three years after, the skin presents only a white scar. He could vouch for the absolute accuracy of his description, being, he said, himself the subject of it.

Dr. CALCOTT FOX had seen keloid tumours distributed over the whole body, as many as twenty or thirty. They were large and pedunculated, some the size of a largish mushroom. They had been under observation fifteen years, had been removed, and returned again.

IN the principal foreign cities the rates of mortality according to the most recent weekly returns were—in Calcutta 22, Bombay 34, Madras 38; Paris 24; Geneva 17; Brussels 20; Amsterdam 20, Rotterdam 20; The Hague 27; Copenhagen 30; Stockholm 20; Christiania 15; St. Petersburgh 32; Berlin 26, Hamburg 25, Dresden 20, Breslau 25, Munich 42; Vienna 24; Buda-Pesth 31; Naples 25; Alexandria 40; and New York 23 per 1,000 of the populations.

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR
Is published every Wednesday morning. Price 5d. Post free, 5½d.

POST FREE TO ANNUAL SUBSCRIBERS £1 2
„ IF PAID IN ADVANCE 1 1 0

*** Post-office Orders and Cheques to be drawn in favour of—

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A. H. JACOB, 3 Molesworth Street, Dublin.
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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 19, 1879.

RATIONAL CHEAP DIETARIES.—I.

AT the present time the question of our food is attracting great, almost universal, attention. The pressure of narrowed means is felt alike by the peer, who finds it necessary to forego his rents, or to return a large percentage, and the peasant, who toils for a reduced day's wages. One and all feel that during a period of great national prosperity, when, indeed, we had gone on "by leaps and bounds," our living had become extravagant, and our prodigality in our expenditure on food almost disgraceful Our methods of preparing our food are wasteful in th extreme. Costly solid joints, rendered more extravagant by the waste in their cooking, were commonly seen on the artisan's table. Then follows cold meat, and after that, that British abomination, a hash made with cooked meat; if there existed thrift enough to attempt the last. Such cooking involved the smallest amount of culinary knowledge, and the least trouble to the housewife. And it is the mental attitude of the British, and especially the English housewife, which furnishes the greatest difficulty to be encountered in the attempt to institute something better. She is satisfied with her cookery knowledge; she knows as much, and secretly believes rather more, than her housewife neighbours. What she does not know is not worth knowing; that is her firm conviction. She has studied cookery books, but apparently has not been impressed by them; nor is this so much a matter of surp for the cook, when he or she wields the pen, seems

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to have a quiet dinner party in their eye, rather than a mere family dinner. It is in the preparation of simple dishes that the housewife needs instruction so much. The first thing to be impressed upon her consciousness is this: No household ever should have put upon the table a hash made with meat previously cooked, nor a "Saturday pie." The food should be so prepared that this can be avoided. If a joint is insisted upon, it should be of such size that it can only appear twice; and the bones then be ready for the soup kettle. Medical men all know how indigestible is meat cooked a second time, and in a different manner. Even when a dish has to be "hotted" it usually suffers from the process. Such, then, is the first article in our belief, viz., that just enough should be cooked to admit of its being eaten when fresh.

The next point is that strength, as it is termed, is not solely to be found in solid lean meat only. This is a very common delusion with the working classes. They must have meat to give them strength! Yet we rarely had hardier, more powerful enemies to contend with in battle than the Sikhs of the North West of India, whose religion forbids their eating meat. These "pulse-eaters" are fine stalwart men; and so are the Zulus, who live on milk and maize. A great deal of the best agricultural work of the world is performed by men who do not eat meat—in its ordinary sense—the Scotchman, ploughman, or shepherd, who lives on oatmeal porridge; the out-Western American, who lives on "hog and hominy," are cases in point. On this subject, perhaps, the medical man can give much help in the form of counsel to housewives, and we will put the matter as simply as possible. We require for the formation of the tissues of the body, albuminoids, that is, materials containing nitrogen, of which egg albumen, lean meat, the flesh of animals, and caseine, or the pulses, are the commonest forms. Fat is required both for healthy tissue formation and for body-fuel: this can be taken as fat, oil, or butter, or manufactured within the system from saccharine, or starchy matters, taken as food. Such, then, are the tissue requirements. But the meat-eater will naturally ask the question, "How much meat do I require for my tissue-needs?" How much, or rather how little these tissues require, physiologists have not yet told us: but it is much less than even most medical men suppose. The hypothesis that all the urea and uric acid passed in the urine have once been tissue, is now exploded. A small portion of our albuminoids only ever are converted into tissue. Possibly not much ever reach the liquor sanguinis; the great bulk is burnt up in the liver, and more or less perfectly oxidised. Of what avail, then, is the superabundance we crave after, and which the artisan calls "strength?" Liebig, long ago, pointed out the contrast betwixt the carnivorous and herbivorous animals,—the meat-eating man and the vegetarian. He observed the sense of energy given by a meat dietary in man; the capacity to manifest energy quickly possessed by the carnivora. Then came the experiments of Parkes, as to the effect of a non-nitrogenous dietary on the blood pressure, lowering it markedly. Side-by-side with these observations lies the evidence furnished by the sphygmograph, as to the rise of arterial tension when the blood is charged with nitrogenised waste; where Mahomed has done such good work. Then come the observations of George Johnson, Grainger Stewart, Dickenson, and Milner Fothergill, on the tense pulse of lithiasis, and the capacity evidenced by stalwart gouty men. The high blood-pressure in the arteries produced by a waste-laden blood, charged with explosive nitrogenised materials, causes the vessels of the encephalon to be well filled with blood, which vascularity of the brain, in its turn, confers the subjective sensations of energy. This pleasant subjective condition is one which the enterprising Anglo-Saxon loves, and for which he will pay a long price in dear butcher's meat. But in the pulse tribe are to be found the most highly nitrogenised bodies known to us as foods. In the lentil, the pea, either split or the "blue-boiler" (the dried green pea), and in the haricot bean, do we have highly nitrogenised foods, at a price far below that of meat. In the dried pulses, ground into flour, or cooked whole, do we find our cheapest albuminoids. Combined with animal fat they form compounds of a high food value. Such combinations give a large quantity of albuminoids along with fat, the most concentrated form of hydro-carbon, and, consequently, their food value is very great. The Erbwurst of the German army of 1870 consisted of pea-flour and pig-fat, the richest and most economical food that has yet been devised. Small in bulk, this really concentrated food was readily carried about: its weight did not task the commissariat; it kept well, another great advantage; while it was readily converted into a palatable soup. Most authorities agree this sausage had much to do with the result of the war of 1870-1. It is not then, indispensable to have lean meat with vegetables, an expensive, if palatable combination. We can have animal fat combined with vegetable albuminoids; cheaper far, if not quite so appetising—though that may be a matter of opinion. The artisan need not be apprehensive that his strength will fail him on such a dietary. A further point about lentils and pulses is this: from personal experience and clinical observation we are strongly inclined to hold that vegetable albuminoids are more easily digested, and produce less "gout poison," less lithic acid and lithates, than do animal albuminoids, and therefore are really to be preferred. The charge that vegetables produce flatulence can be met by the statement that they lack meat-salts, and, as ordinarily cooked, are "windy." But then this drawback can be met by condiments, and especially pepper, used by many so sparingly. Yet vegetables not only require condiment, but they carry them well, and are much improved thereby.

A third point in a rational dietary is that it shall contain matters which are called "anti-scorbutic," without which scurvy and skin diseases will show themselves. Before the days of the potatoe, in winter "land scurvy" was far from unknown. "Dry" and "wet scurvy" were the brief and crude divisions into which skin affections were split.

Certain vegetables, then, have a high value; not for their hydro-carbons, or their albuminoids, but from their anti-scorbutic properties. Such are the cabbage, spinach, Brussels sprouts, others of the crucifera, the onion, asparagus, seakale, &c. The carrot, the turnip, and the beetroot also contain a distinct proportion of sugar. The potatoe is fairly rich in starch. All the fruits, as the apple, the pear, orange, lemon, tamarind, the grape, and gooseberry, contain vegetable acids and salts, which make them agree.

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able additions to our dietaries. From want of vegetable food the Icelanders are notoriously subject to scurvy in winter; and many diabetics, too rigidly dieted, become ill with purpuric patches, allied to scurvy. The pulses and the cereals, high as is their food value in other respects, do not possess anti-scorbutic properties, and therefore, for health, other articles of food must be eaten with them.

THE EXPURGATION OF THE DENTAL REGISTER.

The British Dental Association has taken in hand the appalling task of clearing the "Dentists' Register" of the names of those who are not dentists at all, and who have got themselves therein recorded upon false pretences, and would seem to be entering upon its labours with an earnestness which inspires hope of their ultimate success.

Our readers will recall to mind the circumstances under which these persons obtained official recognition as dentists. They were entitled to be so recognised if they made a declaration that they "are *bona fide* in the practice of dentistry either (*a*) separately, or (*b*) in conjunction with pharmacy." The Act simply required a candidate for registration to make this declaration respecting himself, but did not authorise the Medical Council or any one else to verify the truth of that declaration. The candidate, therefore, went on the Register *ipso facto*, but was liable to be called upon to swear to the truth of it, and to have his name removed (under Sec. 13) if the "entry has been incorrectly or fraudulently made."

As any person could obtain recognition as a dentist if he could honestly say that he was *bona fide* in the practice of dentistry, no matter what his idea might be of the meaning of that phrase, of course a multitude of pretenders to the dental art did so obtain recognition, and it is to the expulsion of these persons from the ranks of the profession that the British Dental Association is now applying itself. It has commenced the war by obtaining the opinion of eminent counsel on the subject, who advises them as follows:—

1. (*a*). A person who, being at the passing of the Act engaged in the practice of dentistry, and also in some business not mentioned in the Act, declared himself to have been engaged in the practice of dentistry separately, is liable to have his name erased from the "Register."

(*b*). A person who declared himself to be engaged in the practice of dentistry in conjunction with pharmacy, but whose name was not in the "Chemists' and Druggists' Register," is liable to have his name erased from the "Register."

The gist of this opinion is that a registree may be struck out (*a*) if he has obtained registration as a practitioner "separately" when in fact he was engaged in some other business. (*b*) If he has been registered as a pharmaceutic dentist, he not being a legally recognised pharmaceutist, *i.e.*, not named in the "Chemists' and Druggists' Register." These are disqualifications to which it is quite easy to apply a test, but the British Dental Association will be obliged to apply that test themselves, and to supply the proof, cut and dry, to the General Medical Council, for that body will certainly refuse to initiate any inquiries having for their object the removal of a registered name.

Respecting the class of persons who are registered chemists and druggists, or who are nominally in the separate practice of dentistry, a much more difficult question arises. Here it will be necessary to discuss the question, What constitutes the *bona fide* practice of dentistry? and the legal question arises, whether, under the terms of the Act, a name can be removed as long as the declaration was made honestly, even if the registree's idea of *bona fide* practice was plainly erroneous. On this point counsel advises the British Dental Association as follows:—

2. (*a*). I think that an assistant in a chemist's shop, where teeth were occasionally extracted, even if registered in the "Chemists' and Druggists' Register," cannot be considered as engaged in the *bona fide* practice of dentistry, so as to entitle him to remain on the "Dentists' Register."

(*b*). I think that the occasional performance of one class of dental operation, such as the extraction of teeth, does not constitute *bona fide* practice of dentistry.

(*c*). The *bona fides* applies equally and separately to the practice of pharmacy, and an assistant in a chemist's shop, not registered in the "Chemists' and Druggists' Register," cannot be regarded as in the *bona fide* practice of pharmacy within the meaning of the Act.

(*d*). Whether a dentist's assistant can be considered as in *bona fide* practice, so as to entitle him to be on the "Register," depends on the amount and nature of the assistance furnished by him to the dentist. The assistance must be such as to require the possession of *some* dental skill and knowledge.

How far the opinion thus given can be acted upon we must leave to experience, and to the good sense of the General Medical Council. That body may be called upon to decide whether the perfunctory practice of tooth-pulling by a druggist can be regarded as "*bonâ fide* practice," and we will hope that it may consider that unless a druggist was avowedly engaged in dentistry, proclaimed as a dentist previous to the passing of the Act, and prepared to undertake *all* the work of a dentist, he could not be honestly said to be registrable. The British Dental Association is no doubt unwilling to deal harshly with any person who has obtained recognition as a dentist under a misapprehension, and would, of course, be anxious that any such person should voluntarily remove his name from the Register rather than incur its compulsory removal. As to his competency so to withdraw from his false position, counsel advises:—

3. The name of a person can be removed from the "Register" at his own request, without any reason being given by him. Of course the Registrar would require a *written* request, signed by the person making it. The restoration of a name once removed is a matter for the discretion of the General Council (S. 14), after the facts of the case have been ascertained by the standing Committee appointed under S. 15. I do not think that a person desiring to have his name removed could be legally required to make a declaration relinquishing all claim to restoration on the ground of *bona fide* practice before the passing of the Act.

4. The witness to the declaration in the Schedule to the Dentists Act is a witness merely to the signature of the declarer; but if he signed, knowing the declaration to be false or fraudulent, he would be liable to be proceeded against under S. 35.

We read with much satisfaction these decisions of a legal authority whose rank entitles his opinions to much credit. We confess we hardly hoped for so promising a prospect of the expurgation of the Dental Register, and with such advice before them we are satisfied that the British Dental Association will proceed energetically with the work they have in hand.

The Executive Committee of the General Medical Council have been summoned to meet on Friday, the 28th inst.

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Notes on Current Topics.

Modern Surgery.

At the recent Congress of German Surgeons in Berlin, Professor Langenbeck stated that he had performed the operation of extirpation of the pharynx three times, and that he considered the operation justifiable, although all his cases were unsuccessful. The following are the steps of the operation :—

First of all, tracheotomy must be performed, and the canula of Trendelenberg introduced ; then an incision is carried from the body of the lower jaw, midway between the symphysis and the angle toward the greater cornu of the hyoid bone, and thence along the anterior border of the sterno-mastoid as far as the upper extremity of the tracheotomy incision. Next, the sub-maxillary gland must be removed, the lingual artery tied, the stylo-hyoid and digastric muscles detached from the hyoid bone ; the pharynx is then laid bare and can be dissected out, the larynx meanwhile being drawn to the opposite side. The principal dangers to be apprehended are peri-œsophageal phlegmon extending into the mediastinum, and pneumonia from the introduction of foreign bodies into the air passages.

At the same Congress Professor Billroth stated that six months previously he had removed from a women, æt. 42, the pharynx, the cervical portion of the œsophagus, the larynx, a part of the trachea, and all the thyroid gland, for a cancer of the pharynx involving the posterior portion of the larynx. He first performed a preventive tracheotomy, and nine days later proceeded to operate, after introducing the canula tampon of Trendelenberg. The incision was made along the anterior border of the sterno-mastoid. In the course of the operation Professor Billroth found that the tumour extended much further than had been supposed, and as he advanced step by step he found himself compelled to remove successively all of the larynx except the epiglottis, the upper rings of the trachea, a large portion of the pharynx, the œsophagus as far as the sternum, and the whole of the thyroid body. An elastic tube was placed in the œsophagus for the introduction of aliment. During the first four weeks the patient did well, the wound gradually contracting, and the elastic tube was then removed in the hope that the pharynx would unite with the lower portion of the œsophagus, and form a permanent canal for the passage of food. After the removal of the tube, however, deglutition was accompanied by suffocative attacks and vomiting, and the canal contracted, rendering the passage of bougies necessary. In the sixth week a false passage was made in the peri-œsophageal tissue. Pericarditis and death followed.

Kolaczeh, of Breslau, removed a cancer of the posterior wall of the pharynx by a supra-hyoidean pharyngotomy, eight weeks before the Congress met. The patient was still living at the date of the report, and was nourished through a tube placed in the œsophageal fistula. Kœnig, of Göttingen, and Gussenbauer, of Prague, have also removed cancers of the pharynx, and, like Langenbeck, lost their patients from pneumonia, due to the introduction of food into the lungs. To avoid this danger Thiersch has proposed the preliminary establishment of a gastric fistula.

A Double Diagnosis.

An amusing story is told, in the November number of of *Le Praticien*, of a distinguished *savant* at the dinner of the Anthropological Society, Paris. It was not delivered publicly, but whispered in the ear. We have heard a similar tale ascribed to some one else. I visited, said the narrator, a young man aged 15, who without any apparent cause, was getting weaker from day to day. Suspecting albuminuria or diabetes, I asked for the urine of my young client, for examination. What was my surprise, to find in it a quantity of kiesteine. Assuredly this was not the urine of my patient. On my next visit, in presence of the family, I said you are trying to humbug me. I asked for the urine of this patient, and you have sent me that of a pregnant woman. Scarcely had I pronounced these words, when two persons fainted ; the young man and the *bonne* who had opened the door.

She cried out, "Ah ! M. Ernest, you have done for me." Light was thrown at once on my mind.

The maid knew why the young man had fainted. She had sent me her own urine, so that unconsciously, I had made a double diagnosis. There is another story of the same kind, though in verse, which is untranslatable.

The Morgue.

In accordance with the vote passed by the French Government, some important works are about to be executed at the Morgue, under the direction of Dr. Brouardel. All the necessary arrangements for teaching legal medicine will be secured—viz., a hall for autopsies, laboratories, a library, apparatus for the preservation of bodies, &c. A Commission has been appointed, consisting of Delpech, Bourneville, Brouardel, and Bonnet, to select the most scientific and, at the same time, most economic apparatus for the preservation of the bodies.

New Remedies.

Our American cousins are continually introducing new remedies, and we have fluid extracts, in the market, of coto bark, cascara sagrada, folia carobæ, rhus aromatica, damiana, boldo, berberis aquifolium, black haw, grindelia robusta, grindelia squarrosa, kaki, cercis Canadensis.

The surgery, of the practitioners of the future, will have to be as large as St. Paul's Cathedral, if new remedies are produced at the same rate we have had them of late years.

Death of the Father of Cremation.

Dr. Julius T. Lemoyne, the Father of Cremation in America, is dead. He was a retired physician, who had amassed a fortune, and during the past ten years he devoted himself to cremation. Of French descent, he was born in America in 1797. He graduated at Washington University in 1815, and at Philadelphia in 1870. Half a century ago he was Abolition candidate for Governor of Pennsylvania, and later was candidate for Vice-President, on the ticket with Gerrit Smith. He lived at Washington,

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where his cremation furnace was built. This furnace was the result of much study, and was proved to be a success, when three years ago Baron de Palm was cremated in it. "Hoist by his own petard," Dr. Lemoyne has been "cremated in his own furnace, to the satisfaction of his friends;" so say American papers.

Illegal Certificates.

THE Medical Defence Association have pursued a very proper course in prosecuting Mr. Johnson, a registered practitioner, of South Kensington, for being guilty of a practice that is not uncommon. This gentleman had appended his signature to the certificate of death of a child, which he had never even seen. By the declaration of the certificate he had, of course, been in direct personal attendance on the patient to whom it referred; and the natural deduction from a comparison of the two statements—viz., that of the certificate, and that of the child's mother, to the effect that Dr. Johnson had never seen her infant—is unavoidable. It is impossible to regard the fine imposed —£5, or with the costs, £5 5s.—as in any way too severe a penalty for the commission of the offence. The explanation offered, that the defendant's assistant was acting as his representative, though the usual one, is not sufficient, particularly since, being an unqualified man, he was legally debarred from certifying the cause of death. It is quite likely that this case is only one out of a vast number that might be made the subjects of the Association's attention; and while commending their activity on this occasion, we hope they may be moved to undertake others; to the end that an abuse so calculated to produce mischievous confusion may be effectually crushed.

Medical Men on the Council of the Royal Society.

AT the anniversary meeting of the Royal Society on December 1st, the officers for the ensuing year will be elected. Among the proposed new Council there occur the names of Mr. John Simon, C.B., F.R.C.S., Sir James Paget, Mr. John Whitaker Hulke, F.R.C.S., and Dr. Wm. Odling.

Opiates.

TWO cases of fatal consequences attending the use of opiates occurred in the past week—one through chloral (*again!*), the verdict recording an *over-dose* inadvertently taken; the other through morphia regularly prescribed, one grain to be taken in two doses. The form in which the drug was administered is not stated. We shall return to this question in our next number.

The Americans on Dr. Richardson.

THE inventor of Salunacy apparently excites the keen interest of our Transatlantic neighbours, and induces them to enter with peculiar relish on a consideration of his weaknesses and peculiarities. On the authority of the *Louisville Medical News* the distinguished hygienic speculator's pet amusement is the amputation of female breasts, with a pair of scissors having jagged edges. He operates by aid of the ether spray as an analgesic agent, and dresses the wound with styptic colloid. The arm is then bound down, the patient is forbidden the bed, but may ride and walk as much as she pleases, eating and drinking as seems to her good. The success attending the treatment, we are further assured, is complete and invariable, while the information is added, that Dr. Richardson ridicules the germ theory, and considers carbolic acid "a bad-smelling sham."

Galvani's Monument.

THE English are far behind Continental people in willingness to erect national memorials to dead and gone scientific worthies. The Bolognese have just illustrated the truth of this by erecting in one of their principal streets a monument representing Galvani in the act of performing the experiment that was the first step in the history of galvanism, and the beginning of a discovery that is but now being introduced to its proper place as the physician's assistant. The anti-vivisectors, however, must henceforth avoid Bologna until such time as the destroying hand shall have obliterated the marble testimony afforded by the statue against the pet invention of their unenlightened intelligences. For the great physicist is chiselled in the act of applying two slips of metal to the lumbar nerve of a vivisected frog, thereby illustrating one of the great advances in natural knowledge made through the assistance of vivisection. Will Mr. Jesse and his band deny *this*, we wonder?

Lectures at the Society of Arts.

AMONG the papers to be read at the next session of the Society of Arts, commencing Nov. 19, are the following:—"Suggestions for Dealing with the Sewage of London," by Major-General H. Y. D. Scott, C.B., F.R.S.; "Domestic Poisons," by Mr. Henry Carr. The first course of "Cantor" lectures will be delivered by Dr. Charles Graham, the University College Professor of Technological Chemistry, the subject selected being "The Chemistry of Bread and Bread-making."

Squirting.

A NEW abomination to plague the wayfarer has been recently introduced in the streets, and to so great an extent has it progressed that on festal days the nuisance has been intolerable. It consists of a small metal, or stiff paper-bag, filled with some fluid, which, by pressure on the bag, is squirted in a thin stream on the object of the possessor's attention. When the contents are simply water, or even perfume, they may be tolerable; but when for the harmless fluids, disgusting compounds are substituted, the case at once assumes another colour. During a late holiday the extent to which these infernal machines was employed in the thoroughfares was unbearable; and in more than one instance offensive solutions, urine, &c., were squirted into the faces of passengers. A feeble attempt to put a stop to the nuisance has been made by one or two magistrates; but until the annoyance is met by a much more effectual corrective than the imposition of a nominal half-crown fine, we may expect to see it, and smell it, in flourishing continuance. Serious evil may attend the practice unless it be at once permanently checked.

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Overcrowding at the London Cliniques.

We understand that in consequence of attention being drawn by us to the subject of overcrowding at the *cliniques* of the London Hospital, chiefly by those who have only entered for special subjects, to the great detriment of perpetual students, the authorities are debating the best means for lessening or removing the evil altogether. Unfortunately, the grievance is not confined to the London Hospital, although it is more pronounced there, on account of the large number of "special" entries; but the commendable promptitude of the governing body in the matter will, doubtless, not be without its effect upon other institutions, which we shall not fail to indicate hereafter, if due consideration be not shown for the interests of the coming practitioners, and for the public through them.

The Difference between a Chemist and a Doctor.

The *Chemist and Druggist* quotes our recently-published observations respecting the inconsistency of the Pharmaceutical Trade Society, which prosecutes a grocer for selling poisons, yet insists on the right of the chemist to prescribe the said poisons without hindrance. Our contemporary infers that there is in our minds a confusion between the unlicensed practice of pharmacy (which, it says, is not forbidden by law), and the unlicensed sale of poisons, which *is* prohibited. No such confusion exists, and we allege that the unlicensed practice of pharmacy is—to all intents—strictly forbidden, because the greater includes the less; and it is not possible to dispense medicines without selling poisons; and the recognised pharmaceutist can always, and has—in many instances—put his foot on the unlawful dispenser, by making use of the Sale of Poisons Act. In the very copy of the *Chemist and Druggist* in which our article is quoted we find a full report of a prosecution by the Druggists' Trade Association against a co-operative store, under the provisions of the Sale of Poisons Act, for the sale *not* of a simple poison, or a vermin-killer, or a sheep-wash, but for dispensing a box of pills containing chloral and morphia, and sending them out without the "Poison" label attached. We entirely approve of such prosecutions, but we say that there is no moral distinction between the prosecution of the grocer for selling poison without a poison education, and the prosecution of the druggist for prescribing without a medical education. By enforcing the law against unlicensed poison-sellers the chemists and druggists abandon practically the fictions about the "custom of the trade," and "the liberty of the subject," upon which hang their defence from the charge of counter-doctoring.

The Profession and the Coming Parliamentary Elections.

The rumours of impending dissolution of the present Parliament remind us that it is time for us to issue a caution to the members of our profession in Ireland—voters in city, county, or university—that they be not too ready in promising their votes to anyone, or forgetful of their opportunity to make good use of their voices and their influence to advance their cause, It is to be regretted that medical men do not know their political strength, or are not sufficiently independent to avail themselves of it at the proper juncture. There are about 1,800 of our brethren actually resident in Ireland, of whom probably 1,200 at least are property holders in one form or another, and this number of votes would, if united, have force. But each and every medical man is on terms of intimacy with almost all the voters of his district, and can, if he pleases, do a good deal by his persuasion to decide a waverer, or bring up a voter who is careless about his suffrage, and the doctor can lose nothing, and may gain much, by exercising his influence openly. In the University of Dublin the profession is powerful, and might almost dictate its terms, and in large constituencies its vote is well worth having.

We hope that Irish medical men will not underrate their political value, and will put medical matters first in their political programme. For instance, what prison surgeon will support a Government which tolerates the proceedings of Mr. Charles Bourke and the Irish Prisons Board? What army medical man will give his vote for a Government which pertinaciously refuses to do him and his *confrères* justice? What Poor-law medical officer will give a vote for a candidate who refuses to pledge himself to support the fair claims of his class? We hope no one will be found to misuse his vote in such a way, for we fail to see anything in the contending politics of Liberalism, Conservatism, or Home Ruleism of such importance as to override medical interests. Again we advise our readers to "keep their powder dry," and promise no candidate until he has been duly interrogated on such points by the representatives of the medical men of Ireland.

Absorption of Dialysed Iron.

The Boston *Medical and Surgical Journal* notes that M. A. Luton, of Paris, states that he has successfully introduced subcutaneously from five to twenty drops of solution of dialysed iron without causing the slightest local disturbance. The immediate effects of this appear to be a sensation of warmth, as often agreeable as otherwise, spreading over the whole person, a determination of blood to the countenance, an increased mental activity, &c. He calls this condition a sort of ferruginous intoxication (*ivresse ferrique*), of which the persistence is somewhat dependent upon the size of the dose injected. The appetite in these cases is diminished rather than improved, but instead of the constipation which usually follows the administration of iron by the mouth, the bowels are pleasantly relaxed; also the urine is deeper in colour than that normally excreted, and yet its amount is not materially larger. He compares the effects of the hypodermic use of iron with that which follows the transfusion of blood, and states that they are similar. Finally, he says that any good pharmacist can prepare dyalised iron, and he is not interested is paying tribute to any special manufacturer.

On Infusoria in Expectoration.

In Virchow's *Archives* we read that great care is taken at Leyden in the examination of sputa, and some interesting facts have been discovered. Thus Konnenburg has

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met with, in five cases out of six of gangrene of the lungs, infusoria of the family of monads, cerco monas, and monas lens. They are small rounded bodies of the form and size of a lymphoid cell, from which they are distinguished by their rapid movements and by a tail-like appendix.

They are easy to discover in recent expectoration, for their movement is most active. At the end of twenty-four hours it is impossible to find them. These organisms could not have penetrated accidentally the sputa. It is reasonable to believe that they come from the lung, and more especially that portion in a gangrenous state. Konnenburg has advanced the hypothesis that these monads may be the first cause of decomposition. However that may be, science is enriched by this little discovery.

Sprains treated by Hot Water.

Dr. Brinton, in the Philadelphia *Med. Reporter*, says that to treat sprains, the injured limb should be placed in hot water and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

The Digestibility of Milk.

Milk is one of the most useful articles of diet we possess, but unfortunately there are a large number who are unable to use it owing to its disagreeing, and producing unpleasant symptoms. Dr. Brush, New York, has contributed to the *New York Medical Journal* a very useful paper on the digestion of milk, which is of some practical value, and which explains the reason why cows' milk is indigestible. According to Dr. Brush, milk may be divided into two distinct varieties, according as it is the product of cud-chewing or non-cud-chewing animals, and that this is a distinction to which attention has not been previously drawn. The former class—that of the cud-chewers, to which that of the cow belongs—contains a variety of caseine which coagulates into a hard mass under the action of the digestive ferment, or during the lactic ferment. This coagulation takes place in the natural process of digestion with the calf. During the summer he had a calf in a stable, out of reach of any food, and gave it nothing but fresh milk from its mother; half an hour after the ingesta of milk he found the calf chewing the cud. After diligent inquiry, he finds that the same takes place with the sheep and the goat, the other domestic ruminant animals. He thinks we may from these facts explain the difficulty experienced by the human stomach in digesting the milk of ruminating animals.

The other variety of milk—that given by the non-cud-chewing animals, to which the human, equine, and canine races belong—does not under the action of rennet or acids coagulate into the hard mass we find in the cow's milk, but coagulates into small granular or flocculent masses easily diffusible. This fact explains very simply the advantages of kumyss prepared from cow's milk over the milk itself in the artificial feeding of children. In kumyss the caseine is—if we may be allowed to express it—practically regurgitated and chewed; *i.e.*, having been coagulated, it is re-subdivided and incapable of being coagulated under any acid or ferment.

There are other differences in the various kinds of milk which tend to modify the conditions under which it digests. For example, it is a well authenticated fact that the amount of caseine in milk is always in inverse proportion to the amount of sugar contained in it; the milk of the cud-chewer contains the smallest amount of sugar and the largest amount of caseine, while the milk of the non-cud-chewers contains, on the contrary, the largest amount of sugar and the smallest amount of caseine. Even in the case of cow's milk, in varying conditions of the animal's health, as the proportion of caseine diminishes, that of sugar increases. Another fact, too, deserves notice. The less sugar a given variety of milk contains, the more rapidly does lactic fermentation take place and consequent putrefaction follow. Now a milk containing a large amount of sugar will set up alcoholic fermentation, under conditions most favourable for lactic fermentation in a milk containing a small amount of sugar.

The bearing of this observation is that putrefaction follows lactic fermentation, whereas alcoholic fermentation precludes to a certain extent any form of putrefaction.

Here we have another reason for the beneficial effect of kumyss in the artificial feeding of children, for in kumyss the sugar is all changed into alcohol and its associates.

There is no doubt at this time that alcohol, when properly presented, is a hydro-carbonaceous food.

Credulity in Modern Times.

There has lately arrived at Birkenhead a strange phenomenon for this country—a lady doctor, who professes to be an Italian—Madame Enault. She has a magnificent turn-out, a chariot all mirrors and gold, with three splendid horses, said to be worth a hundred guineas each; seated on the top of this imposing vehicle are six musicians, dressed in fancy costume, cavalier hats, boots, and feathers. The lady herself is attired in a picturesque Italian costume, ornamented with dragons, stars, and other hieroglyphics. She also wears a gilded tiara and head-dress of beads, with flowing black hair. Just imagine the sensation she causes as she drives through the town with her band playing in the loudest strains, to the place where she is located, a piece of ground in Conway Street. This lady appears to cure every imaginable disease that human flesh is heir to—paralysis, extracting teeth, takes out encysted tumours, and all before the public almost instantaneously; but whether she does so in reality or not public opinion is divided. She is surrounded daily by a dense mass of two or three thousand people, including all classes of society, magistrates, merchants, shopkeepers and working men, all anxious and struggling to procure a bottle of the preparation that she calls "malachité," which she sells at 2s. per bottle. This she recommends almost for every complaint, for headache, toothache, neuralgia, &c., and to show what effect faith has in many cases of imaginary disease, a local chemist states in the *Pharmaceutical Journal*, that he examined it, and believes it to be a mixture containing tincture of cannabis indica together with glycerine and essential oils.

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New Cements for Dental and other Purposes.

CHARLES SYLVESTER ROSTAING DI ROSTAGNI, of Philadelphia, has procured patents for preparing cements for dental and other purposes, which are compounds of pyrophosphates. A mixture of acid or neutral calcium phosphate is fused in a crucible together with zinc phosphate, or 1 part of calcium phosphate is fused with 10 to 30 parts of oxide of zinc, and enough ammonium phosphate to saturate the zinc oxide. The solidified, glassy mass is dissolved in dilute phosphoric acid; to the solution may be added a little magnesia or oxide of cadmium. The solution is evaporated, and when wanted for use the mass is dissolved in a little distilled water.

The Property in Prescription.

AT a recent inquest in Dublin upon the body of a lady, who had killed herself by repeated hypodermic injections, for which she had obtained the morphia upon an old prescription—the coroner, who is a medical man, expressed his opinion unreservedly that the repeated dispensing of medicines upon a prescription was an abuse which needed a legislative remedy. This is a question which has been warmly debated in America, where it is roundly insisted upon by a numerous party, that the prescription once dispensed, is the property of the physician or of the apothecary, but not of the patient, and that it ought not to be again compounded without a second visit to the doctor, or without returning to the same apothecary. There is no doubt, that in the case of the patient upon whom this inquest was held, and in others of the same class—for instance, when chloral once prescribed is afterwards used for intoxicating purposes—the unrestricted repetition of prescriptions works disadvantageously and, in such cases, a high class apothecary might very properly refuse to continue an endless repetition of the doses; but we cannot encourage for a moment the theory, that the right to that repetition is possessed by any one but the patient. At the last meeting of the Glasgow Chemists' Association, the President touched upon the subject, and said he had always considered that it was by right the property of the patient and not of the dispenser, although the American druggists thought differently, as they took possession of it, and pasted it into a book for the purpose, but they would give a copy if the patient wished one. As to repeats of prescriptions, he thought if anyone wished his prescription dispensed again and again the chemist had no right to refuse it, although it might keep some consultation fees from the physician. We fail to understand upon what principle a patient who has paid his fee for advice, and a recipe for medicine, should be obliged to seek leave from either doctor or dispenser to make unlimited use of the recipe which he has thus purchased, and however it might be justifiable for the dispenser to retain the original prescription for his own safety, we certainly think he is bound in equity to send to the patient, with the medicine, a true copy, so that the patient may please himself as to when and where he will have a repetition of it compounded.

The Health of Dublin.

THE deaths registered in the Dublin district during the week ending 8th November, represent an annual mortality of 30·1 in every 1,000 of the population. The average death-rate represented by the deaths registered in eight large town districts of Ireland (including Dublin), last week was 28·7. In twenty large English towns (inclusive of London, in which the rate was 22·0) the death-rate averaged 22·1; in Glasgow 20·0; and in Edinburgh 16·1. The mortality from zymotic diseases continues high, 42 deaths from these causes having been registered during the week, being 9 in excess of the average number for the corresponding week of the last ten years. With 3 exceptions, these deaths resulted from one or other of the seven principal diseases in this class, viz., 8 from small-pox, 5 from measles, 8 from scarlatina, 5 from diphtheria, 2 from whooping-cough, 6 from fever (1 typhus, 4 typhoid, and 1 simple continued fever), and 5 from diarrhœa: these 39 deaths are equivalent to an annual death-rate of 6·4 per 1,000 persons.

The deaths from small-pox are one over the average number for the previous five weeks, but the new cases of this disease admitted into the Dublin hospitals, although amounting to 23, are 4 under the average weekly number for that period. Twenty patients were discharged during the week, 8 died, and 83 remained under treatment on Saturday last, being 5 less than the number in hospital at the close of the previous week.

Three of the 8 deaths from scarlatina occurred in Denzille Street district, where 25 deaths from that cause were registered in the course of the preceding ten weeks. There were 61 cases of scarlatina under treatment in the principal Dublin hospitals on Saturday last; the admissions during the week numbered 17, being only 1 less than in the week ending 1st instant.

Tests for Colour Blindness.

A WELL-KNOWN ophthalmic authority, Professor Holmgren, advises the following simple tests for colour blindness: 1. A light green piece of wool is put aside from the others. The person to be examined has to add those of the same colour. The examination is continued until all the samples of the same shade have been added, or, besides them also, those of a grey, reddish, rosy colour. 2. A purple sample is put aside. The person who had by the former test been recognised as colour-blind has incomplete colour blindness if he adds only purple shades. Those who add besides them blue or violet, or both, are entirely red-blind. Whoever, besides the purple, adds green or grey, or both, is entirely green-blind. Those who, besides the purple, add red or orange, or violet, are respectively blue-blind. 3. Also a red sample may be put aside. The red-blind add green or brown shades, which appear darker to the healthy eye than the red of the sample. The green-blind will add shades of green or brown which appear lighter to the normal eye.

Health Resorts at Home.

IN connection with the subject to which we have just devoted two leading articles, may be mentioned a growing anxiety on the part of capitalists to make the Health Resorts in the United Kingdom more attractive, so as to compete with those of foreign countries, and to utilise such of the mineral waters for home consumption as have hitherto received but scant attention at the hands of the

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profession and patients. The probability is that had many of these waters been bottled and put in the market years ago, foreign importations would not have assumed the magnitude of modern experience. Special attention is now being paid to Harrogate, where the Montpellier sulphur and iron springs are considered to offer ample scope for commercial enterprise. These springs have been purchased by the Chemists' Aërated and Mineral Waters Association, Limited, together with the extensive estate surrounding them, for £34,000. In this property is included the well-known Kissengen spring, chalybeate and other waters. As soon as arrangements are completed, it is intended to bottle these waters, and to cultivate a new home commerce in competition with those from foreign sources. Harrogate waters have never been favourites in bottle, owing to a cloudiness occasioned by an excess of oxygen; this objection Professor Attfield thinks can be overcome by aëration of the waters with carbonic acid gas immediately on their issuing from the spring. Thus treated, Professor Attfield thinks they "would take immensely with the public, and be valuable to the medical faculty." We wish the undertaking success.

The Treatment of Mydriasis.

De Wecker, in the *Gazette des Hopitaux*, says that the treatment of mydriasis must vary according to whether it is paralytic or spasmodic. All mydriases of paralytic origin are generally accompanied by a paralytic lesion of the ciliary muscle, while spasmodic mydriasis ordinarily leaves the muscle of accommodation intact. It will therefore most frequently suffice to investigate the *power of accommodation*, in order to determine whether the probable cause of the mydriasis be paralytic or spasmodic. If a patient, the subject of mydriasis, presents no disturbance of accommodation, we may declare that the cause of the mydriasis is spinal; while if the integrity of this be not preserved, the cause is cerebral. In this latter case the disturbances of accommodation are easily recognised.

Thus the subject of hypermetropia not being able to accommodate the eye regularly, is unable to see distinctly, whether near or at a distance; in emmetropia there is no longer clear perception of near objects, and in myopia the faculty of reading is reduced to the vicinity of the punctum remotum. One or other of these conditions, according to the case, will then indicate a cerebral lesion as the cause of the mydriasis. Of course all the subjects of mydriasis, whether paralytic or spasmodic, complain of the dazzling produced by light, dependent solely on the dilation of the pupil, but this disturbance will not be confounded with disturbance in accommodation, properly so-called. Mydriasis of *spinal* origin is a symptom of great value in prognosis, and often so in the diagnosis, of these affections. Thus it is an anticipatory symptom of loco-motor ataxy; and in general paralysis it is of great value. Eserine, pilocarpin, and continuous currents of electricity are recommended.

The Ready Road to Fortune and a Mayoralty.

The *Chemist and Druggist* honours with his portrait and biography Mr. Clarke, the proprietor of the irrepressible "Blood Mixture," who has recently reached the summit of all his greatness in being made Mayor of Lincoln. The history reminds us of the claimant's epigrammatic epitome of the world—three-fourths fools with money, and one-fourth sharp fellows with none—the three-fourths made for the purpose of maintaining the one-fourth. "Blood Mixture" Clarke is only 37 years of age. He opened a chemist's shop in Lincoln at the age of 19. He had no fortune to start with, but his business prospered, and in a few years he was able to take a larger shop. Waiting patiently, until he had saved a moderate fortune by his regular business, he at length resolved to launch out. He risked all he had. For the first three months he spent £500 a month, and for the remainder of the first year his advertising amounted to £1,000 a month. At the end of the year he had spent in advertising and printing some £15,000, and his balance-sheet showed that out of that he had sunk temporarily something like £7,000. But the property created was worth a great many times that amount, and he knew it. He still further extended his advertising, and by the end of the second year accounts were getting about straight. From that time onwards success was assured, and for some ten years or more the sale of the "Blood Mixture" has gone on increasing, while each year more than £20,000 has been invested in printing-ink.

At an ordinary meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, Mr. Humphry, Mr. Marshall, and Mr. Savory were re-elected members of the Committee on Examinations in Anatomy and Physiology.

The lowest death-rate ever registered at Hastings, occurred during the quarter ending September 30th, being only 12 per 1,000 of the population. The knowledge of this is especially valuable to the profession, which sends so many patients to southern health resorts.

At the Primary Examination in Anatomy and Physiology at the College of Surgeons, England, last week, 19 candidates out of the 71 having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their studies for three months, including three who had an additional three months.

At Cambridge a lady is acting under the direction of Dr. Michael Foster and Mr. Balfour, as demonstrator to the students who are working at physiology and comparative anatomy under the auspices of the Association for the Higher Education of Women. Irrespective of the entries at Girton College, eighty-two ladies are now attending the lectures at Cambridge arranged for the sex, and a large number are formally engaged in the study of natural science.

According to the Registrar-General's returns the rates of mortality per 1,000 last week in the principal large towns were—Brighton 15, Oldham 15, Edinburgh 16, Leicester 18, Sheffield 19, Portsmouth 19, Glasgow 20, Salford 21, Manchester 21, Birmingham 21, Bradford 22, London 22, Newcastle-upon-Tyne 22, Plymouth 22, Nor-

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wich 23, Bristol 23, Nottingham 24, Liverpool 24, Hull 25, Leeds 27, Wolverhampton 27, and the highest rate 30 in Dublin and Sunderland.

THE Queen's letter has been received appointing R. O'Brien Furlong, Esq., barrister-at-law, Secretary to the Royal Sanitary Commission, Dublin, in the room of W. Jerrold Dixon, Esq., deceased. Mr. Furlong has well earned his office and is a valuable accession to the Commission. He knows, probably, more of Irish sanitary law and of the sanitation of Dublin than any other man outside the medical profession, and is fully competent to aid the Commissioners in the production of a valuable report.

THE *City Press* records the fact that a wealthy London parish, having of late considerably augmented the income arising out of a charitable bequest, and finding that the proceeds far exceed the provisions of the ancient donor, has decided to apply to the Charity Commissioners for authority to make the following donations, viz.:—The London Hospital, £1000; Metropolitan Free Hospital, £500; King's College Hospital, £250; Victoria Park Hospital, £250; Westminster Hospital, £250; and the City of London College, £250, making a total of £2,500, in addition to advancing the allowances to the qualified recipients of the charity 25 per cent. The London Hospital has before received from the same source a similar gift of £1,000.

THE NEW SCHEDULE OF THE QUALIFICATIONS OF CANDIDATES FOR THE ARMY MEDICAL SERVICE.

THE following is a new Schedule, just issued, of the qualifications necessary for candidates desirous of obtaining commissions in the Army Medical Department, with the conditions of service:—

1. Every candidate for a commission in the Army Medical Department must be twenty-one years of age and not over twenty-eight years at the date of commencement of the competitive examination. He must produce an extract from the register of his birth, or in default, a declaration, made before a magistrate by one of his parents or guardians, giving his exact age. He must also produce a recommendation from some person of standing in society—not a member of his own family—to the effect that he is of regular and steady habits, and likely in *every* respect to prove creditable to the Department if a commission be granted; and also a certificate of moral character, from the parochial clergyman, if possible.

2. The candidate must sign a declaration upon honour that both his parents are of unmixed European blood, and that he labours under no mental or constitutional disease, nor has any hereditary tendency thereto, nor any imperfection or disability that can interfere with the efficient discharge of the duties of a medical officer in any climate; also that he does not hold, and has never held, any commission or appointment in the public services.

His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia will not be considered a disqualification provided it does not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes exists.

The board must also certify that he is free from organic or other diseases, and from constitutional weakness, or tendency thereto, or other disability of any kind likely to unfit him for military service in any climate.

3. *Certificates of age, registration of diplomas, &c., and of character, must accompany the declaration when signed and returned.*

4. Candidates will be examined by the Examining Board in the following compulsory subjects, and the highest number of marks attainable will be distributed as follows:—*a.* Anatomy and Physiology, 1,000; *b.* Surgery, 1,000; *c.* Medicine, including therapeutics, the diseases of women and children, 1,000; *d.* Chemistry and Pharmacy, and a practical knowledge of drugs, 100. (N.B.—The examination in medicine and surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside.)

The eligibility of each candidate for the Army Medical Service will be determined by the result of examination in these subjects only.

Examinations will also be held in the following voluntary subjects, for which the maximum number of marks will be—French and German (150 each), 300; natural sciences, 300.

The knowledge of modern languages being considered of great importance, all intending competitors are urged to qualify in French and German.

The natural sciences will include comparative anatomy, zoology, natural philosophy, physical geography, and botany with special reference to materia medica. The number of marks gained in both the voluntary subjects will be added to the total number of marks obtained by those who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of modern languages and natural sciences.

5. After passing this examination, every qualified candidate will be required to attend one course of practical instruction at the Army Medical School as a probationer on—(1) Hygiene, (2) Clinical and Military Medicine, (3) Clinical and Military Surgery, (4) Pathology of Diseases and Injuries incident to Military Service.

6. In future, service in the Army Medical Department will not be limited to ten years, but executive medical officers will be placed on the retired list at fifty-five, and administrative officers at sixty years of age.

7. Candidates must possess two diplomas or licences—one to practise medicine and the other surgery—and be registered under the Medical Act in force in the United Kingdom at the time of their appointment.

8. The terms of the new Warrant for the Department are not finally settled, but the rates of pay and retired pay, stated below, have been sanctioned.

Full Pay.—Surgeon-General, £2 15s. daily; Deputy Surgeon-General, £2 daily; Brigade-Surgeon, £1 10s.; after 5 years in the ranks £1 13s. daily; Surgeon-Major, £1, after 15 years' service £1 2s. 6d., 20 years' service, £1 5s., 25 years' service £1 7s. 6d. daily; Surgeon, £200, after 5 years' service £250 yearly, after 10 years' service 15s. daily; Surgeon on Probation 8s. daily. (This scale does not include allowances for lodgings, fuel, and light, and for servant.)

Gratuity and Retired Pay.—Surgeon and Surgeon-Major, after 10 years' service £1,250, 15 years' service, £1800, 18 years' service £2,500 gratuity; Surgeon-Major, after 20 years' service, £1, 25 years' service £1 2s. 6d., 30 years' service £1 5s. daily; Brigade Surgeon, after 20 years' service £1 7s. 6d., 30 years' service £1 10s. daily; Deputy Surgeon-General, £1 15s. daily; Surgeon-General, £2 daily.

Temporary Half-Pay.—Medical Officer, under 5 years' service, 6s., after five years' service 8s., 10 years' service 10s., 15 years' service 13s. 6d. daily.

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Relative Rank.—Surgeon-General, as Major-General; Deputy Surgeon-General, as Colonel; Brigade Surgeon and Surgeon-Major of 20 years' service, as Lieutenant-Colonel; Surgeon-Major of less than 20 years' service, as Major; Surgeon, as Captain; Surgeon on Probation, as Lieutenant.

Literature.

HUMAN ANATOMY AND PHYSIOLOGY—PARTS I., II., III. (a)

Witkowski's Movable Atlases.

The publishers are conferring a distinct boon upon students and practitioners in this country by issuing English editions of the valuable Movable Atlases of Prof. Witkowski.

Part I. is a very ingenious, and at the same time accurate, representation by coloured plates of the various structures of the neck and trunk. The surface view exhibits the anterior part of the body covered by its muscles, but divested of the skin, showing on the right side the external parts, such as the obliquus externus, and its aponeurosis; and on the left side the left half of the rectus abdominis. On reversing this external plate, the other side shows the deeper layers, such as the obliquus internus, the transversalis fascia and muscle, &c. The overlying parts being then removed, the subjacent plate represents the still deeper parts, such as the ribs and the intercostal muscles, the stomach and intestines, &c.; and these again being lifted up, the very deepest structures are exposed to view, such as the heart, the lungs, the liver, the abdominal aorta, the vena cava, &c. The simple contrivance by which these views are successively exhibited is worthy of all admiration, and as every part has a number, with a corresponding explanation on the accompanying printed table, there is not the least difficulty in assigning the anatomical description to each. To those who desire to possess some knowledge of the construction of the human frame as revealed by anatomy, as well as to those who are anxious to revise or to strengthen their previous anatomical knowledge, this Atlas must be a most valuable boon; and as the price is wonderfully low, there is no doubt that many individuals, as well as educational establishments, will readily avail themselves of this opportunity of acquiring the information afforded by Dr. Witkowski's pictorial delineations. The fidelity of the representations (making allowance, of course, for the difficulty of drawing solid or hollow parts on flat surfaces), is unquestionable; and the explanation of the figures having been translated by so accurate a French scholar, and so good an anatomist, as Dr. R. H. Semple, there is not the slightest Gallicism to embarrass the English reader in his comprehension of the various objects depicted.

The text accompanying the Atlas is by the same author and translator, and is a brief *résumé* of the anatomy and physiology of the human body. The different functions of the body are described in succession, together with the structures by which each function is performed; and while a great amount of valuable knowledge is compressed in a very narrow space, the descriptions are so clear as to be intelligible to the meanest capacity.

Part II.—In this part—"The Mechanism of Voice, Speech, and Taste"—Mr. Lennox Browne has not only given us a clear, faithful, and flowing translation of Prof. Witkowski's text, but has enriched it with many valuable original remarks and notes, the outcome of his own extensive experience, or drawn from recent authorities. This of course adds greatly to the value of the text, which, though brief and succinct, is a very complete account of the anatomy and physiology of the organs of voice, speech, and taste. For those who, not having the opportunity of study on the cadaver, desire to increase their knowledge of the anatomy and physiology of these important organs, these movable Atlases, with their accompanying text, will be found invaluable, and form, indeed, a "royal road" to knowledge.

Part III.—"The Female Organs of Generation and Reproduction"—is really a marvel of ingenuity, and will be found of great value in imparting an accurate knowledge of the relations of a region the study of which is frequently much neglected.

In the accompanying text Dr. Palfrey has contented himself with translating into good English the words of Professor Witkowski. He tells us in his preface that he at first intended to add some original observations to the text in the form of notes, but subsequent consideration convinced him that he would best be "carrying out the views of the publishers by leaving the translation as it is, and simply asking those who study the essay to bear in mind the fact that our neighbours express their physiological views somewhat more freely than writers on the same subject do with us." Making allowance for this, the text furnishes us with a useful compendium of the anatomy and physiology of the female generative organs.

At the present time, when anatomy and physiology are not exclusively confined, as they once were, to the schools of medicine, but are studied in a much wider sphere, the present contributions of Dr. Witkowski will be welcome to all classes of the public, and especially to those who are engaged in the work of instruction.

We can, therefore, heartily recommend this series of Atlases as worthy of attention by all our readers, and trust the publishers will soon complete the series, according to promise.

(a) I. "A Movable Atlas of the Human Body (Neck and Trunk), showing the positions of the Internal Organs by means of Superposed Coloured Plates." By Professor G. J. Witkowski, M.D., Member of the "Faculté de Médicine de Paris." The Text translated into English and edited by R. H. Semple, M.D., F.R.C.P.L.

II. "A Movable Atlas of the Various Organs of Voice, Speech, and Taste by means of Superposed Coloured Plates." By Prof. Witkowski, M.D. The Text translated into English and edited by Lennox Browne, F.R.C.S. Ed., Senior Surgeon Central Throat and Ear Hospital.

III. "A Movable Atlas of the Female Organs of Generation and Reproduction." By the same author. Translated by James Palfrey, M.D., M.R.C.P. Lond., Senior Obstetric Physician to the London Hospital, &c. London: Baillière, Tindall, and Cox.

Correspondence.

THE REMOVAL OF FOREIGN BODIES IN THE EAR.

To the Editor of the Medical Press and Circular.

Sir,—Amongst the minor operations of surgery there are few which are sometimes more troublesome than the removal of foreign bodies from the ear. The subject has recently been brought under the notice of the readers of the *Medical Press* by the cases reported in the issue for Oct. 29, by Dr. Rawson, of the Carlow County Infirmary. Dr. Rawson says "it is often a tedious, difficult, and painful operation to extract them [foreign bodies]. I have used all kinds of forceps, and crooks, and wire loops, with varying success; but the operation is always tedious, and blood is almost always drawn." It would seem from this that the precepts which aural surgeons have for years striven to inculcate have not yet made much impression, as Dr. Rawson makes no mention of having used the syringe, which is, in all but a few very exceptional cases, the *only* instrument which should be employed for the removal of foreign bodies from the ear. The cases are *extremely rare* in which the syringe, skilfully and perseveringly used, will not suffice to cause the expulsion of the offender. I could quote the words of many authorities on aural practice in support of this assertion, and could instance many cases in my own practice and that of others in the same direction; but such a course is unnecessary, and would occupy too much space.

I would, however, make a few remarks on the subject of foreign bodies in the ear in general, and their removal. In the first place it should be remembered that a hard substance—as a bead, a stone, &c.—which will not absorb moisture, may remain in the meatus without causing any injury. It is only insects or vegetable substances which swell by the absorption of moisture, which do harm if left alone. If, therefore, any hard body, as a stone, cannot be removed by syringing, it is far better to leave it alone for a time; and very likely at a future date its removal may be easily effected. Another thing to be remembered is that no

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attempt should ever be made at the removal of a foreign body which cannot be seen.

Incalculable and fatal injury may be, and has been, done by haphazard groping about with picks and forceps, after a foreign body, which perhaps is not in the ear at all. Thirdly, force should never be used for the extraction of a substance. If a patient is brought complaining of a foreign substance in the auditory canal, a strong light should be thrown into the meatus through a speculum, by means of a laryngoscopic reflector or other concave mirror, and the body *seen*. Its removal may then be attempted by means of the syringe and warm water. In using the syringe for this purpose, a fine nozzle should be employed, and the auricle drawn upwards and backwards so as to straighten the meatus as much as possible. The jet of water should be directed along the upper wall of the canal, when it will usually get behind the foreign body and expel it. The removal may often be facilitated by turning the patient on his side, with the affected ear downwards, and syringing from below.

If there is much swelling and inflammation leeches may be applied to the tragus, and fomentations and warm lead lotions applied. On the subsidence of the swelling, the syringe will usually expel the offending substance.

Instruments, as forceps, probes, &c., should be employed only under very exceptional circumstances, and when a fair trial of the syringe has failed. When used, it should be only under good illumination, so that the operator may follow the instrument with his eyes.

A smooth round substance, as a marble, may often be removed by the use of a brush dipped in glue or coaguline, which being placed in contact with it, is allowed to harden; and then brush and body are withdrawn together.

In conclusion, I would repeat the belief that there are very few cases in which the syringe will not suffice to remove the foreign body. At any rate, a fair trial should always be given to it before resorting to any more dangerous instrument.

Yours, &c.,

W. Douglas Hemming, F.R.C.S.Ed.

Bournemouth.

THE MICROSCOPICAL SOCIETY'S TRANSACTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have just seen the criticism, in your issue of the 22nd ult., on the Transactions of the Microscopical Society, and I desire to express my entire concurrence in its tone, which is certainly only just and proper. Since the suppression of an independent source of communication between microscopists (*The Microscopical Journal*), practical questions have made way for twaddle, and the Society itself has condescended to discuss old and pirated inventions, which are constantly served up as something new. This is done in so barefaced a manner that I have at length been driven to send in my resignation as a member. I regret this, after being connected with the Society as Member, Councillor, and Vice-President for upwards of thirty years.

As an evidence of what I have experienced in common with other old workers at the microscope, I may refer you to a recent claim set up by Dr. Edmunds to my "Immersion Paraboloid Illuminator," a piece of apparatus I made more than twenty-three years ago. Dr. Edmunds, in a paper read before the Quekett Club, says: "The paraboloid described by Mr. Wenham is not like mine, either in its peculiar effects or that of the method of working or applying it; the two instruments do not in the least resemble each other." The mendacity of this assertion is very remarkable, since it is well known that all truncated paraboloids are identical, and the effects produced are precisely alike. What I have a just right to complain of is that the President of the Royal Microscopical Society, in the new edition of his book on "The Microscope," ascribes this invention of mine to Dr. Edmunds. I hope, therefore, that outside independent criticism, such as you have favoured your readers with, will place a salutary check on such injustice for the future.

Yours, &c.,

F. H. Wenham.

164 New Bond Street, 7th Nov., 1879.

[We have not seen the new edition of Beale's work on "The Microscope" to which Mr. Wenham refers. But Dr. Beale certainly ought to have known that Dr. Edmunds wrote in the following terms to the editor of *Nature*, July 11th, 1878:—"The Immersion Paraboloid Illuminator exhibited at the recent *soirée* of the Royal Society, as designed by me, proves to have been anticipated in principle and construction by Dr. John Barker, of Dublin, from whom a paper on the subject will be found in the proceedings of the Royal Irish Academy for 1870. An immersion parabaloid illuminator was also described by Mr. Wenham in the 'Transactions of the Microscopical Society' for 1856. My paper on the subject appeared in the *Monthly Microscopical Journal* for August, 1877, but as that journal is now defunct, I ask you to allow me to credit these gentlemen with a priority which on perusing their papers I find to be due to them." Dr. Beale will, no doubt, see that some explanation is justly due to Mr. Wenham in this matter.—Ed. M. P. & C.]

A PROBLEM FOR DEBATE—HEALTH RESORTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your excellent leaders on this subject has given me great pleasure. If there exists a good medical debating society in London or Dublin, I would suggest a very important subject for consideration, which admits of fair arguments *pro* and *con*, and affects not only the profession, but the public. It is a very comprehensive proposition. "Ought medical men to send their phthisical patients, in the last stage, to foreign health resorts, thereby entailing heavy expenses, often difficult to meet, on many families, and impoverishing the health resorts in our own country to the enriching of other countries."

I will not argue the question, but may briefly direct attention to the principal arguments:—

Consumption but rarely strikes in vain; in the last stage death must soon come, and it is, I imagine, sweeter to die surrounded by loving friends, amidst the sound of our dear old English tongue, knowing that up to the last loving English hands will smooth the passage to eternity, and even that after death what remains will be laid in English soil, where friends may come and place a flower. The grave in a foreign watering place is so far away from home. This is the sentimental side, as it is called—ask loving mothers what they call it?

The pecuniary side, or the practical, comes next. A journey to San Remo, or any other similar sanatorium, is very expensive with an invalid. It hampers families very much to incur this outlay. It is useless in most cases. Why not utilise our own health resorts? Have we not such places in England? Why not save the money? Why not spend English money in encouraging English enterprise? The other side? I leave the other side for the debate.

Yours faithfully,

London. M.D. Lond.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whether your articles on residence abroad may have the happy effects they are intended to produce I know not, but in any case you will have earned the thanks of thousands in England who now mourn for loved relations cruelly sent to die in a foreign country.

Yours truly,

London, Nov. 6th, 1879. A Victim.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As one personally interested in one of our English health resorts, I am pleased to find that there is a journal sufficiently independent to attack the fashionable ring, who send so many patients abroad, without due consideration either of their purse or of the claims of our English watering places and sanatoria. There are many suitable places in England for patients with lung consolidation.

Yours faithfully,

A Landlord.

Bournemouth, Nov. 7th, 1879.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—In your issue of October I think I fully ex-

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posed the illogical position of Dr. Clifford Allbutt in reference to Davos, and I am pleased to find that you have devoted some space to a somewhat similar subject, and thoroughly exposed the vagaries of the thoughtless or sanguine young medical men who are so ready to take up new ideas, or to countenance new places only because they are new. The same men seem to be imbued with a thorough love of everything foreign. This I would not object to if it were only regulated by some rational principle.

The outside public have a fair right to take this subject up, and if some of our other first-class journals, as the *Spectator*, *Saturday Review*, were to take the matter up, I have no doubt the death-blow would be struck to that custom which which has long been a reproach to medicine.

Yours faithfully,

London, Nov. 8th, 1879. INQUIRER.

A HINT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Remembering that medicine, in one of its phases, was included in the original appropriation scheme of the Irish church surplus, permit me to ask you if any steps have been taken to secure such a valuable boon?

A large sum of the surplus has recently and very properly been appropriated to educational purposes. One fourth of that sum would provide ample infirmary accommodation in every union; and also a sufficient fund for promoting and maintaining the compulsory superannuation of dispensary medical officers.

Fancy legislation, honoured with the endearing title *Permissive*, is evidently not adapted to the financial genius of the people. In the case of National education it proved a complete failure; in the case superannuation of medical officers it is still a mockery and a snare, tending directly to the cultivation and exhibition of the meanest feelings in human nature.

The recent and present proceedings of boards of guardians almost everywhere indicate the animating and governing spirit which will, with energy, manifest itself in future in the total annihilation of this one-sided and very partial good. Whoever heard of the Local Government Board enforcing superannuation by a *sealed order*? Therefore, I say unto you, *ask, seek, knock*, for "yet there is room."

Yours, &c.,

D. D. D.

University of London.—The following have just passed the second M.B. examination :—

FIRST DIVISION.

Andrews, W. S., University Coll.
Barling, G. H., St. Barth. Hosp.
Bond, J. W., University Coll.
Boyd, J. S. N., University Coll.
Buckell, A. E., University Coll.
Colquhoun, D., Charing X Hosp.
Cross, F. R., King's Coll.
Dunbar, J. J., St. George's Hosp.
Fuller, T. W., Guy's Hosp.
Gabb, J. P. A., University Coll.
Hayward, T. E., St. Barth.'s Hosp.
Herman, G. E., London Hosp.
Hine, J. E., University Coll.
Hughes, R., St. Barth.'s Hosp.
Mackern, G., Guy's Hosp.
Pugh, T. W., Liverpool Roy. In.
Russell, G. H., Guy's Hosp.
Sainsbury, H., University Coll.
Sheppard, C., St. Thomas's Hosp.
Smith, R. P., St. Thomas's Hosp.
White, W. H., Guy's Hosp.
Williams, D., University Coll.

SECOND DIVISION.

Barker, F. R., St. Thomas's Hosp.
Beevor, C. E., University Coll.
Dymott, D. F., University Coll.
Forsbrook, W. H. R., Wesminster Hosp.
Gill, R., B.Sc., St. Barth.'s Hosp.
Hayle, T. H., Owens Coll.
Hudson, J., University Coll.
London, A. A., University Coll.
Maylard, A. E., Guy's Hosp.
Neale, W. H., University Coll.
Shain, W. F., Liverpool Roy. In.
Taylor, H. G., King's Coll.

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.

OUR NORTHERN CORRESPONDENT.—Your weekly parcel had not arrived at time of going to press.

ALPHA.—There are no cottage hospitals in Ireland so far as we are aware.

DR. ANDREW CLARK will please receive our best thanks.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—The first meeting of the session will take place this evening (Wednesday), at 8.30, in the rooms of the Medical Society of London.

EPSOM COLLEGE EXHIBITIONS.—A competitive examination for admission on exhibitioner's terms will take place in December. Forms of application may be obtained of the Secretary at the offices, 37 Soho Square, London. Candidates must be sons of deceased or invalid members of the profession.

THE METRIC SYSTEM.

THE metric system of weights and measures is based on a standard measure represented by the METRE: a unit of length equal to a little more than one yard—viz., 39·370 English inches. French geometricians intended this standard should have reference to the circumference of the earth, and therefore the metre is estimated as

The one-ten millionth part of the distance between the Equator and the Pole, or 39·370 English inches.

It is divided into tenths, *decimetres*, hundredths, *centimetres*, and thousandths, *millimetres*. The multiples are tens—*decametres*, hundredths, *hectometres*, and thousandths, *kilometres*. For *area* and *capacity* we have *square* metres, decimetres, &c., and also *cubic* metres, millimetres, &c.

The *Litre* is the unit of weight for fluid measures, and is the term used to denote one cubic decimetre, or 1¾ pints English. It is divided into 10ths, 100ths, 1,000ths, &c.

The *Gramme*, or the weight of one cubic centimetre of water at the temperature of 4 degrees centigrade, is the unit of weight, and equals 15½ grains. It is also subdivided into 10ths, 100ths, 1000ths, &c.

APPROXIMATE EQUIVALENTS OF CUBIC CENTIMETRE (C.C.).

0·001	C.	C.	..	..	equal to	1-65 minim
0·01	,,	,,	..	..	,,	1-6 ,,
0·1	,,	,,	..	..	,,	1½ ,,
1	,,	,,	..	..	,,	15 MINIMS
4	,,	,,	..	..	,,	1 fluid drachm
16	,,	,,	..	..	,,	4 ,, drachms
32	,,	,,	..	..	,,	1 ounce
50	,,	,,	..	..	,,	14 fluid drachms
100	,,	,,	..	..	,,	3½ ounces
1000	,,	,,	..	..	,,	1¾ pints or LITRE
4½ litres			..	..	,,	1 gallon
Hecto litre			..	..	,,	22 gallons

APPROXIMATE EQUIVALENTS FOR RAPID REFERENCE.

1	Milligramme	equal to	1-65	grain	1 Centigramme	equal to	1-6 grain
2	,,	,,	1-32	,,	2 ,,	,,	1-3 ,,
3	,,	,,	1-22	,,	3 ,,	,,	6-13 ,,
4	,,	,,	1-16	,,	4 ,,	,,	7-11 ,,
5	,,	,,	1-13	,,	5 ,,	,,	3-4 ,,
6	,,	,,	1-11	,,	6 ,,	,,	9-10 ,,
7	,,	,,	1-9	,,	7 ,,	,,	1 ,,
8	,,	,,	1-8	,,	8 ,,	,,	1¼ ,,
9	,,	,,	1-7	,,	9 ,,	,,	1½ ,,
1	Decigramme	equal to	1½	grains	1 Gramme	equal to	15½ grains
2	,,	,,	3	,,	2 ,,	,,	30 ,,
3	,,	,,	4½	,,	3 ,,	,,	46 ,,
4	,,	,,	6	,,	4 ,,	,,	61 ,,
5	,,	,,	7½	,,	5 ,,	,,	77 ,,
6	,,	,,	9	,,	6 ,,	,,	92 ,,
7	,,	,,	11	,,	7 ,,	,,	108 ,,
8	,,	,,	12½	,,	8 ,,	,,	123 ,,
9	,,	,,	14	,,	9 ,,	,,	139 ,,

MEM.—To prevent mistakes it is better to write so many Grammes, Decigrammes, Centigrammes, &c., than to express the same in numerals or figures.

DECAGRAMMES.				DRACHMS.	
1	..	..	..	equal to	2 drms.
2	..	..	..	,,	5 ,,
3	..	..	..	,,	7 ,,
4	..	..	..	,,	10 ,,
5	..	..	..	,,	12½ ,,
6	..	..	..	,,	15 ,,
7	..	..	..	,,	17½ ,,
8	..	..	..	,,	20 ,,
9	..	..	..	,,	22½ ,,

1 Kilogramme equals 2 lbs. 8 ozs.

HECTOGRAMMES.			OUNCES.
1	..	..	equal to 3 ounces 5 scruples.
2	..	..	,, 6 ounces 2½ drachms.
3	..	..	,, 9 ounces 5 drachms.
4	..	..	,, 1 lb. 7 drachms.
5	..	..	,, 1 lb. 4 ounces.
6	..	..	,, 1 lb. 7 ounces.
7	..	..	,, 1 lb. 10 ounces 4 drachms.
8	..	..	,, 2 lbs. 1 ounce 5 drachms.
9	..	..	,, 2 lbs. 5 ounces.

Myriagramme equals 26 lbs. 9 ozs. 4 drachms.

HARVEIAN SOCIETY OF LONDON.—On Thursday, Nov. 20, at 8.30 p.m., Dr. W. Squire, "The Action of Salicine and Salycilic Acid in Rheumatism."—Mr. Osman Vincent, "Congenital Talipes in the Adult."—Mr. Walter Pye, "The Present Position of the Operation of Nerve-stretching."

THE TOPICAL USE OF ERGOT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Our attention has been called to a note in your issue of Oct. 15, page 389, in which you advise the topical use of ergot in chronic conjunctivitis. We wish to call your attention to our ophthalmic discs of ergotine as a convenient way of bringing ergotine into contact with the tissues and rendering it wholly available for the purpose intended. Bonjeau's ergotine is the basis of our preparation, and of the activity of this substance there is no question.

We are now experimenting upon the sclerotic acid of Dragendorff,

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which is said to be the real active principle of ergot, and we hope in a few days to offer this to the profession for trial.

We are, Sir,
Your most obedient servants,
143 New Bond Street, London. SAVORY & MOORE.

THE HOMES OF MEDICAL MEN.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your inquiries on this subject in this week's MEDICAL PRESS are very appropriate and important, and it is to be hop d they will have the effect of causing medical men to view this matter in the light in which you put it.

Recognising the importance of this matter, Dr. John Drysdale of this town built himself a house in 1861 in which a complete system of ventilation was introduced; and in 1867 I also built one for my own residence, adopting the same plan. One of us read a paper on the subject before the Architectural Society of Liverpool and before the Institute of British Architects in London. I forward you a copy of the letter. Your mentioning these facts in your excellent journal may induce other medical men to do the same. Under our directions Messrs. Soon, of Charing Cross, have published a full explanation of the plan, with illustrations, &c.

I am, Sir, yours truly,
117 Grove Street, Liverpool, JOHN W. HAYWARD.
November 13.

VACANCIES.

Bristol Royal Infirmary.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary on or before Dec. 1.

Londerry Union, Johnstown Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election. Nov. 27.

Gort Union, Gort Dispensary.—Medical Officer. Salary, £120, with fees, and £10 as Medical Officer of Health. Election, Nov. 22.

Great Northern Hospital, London.—Two Physicians. Honorary. Applications to the Secretary on or before Dec. 4.

Hospital for Children, Great Ormond Street, London.—House Surgeon. Salary, £50, with board, &c. Applications to the Secretary on or before Nov. 27.

Queen's College, Belfast.—Professorship of Chemistry.

Royal Free Hospital, London.—Assistant Surgeon on the Staff. Applications to the Secretary on or before Nov. 26. (See Advt.)

APPOINTMENTS.

BERNSTEIN, M. J., M.B., Assistant House Surgeon to the Wolverhampton and Staffordshire General Hospital.

CLARKE, J. P., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Certifying Factory Surgeon for the District of Castleblayney, co. Monaghan.

CORDNER, L. M., L.K.Q.C.P.I., L.R.C.S.I., Certifying Factory Surgeon for the District of Aughnacloy, co. Tyrone.

CREAGH, J., L.R.C.P.Ed., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Mallow Dispensary District of the Mallow Union, co. Cork.

DUFF, A, L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Castlerea Dispensary District of the Castlerea Union, co. Roscommon.

GABBETT, H. S., M.B., L.R.C.S.I., a Physician to the St. Marylebone General Dispensary.

LYNDON, G., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Certifying Factory Surgeon for the District of Ballinagh, co. Cavan.

PEELE, E., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Throat and Ear Hospital, York Street, Dublin.

PENTLAND, A., M.B., L.R.C.S.I., Assistant House Surgeon to the Metropolitan Free Hospital.

SANDELS, W. J., L.F.P.S.G. & L.M., M.R.C.S.E., Certifying Factory Surgeon for the District of Lisnaskea, co. Fermanagh.

TAYLOR, J., L.R.C.S.I., L.K.Q.C.P.I., Medical Officer to the Tandragee Dispensary, Banbridge Union.

Births.

DE LA MOTTE.—On Nov. 8, at Thorndean, Staines, the wife of P. W. De la Motte, M.R.C.P., M.R.C.S., of a daughter.

GELL.—On Nov. 13, at St. John's Lodge, Kensal Green, the wife of T. S. Gell, M.D., of a son.

GEOGHEGAN.—On Nov. 9, at Ivy House, Redcar, the wife of Surgeon Geoghegan, A.M.D., of a daughter, prematurely.

HUMPHREYS.—On Nov. 12, at Trinity Square, London, E.C., the wife of F. W. Humphreys, F.R.C.S., of a son.

Marriages.

DILLON—DE COURCY.—On Nov. 6, at Tarbert, co. Kerry, John T. Dillon, M.D., M.Ch., Listowel, to Anna Margaret, youngest daughter of the late Henry G. De Courcy, Esq., Dooncaha Lodge, co. Kerry.

HILL—TENDER.—On Nov. 7, at Calcutta, Captain Herbert F. Hill, 44th Regiment, to Mary, daughter of J. Tender, M.D., J.P., of Keale House, co. Cork. (*By Telegraph.*)

Deaths.

ARDING.—On Nov. 6, at Wallingford, Surrey, Willoughby Arding, M.D., aged 74.

COLLINS.—On Nov. 9, at Wanstead, Frederick Collins, M.D., aged 53.

DODSWORTH.—On Nov. 2, at Turnham Green, Frederick C. Dodsworth, M.R.C.S.E., aged 74.

FULTON.—On Nov. 11, at Saintfield, co. Down, Matilda, wife of Thos. Fulton, M.D., aged 35.

PICKOP.—On Nov. 4, at Great Salkeld, Eli Pickop, M.R.C.S.E., aged 64.

WADE.—On Nov. 12, at the Royal Victoria Yard, Deptford, Seaton Wade, Fleet-Surgeon Royal Navy.

WANTED.—A QUALIFIED MEDICAL MAN.
Address, stating qualifications, age, reference, salary wanted, And if willing to assist in office work, T. B. Clarke, Son, and Platt, advertising Agents, 85 Gracechurch Street, E.C.

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EPSOM COLLEGE EXHIBITIONS.—NOTICE is hereby given that a COMPETITIVE EXAMINATION for the admission of Boys as Exhibitioners at Epsom College will take place in December next The Exhibitioners will pay £30 a year each for education, board, lodging, &c., instead of the £48 or £51 usually charged. Candidates must not be over fourteen years of age, and must, by the second bye-law of the College, be "sons of some of the less fortunate members of the medical profession." The parents will be required to make a confidential statement as to their income, the number of their children, and their means of educating them. A Committee of the Council will consider the claims of candidates, and make a list of such as they find to be eligible, and these will compete for the Exhibitions on a day to be fixed in December. All particulars and forms of application can be obtained at the office, 37 Soho Square. The forms must be returned to the Secretary by the end of the current month of November. The successful competitors will be admitted on the re-opening of the College in January.

By order of the Council,
ROBERT FREEMAN, Secretary.
37 Soho Square, London. Nov. 12th, 1879.

TO BE SOLD, THE HOUSE AND LANDS OF BELLEVUE, situate at Tolka Bridge, near Finglass, in the county of Dublin, about three miles from the General Post Office, with the Outhouses and Offices thereon, containing in the whole about 28 Irish acres.
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IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with interest the letters of correspondents in your late issues concerning the grievances of the Poor-law Medical Officers in Ireland, and though the schemes of your correspondents are not likely to meet with general support, for obvious reasons, still it is gratifying to find that there are some members of the the Poor-law Service in Ireland who are not content to remain in the hopeless condition of men trying to serve not alone two masters, but many.

Since I have been resident in this country I have received several communications from the Irish Medical Association asking me to join their ranks, but one of the reasons they put forward why I should do so was that, if I recollect aright, it only numbers about one-third of the total practitioners in Ireland. Now, considering that it has been in existance for twenty-six years since its re-establishment, it makes a very grave charge against itself and the benefits it says it confers, when it admits that so large a majority of the practitioners of the country hold aloof from it.

On looking over the list of officers of the Irish Medical Association I find that it is largely composed of Dublin hospital physicians and surgeons, a class of gentlemen who can have but little direct interest in the trials and struggles of the dispensary doctor.

I have been in the habit of reading certain lengthy documents printed in the poor-law intelligence of your excellent journal, purporting to be letters addressed by the hon. sec. of the Irish Medical Association to the Local Government Board about matters relating to the Irish Poor-law Medical Service, and all I need say concerning them is that I fancy they are regarded by the clerks of that circumlocution office as so much waste paper when not backed up by the general voice of the profession or issued by a body capable of commanding attention.

But Sir, I am not disposed to criticise alone what seems to me to be the failings of the Irish Medical Association, without suggesting what I consider to be the practical remedies, and this I shall endeavour to do as briefly as possible on the present occasion.

First, as to the important question of funds. I conceive that the way to increase the number of subscribers would be for the council of the Association to induce some one member in each union or district to collect the subscriptions personally, not by letter, and try to get all the practitioners in his neighbourhood to join. I suggest this because I know how much busy men dislike the trouble of sending subscriptions by post, how much more freely it would be paid on the spot to a friend asking for it.

Secondly, I believe the Irish Association might take pattern in many things with advantage from its contemporary, the British Medical. Let the council be elected by the numbers in each county, and *on the spot*, not in Dublin, or any other centre. Let the Association have a well paid secretary, and if possible, provide its members with a copy of your Poor-law Intelligence weekly. A journal would be better, but would entail a higher subscription than 10s. 6d. Let there be a general meeting of members once a year in different parts of the country for the discussion of the proper measures to be taken for the advancement of the interests of the profession, and let a council be elected in some such way as I propose, so long as each member shall feel he has a direct interest in his representative, much more frequently for executive purposes.

By such an organisation would the whole body of the profession be induced to enrole themselves as members, and each exert himself, through his representative, for the benefit of all. The apparent apathy is due, I am persuaded, not to any want of interest in so important a matter, not to any indisposition to pay the small tax, but to the feeling that the entire control of the Irish Medical Association, as at present constituted, is in the hands of men who have no community of interest with the great mass of the Poor-law medical officers, *alias* the country practitioners of Ireland, and that individuals cannot promote their views except by going to the trouble and expense of attending an annual meeting in Dublin, where the poor country doctor would probably feel too small to express his opinions and too proud to confess his poverty.

For the present, Sir, I leave this matter to the consideration of your readers and the council of the Irish Medical Association. It is with no ill-feeling I have written about it, but rather in the possible hope that by drawing attention to its failings it might be made what it ought to be, the General Association of Medical Practitioners in Ireland. Trusting that my professional brethren will take the matter up, and not let it drop till they are united into one great body able to dictate its own terms, to withstand oppression, and to place medical men in a fitter social position than most of them at present occupy,

I am, &c.,

PHILADELPHUS.

WE have accepted our correspondent's letter, it being our principle to allow free expression to every one who writes honestly his convictions, although we may differ widely from his opinions. We are glad of the opportunity he affords us to say a word respecting the "Association." To take the criticisms of "Philadelphus" in their order, and first amongst them the charge that the "Association" does not embody more than one-third of the profession in Ireland, we are obliged to classify the profession from his point of view, and for our correspondent's

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behoof Irish medical men may be divided into three classes—(*a*) the "big wigs" who have no time to devote to the affairs of other people, and not the remotest personal or pocket interest in the objects to which the "Association" is devoted. These are the gentlemen to whose presence on the Council "Philadelphus" objects, and we do not hesitate to say that they are amongst the most useful members of the organisation. They give their presence and their influence when it is asked for, and have more than once stood by the "Association" with their money when it was in straits; their relation to the "Association," moreover, gives it a political strength which it could not otherwise possibly have. They submit to be taxed every year for the advantage of their poorer brethren, and are never niggardly of either trouble or money for the furtherance of objects from which they themselves cannot derive a scintilla of benefit.

The second class of Irish practitioners (*b*) are those who are really in earnest in the work of amelioration with which the "Association" is engaged. Nine-tenths of them pay a subscription, which sometimes they can ill afford, and many of them help the execution of the I. M. A. with a much more valuable contribution than their money, viz., their advice and suggestions. As a sub-class of this class (whom we will call the "earnest men") we have a few (amongst whom we must frankly include our correspondent) who are strong in feeling favourable to the objects of the "Association," and even hyper-emphatic in their views and hyper-vigorous in action. These gentlemen are invaluable as counter-irritants, but they have one and all their own particular tuft of hay on their own particular horn, and they cannot see why the Council should not devote its whole soul to their grievance and proceed instantly to smash the Local Government Board, the Government and Parliament. Our chief regret is that the circumstances of their locality and of their business prevent these gentlemen from joining the Council (some of them it would appear do not even join the "Association"), when they would be able to express their views *ore suo*, and would speedily learn that fortresses are not won by using the crania of the assailants as battering-rams, and that no organisation can effect anything unless it moves constitutionally, reasonably, and patiently towards its purpose.

The third class of the Irish profession (*c*) are the drones of our order. They do not manifest their belief in any mutual organisation whatever, and, while quite ready to profit by anything that is done for the profession, are too selfish to contribute an iota to that result. They will neither offer a suggestion, answer a letter, pay a subscription, or read anything sent them, but they will grip every sixpennyworth of advantage which the labour of others procures for them, and will diversify that employment by grumbling incessantly and abusing their own profession all round. We regret to say the class is numerous, and its existence accounts, more or less, for the disproportion between what the members of the "Association" ought to be and what they are.

Nevertheless, the Irish Medical Association may claim to be a highly successful organisation, for we can assure our correspondent that it is a very gratifying success to secure even one-third of any class as co-operators in any organised work. The "Association" can show work and results achieved by downright hard labour and great perseverance, for which the whole profession in Ireland ought to be grateful. It was the author of medical superannuation, the principal instigator of medical registration, the chief agent in educating the country up to improvement in the salary of Irish poor-law medical officers, and procuring a revision of the fees to medical witnesses, and within the past two years has obtained for those officers a doubled vaccination fee and a change of law which must ultimately involve a great improvement in their position as sanitary officers. It has, meanwhile, exercised beneficial influence in and out of Parliament in favour of the Army Medical Department, the visiting physicians of lunatic asylums, the factory surgeons, and the prison and infirmary officers. If our correspondent had given himself the trouble to learn the extent and importance of these services to the profession he would, we feel certain, have abstained from his somewhat censorious criticism, and would be the first to offer his co-operation, hand, heart, and pocket, with the "Association."

As to his detailed objections, we need only say that the executive of the "Association" of which he complains because—he says—it is composed principally of "men who have but little direct interest in the trials and struggles of the dispensary doctor,"—is composed of 4 vice-presidents, of whom only one is a Dublin man; a chairman of council, who is himself a dispensary doctor; a council of 35 members, of whom no less than 26 were or are poor-law medical officers; and an executive committee of 8, of whom 6 are in the same service.

We don't know how much more representation of his class our correspondent would wish. As for his proposal for a peripatetic Association, which he bases on the ground of the inconvenience of going to Dublin, we may remind him that that inconvenience would be much greater to individual members the further the centre of meeting is removed from the centre of the country, and that inasmuch as the migratory meetings of the "Association" could offer no such attractions as those of the British Medical Association, they could result in nothing else but a calamitous failure.

We have made "Philadelphus" the text for a lengthened disquisition, but we are convinced that his *animus* is just that which would be of most value to the "Association," and we hope we may have succeeded in persuading him (and many of class *c*) to pay their subscriptions and give their hearty aid to an honest and zealous effort made for their benefit.

CLAREMORRIS UNION.

PROPOSED REDUCTION OF SALARIES.

MR. O'CONNOR moved—"That a reduction of 20 per cent. be made on the salaries of all the officers of this board."

Mr. Treston, D. V. C., proposed as an amendment that the salaries be not reduced. It would be departing from the broad and just principle adopted by all public bodies

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of giving increased pay for long and faithful services. If the times became as bad as was expected all the house officers would have their duties greatly increased, but particularly the dispensary medical officers. It would be ungenerous and unwise to cripple the resources, render it less efficient, or cause to be disappointed a body of men who had always been faithful to their post of danger, and at a time too when they are likely to need their best energies. The doctors must feel keenly the depression of the times, not being able to get fees from the country people, and the salaries which they gave them were hardly sufficient to supply them with servants, horses, care, &c., to drive about the country at all hours of the day and night in aid of the sick and poor.

A lengthened and animated discussion ensued, after which a division was taken, when there voted :—For the amendment, 11; against, 5. The original motion was lost.

[We are pleased to see that there is at least one guardian in Ireland who can appreciate what is fair towards the dectors, as well as the ratepayers. Surely, if there be any class of officers more than another which is likely to suffer by the hard times, and to experience the pinch of want, that class is the medical officers. Those officials who receive fixed salaries are even better off during a season of depression, because they have the advantage of reduced prices, and enjoy and undiminished salary; but the medical officers at once feel the impecuniosity of the farmer or shopkeeper by the diminution of their fees. Where is the equity of compelling an impoverished medical man to pay the taxes of an impoverished tenant? This is what the reduction movement means.—Ed.]

TUAM UNION.

PROPOSED REDUCTION OF SALARIES.

Mr. O'Flaherty moved :—

"That the salaries of the several medical officers of the union be reduced, so much as the increase of fees resulting from the Vaccination Amendment Act of last session may exceed their original salaries and fees, and that all former resolutions shall be rescinded."

He remarked that a similar resolution had been adopted in Galway, and it would be a warning to the Legislature not to tax the over-taxed people of this country without consulting their wishes and in obedience to the manœuvring of a little lot of active medical M.P.'s. A more careless and slipshod measure than the same Vaccination Amendment Bill never came from the Parliamentary anvil. There was under it no protection against a doctor, clever at figure manipulation, committing frequent fraud, and by increasing the fees they were paying a premium for such cleverness. He did not say that the doctors did or would do so, but it was highly possible for them, and it was relying too much upon their honour to leave such matters very much in their own hands. He knew of an instance in a neighbouring union, with whose affairs he was conversant, where a doctor got £50 for vaccination, and speaking to an official authority, he was told that in the time specified, it was physically impossible for the doctor to earn it. The legislature was being shamefully operated upon by the medical men, and they are managing very successfully to increase their stipends year by year. He now proposed to limit the doctors' salaries to the standard of the past year. The doctors earned a good thing by registration, vaccination, and by that greatest mockery of recent acts—the Sanitary Act. What earthly use to that board was a consulting sanitary officer? or a sub-sanitary officer?

Mr. Kirwan seconded the resolution; after a while it would be all pay and no work in this blessed union. And the Sanita.y Act was a humbug.

The Clerk stated, in reply to Mr. Burke, that the amounts paid for vaccination during the past year were as follows :—

Dr. McDonnell, £13 17s.; Dr. Flood, £11 10s.; Dr. French, £5 4s.; Dr. Turner (No. 1), £12 15s.; and Dr. Turner (No. 2), £13 10s. In all about £57, all off the rates.

Mr. Gannon said that the resolution made the government a present of half the reductions that would be made in the salaries of the officers.

Mr. Nolan objected to the resolution, for he thought the sum 2s. allowed for vaccination was only sufficient for the many duties performed which were very onerous. The total amount is so small, £57 was not worth inquiring into. He opposed the resolution by a negative.

Mr. Burke seconded the amendment. He agreed against the impolicy of increasing the burdens on the rates, but he disagreed with the manner in which it is now sought to oppose it. If the medical officers were guilty of the practices suggested, the board would pass the resolution at once, and unanimously, and he cannot believe the members of so respectable and highly honourable a body would be lending themselves to fraudulent practices. The vaccination fees were also unfixed quantities varying from year to year. He also did not believe the the collective wisdom of the union board would be allowed to over-ride the collective wisdom of the Parliament of the nation. £56 on the valuation of the union is only the 1-6th of a penny.

Mr. O'Flaherty—The L. G. B. have actually agreed to the same resolution in Galway. You may remember I proposed a resolution calling our members' attention to this very Bill then passing the House, but none of the four took the slightest notice of it. Two of them are doctors (Messrs. Henry and Ward), and perhaps had sympathy.

A poll was taken :—For, 3; against, 7.

The resolution accordingly fell.

[We are pleased to observe that the better sense of the Tuam guardians prevailed over the stump rhetoric of Mr. O'Flaherty. This person, we understand is, or was, one of that favoured class who owes to an Act of Parliament a rank which the schoolmaster failed to give him. He is a *quondam* attorney, and *sequiter*, a gentleman, and, doubtless a very useful member of the board of guardians. "Suspect everyone," and "Set a thief to catch a thief," are excellent business mottoes even when applied by a board of guardians to its medical officers. Mr. O'Flaherty is a man of some distinction, having, in 1848, shown himself to be the owner of a loud tongue and a ready pair of heels when his political seat became rather hot for comfort. It would be a pity that he should lose the opportunity for getting up a little popular steam at the expense of the doctors, who know better than to trouble their heads about his oratorical effervescences. After all, his utterances can persuade no one and do no harm. What should any one of his trade know about falsified accounts or fraudulent charges? Pooh! Pooh! It is too ridiculous.—Ed.]

DROGHEDA UNION.

SCARLATINA.

Dr. Kelly observed that he had recently occasion to visit portion of that district in discharge of his duty as urban sanitary officer, and he met with no fewer than ten cases of scarlatina in four or five houses. From his observations, he had no doubt whatever that the occupants suffered from extreme poverty, and that filth abounded. This filth was, no doubt, a great agent in the propagation of the

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disease, but after a while the observance of cleanliness would be enforced, and this danger removed. There was, however, another agency at work which the doctors had no power to prevent, and which greatly tended to the spread of the epidemic. He referred to the holding of wakes on persons who died of infectious diseases. The other day he went into a house where a child who had died of scarlatina was being waked. There was only one room in the house. Another child lay ill of the same disease, and fourteen or fifteen persons were round the corpse. It was needless to say that the spread of scarlatina was very much due to this practice; and in the burial of children too, who die from that malady, he observed that very thin coffins are used, mere shells in fact—and these were carried through the streets to the graveyard borne on the shoulders of children who, of course, came in direct contact with the disease and spread it from one to the other. He suggested that the relieving officer should be instructed to see that double coffins were used in such cases, or that lime or tar were placed inside.

Mr. Whitworth—Do you think the parents would allow that to be done?

Dr. Kelly—I would not ask them.

Mr. Mangan—If the law does not compel them to do such a thing you may rest assured that they won't do it.

Dr. Kelly—It is very improper to allow burials to take place as they at present do—the bodies not securely incased, and carried through the town by children. There is no more infecticus disease than scarlatina.

Mr. M'Kenna—I believe it is worse than small-pox.

Dr. Kelly—It is, far; and these poor people are not able to give their children sufficient nourishment when they become convalescent; they also allow them to run about on the cold floor on their bare feet, and the result almost invariably is that dropsy comes on and kills them.

Colonel Maguire—What remedy would you suggest?

Dr. Kelly—Why, to have the matter publicly known, so that people may use the proper safeguards.

Mr. Mangan—Would you not approve of disinfecting the houses?

Dr. Kelly—Yes, but some of the cabins I refer to are beyond disinfection. Nothing short of tumbling them down would be a compliance with the sanitary laws. I thought my own district was bad, but I find this is infinitely worse. There are forty or fifty houses in it not fit for human habitation.

The subject dropped.

MOUNTMELLICK DISPENSARY DISTRICT.

PAYMENT OF SUBSTITUTE.

The Clerk read the following letter:—

Local Government Board, Dublin,
28th October, 1879.

Sir,—The L. G. B. for Ireland have had before them the minutes of proceedings of the board of guardians of Mountmellick union on the 18th inst., and desire to express their sanction to the proposed payment of a sum of £14 2s. to Dr. Rice for acting as temporary substitute for Dr. Clarke, medical officer of the workhouse and of the Mountmellick district, during the absence through illness of the latter.—By order of the Board,

B. Banks, Sec.

The Clerk said he had since received a letter from Dr. Rice refusing to accept the £14 2s., and stating that if he were not paid the full amount, £16 4s., he would place the matter in the hands of his solicitor for collection.

Mr. A. Peacock—Dr. Rice has a perfect right to be paid the full amount; there was a guarantee given that he would be paid it.

Clerk—There was no guarantee given at this board.

Mr. J. Peacock—Was there a guarantee given at the dispensary?

Mr. A. Peacock—There was.

Mr. Gaze—I think Dr. Clarke would prefer to pay Dr. Rice the two guineas in dispute out of his own pocket.

Mr. Cobbe—The honour of the board was discharged when we offered all we agreed to pay him. I therefore propose that we don't offer him the cheque again.

Chairman (to Mr. Pattison)—You have discussed this matter now *ad nauseam*, and as there is no resolution before me, I will proceed with the other business.

GORT UNION.

GORT DISPENSARY DISTRICT.

At a meeting of the Gort Dispensary Committee, held on the 1st November instant, a letter was read from Dr. Nolan, medical officer, stating that owing to the pressure of private practice and other circumstances, he was obliged to retire from a portion of his public duties. He therefore begged to place in their hands his resignation of medical officer of the district, which he had held for nearly two-and-twenty years, and to convey to the Committee his sincere and grateful thanks for the unvarying kindness and courtesy he had always experienced from them.

The following resolution was unanimously adopted:—Resolved—"That we receive with much regret Dr. Nolan's resignation, and desire to place on record our marked sense of the skill and attention with which he has discharged for a lengthened period the onerous duties of medical officer of the district. We are much pleased to learn that the sick poor of this union will continue to have the advantage of his care in the workhouse hospital, which under his well-known ability and experience has been brought to its present high state of comfort and efficiency."

On the above proceedings being submitted to the Board of Guardians—"The Board desired to express their entire concurrence in the complimentary resolution passed by the Committee to Dr. Nolan."

SHOCKING CRUELTY BY A BONE-SETTER.

At the Boyle Petty Sessions, last week, a "bone-setter," named Mullany, was charged with being guilty of cruelty to animals under the following circumstances:—It appears a carter's horse slipped and sustained a fracture of the leg at the elbow. The defendant was sent for to attend the animal, and he proceeded to remedy a fracture of an elbow-joint by putting wooden splints on the horse's knee, drawing the skin through the slits, and driving iron spikes a few inches in length through the skin and flesh in order to secure the splints to the leg. The wounds thus occasioned festered, and suppurated matter flowed through them, and the poor horse, after enduring great agony for a few days, was shot. The defendant now said in excuse that he was in the habit of "fixing" cattle and horses for the last 35 years, and with great success. His solicitor described the defendant as a public benefactor, and said that so long as such men were to be had in the union it was a humbug to be bringing veterinary surgeons into the place and paying them salaries out of the rates. *The bench imposed a fine of five shillings.*

TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. Jacob, at the Dublin office of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 26, 1879.

CONTENTS.

Original Communications.

ON SYPHILITIC URETHRITIS AND VAGINITIS.

By DR. CHARLES R. DRYSDALE,

Senior Physician to the Metropolitan Free Hospital.

THOSE persons who have for many years devoted much attention to minute points in the diagnosis of the so-called contagious diseases, must be well aware that during the last quarter of a century a number of dogmas which were held by former practitioners of the greatest experience, have been called in question, and apparently refuted. One of the chief points in the doctrine of the distinguished Ecole du Midi of 1838, of which M. Ricord was the leader, was the assertion, that there were two distinct venereal diseases, gonorrhœa and syphilis. Bassereau, again, made a further subdivision of the contagious diseases into syphilis, soft sores, and gonorrhœa. (*Aff. de la Peau*, Paris, 1852.) If we attend, however, to the opinions of some of the predecessors of these great modern writers, *e.g.*, Pearson, the distinguished surgeon to the London Lock Hospital, we find him writing thus: "We have seen so many cases of gonorrhœa communicating syphilis, as to leave very little doubt in our minds of this being the case. We have seen several instances of venereal symptoms following gonorrhœa; and where persons having gonorrhœa have communicated venereal symptoms." Mr. Henry Lee, commenting on this passage, adds (Lectures, p. 87), that the infection in these cases did not depend upon a chancre in the urethra, I think is shown by the extreme rarity with which such chancres exist; and with regard to the infecting form of chancre, I should say it is almost if not wholly unknown. Hunter opened the urethra in many cases where he supposed persons were suffering from a disease connected with syphilis, but never found any ulceration. The cases of chancre larvé cited by Ricord have been doubted to be chancres at all.

Swediaur had convinced himself from his own experience, that those who alleged that gonorrhœa and syphilis were always the effects of the same poison, and those who predicated the contrary, were both in error. He affirmed that he had proved to demonstration that the discharge of the canals, in either sex, at one time was due to the syphilitic poison, and at other times to some other irritant applied to the urethra in the male or to the vagina. He narrates several cases which go to prove that a discharge at one time may be syphilitic, and at other times be very different in its nature, adding, "It will easily be conceived of what importance this distinction is in practice, and when, on the other hand, we see practitioners treating all gonorrhœas as venereal (syphilitic) with mercurials; and, on the other, when by an ill-founded theory they suffer the syphilitic virus to be communicated, and the disorder propagated through whole families, without giving themselves any trouble as to the unfortunate results."

It seems, I think, worth while revising recent opinions on this subject, and examining whether Ricord was quite right when he said that gonorrhœa was *never* a symptom of syphilis; or whether John Hunter was not right in alleging that a urethral discharge might be inoculated so as to produce constitutional disease.

It must be noticed, in the first place, that the test made use of by M. Ricord, M. Vidal, and many others of the students of the Hôpital du Midi, namely, auto-inoculation of the patient with the secretions from gonorrhœa or syphilitic symptoms, has subsequently been found to be fallacious in its method. In 1856, our late respected and much-deplored president, Mr. Victor De Meric, in an essay which gained the Jacksonian prize at the College of Surgeons of England, pointed to the production of the specific pustule as *the* test of primary syphilitic sores. If this had been true, it would have followed that no secondary symptom of syphilis was ever contagious, and M. Ricord's experiments on anto-inoculation brought him for a time to this belief. He also repeatedly made auto-inoculations from the secretions in gonorrhœa, and found constantly negative results, from which he concluded, and his belief

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is nearly universally held at this moment, that gonorrhœa was never a syphilitic symptom, or capable of infecting.

Everyone now knows that this very reasoning would convince an auto-inoculator that hard chancres are not contagious, since, unless irritated, they too are not inoculable on the patient on whom they are found. The soft sore is auto-inoculable *ad infinitum*, and was, therefore, considered by Ricord to be the parent of syphilis, a mistake which is now so entirely exploded, that many of us hold at this time that soft sores are *never* in any instance followed by syphilis, where these are unaccompanied by other lesions, although Mr. Jonathan Hutchinson and others would probably take exception to this. Everyone at present is convinced, and justly convinced, that *ordinary* cases of urethritis of the male are not syphilitic, by merely watching the natural history of the disease, as seen in hospital and private practice; but the next step to this, which is taken by the great majority, if not almost the entire mass of the profession, especially in France at the present time, in alleging that *no* urethritis which is not accompanied by some ulcer is contagious of syphilis, is taking far more for granted than can readily be admitted. In the female sex, persons who have had experience in the wards of female Lock Hospitals must, I think, have long doubted entirely the propriety of such a generalization, when considering the origin and consequences of vaginitis and uterine catarrh; but Mr. H. Lee has had the merit for many years of laying down similarly in the case of the male that there is a special kind of urethritis or urethral discharge which differs in some of its symptoms from ordinary gonorrhœa. Such discharge, he affirms, occurs not so very unfrequently as is supposed in male patients who are suffering from syphilitic secondary symptoms, and who yet have not exposed themselves to any fresh chance of contagion. Such discharge has been described by him as consisting of a greyish viscid secretion, often like thin oatmeal gruel. As it is not accompanied in most cases by any pain in micturition, it attracts very slight, if any, attention from the patient.

Now, it is very rare indeed, as far as I know, although I shall be quite prepared for any allegations to the contrary, to find an *indurated* sore in the male urethra, although of course, the syphilitic poison must often come in contact with its mucous membrane. When it does occur, it almost invariably seems to occur at no greater depth than some quarter of an inch from the orifice. The urethritis which ensues at the primary or secondary period of syphilis may persist for a long time, and, of course, is not auto-inoculable, except in those very rare cases mentioned by Dr. Morgan, of Dublin, in his experiments at the female Lock Hospital.

John Hunter's experiment in inoculating on himself the secretion from a man with gonorrhœa, would of itself serve to clear up the question as to whether gonorrhœal urethritis is ever contagious. In his own case, the inoculation was followed by a hard sore on the penis and specific symptoms, which lasted some three years.

As to vaginitis, having been for some years physician to a female Lock Hospital, I have learnt to be able easily to account for what used to puzzle me in former years. I allude to the fact, that gentlemen will come to the practitioner, complaining that they have contracted syphilis from a woman who was alleged to have no disease whatsoever. I have seen such cases, and will narrate one.

1. A gentleman, æt. 40, a widower, with a family of children, remained continent for some years, but at length had intercourse with a woman from whom he contracted a sore phagedænic in character. On my stating the nature of, his disease he said that the woman with whom he had relations was most anxious to be examined, as she was in perfect health, and could not in any way account for his disease. I examined this female patient and found not the slightest external mark of any disease, except a few enlarged glands in both groins. There was, however, a history of syphilis, dating back some years. On passing the speculum, there was seen to be some uterine catarrh, and an abrasion of the cervix uteri. The gentleman, who was an able professional man, and most solicitous about his health, assured me that this was the only possible source of infection, as he had had no intercourse with any other person since his wife's decease, and I believed him perfectly.

Such cases, I am sure, must have been seen by every practitioner who takes any accurate history of the disease as seen in practice; and my experience of syphilis in women shows me that a very frequent result of secondary syphilis in that sex is the occurrence of syphilitic vaginitis or uterine catarrh, symptoms which will supervene months after the patient has entered hospitals where, as in the case in the Rescue Society's excellent little home hospital, no possibility exists of any further contagion occurring.

2. A gentleman, some years ago, brought his wife to me, who was suffering from an universal rash of secondary syphilis. She had been married some six months, and was quite regular, that is, she was not pregnant. After questioning her for some time, I informed the husband that he had infected his wife with syphilis. He was deeply grieved, and much surprised. "I have not had any syphilitic symptoms," he said, "for some four years, when I had been treated for the disease for two years, and believed that it was entirely eradicated." On examination of this gentleman I noticed a slight palmar psoriasis and eruption on the scrotum; but he admitted that, since his marriage, he had noticed a slight discharge from the urethra, which, however, as it gave him no uneasiness, he had looked upon as of no importance. Here, then, it seems to me, was a clear infection of a wife by her husband without pregnancy, four years or so after the appearance of the primary sore, and through means of a syphilitic urethritis.

Such cases as these are of importance in medico-legal practice, and I have been witness in a case in the Divorce Court where there has been a doubt in my mind whether the husband, who clearly infected his own pregnant wife, had not done so in such a manner, *i.e.*, by means of an infection obtained by him many years before marriage. I suspect that many unfortunate husbands have had their characters as honourable and faithful partners needlessly and unfairly blackened and their reputation destroyed by the existence of some such urethral discharge supervening soon after marriage, and which proved the vehicle of the contagion of the disease, which was otherwise latent in themselves. On the other hand, when a husband who supposes himself perfectly cured of syphilis, sees his wife infected shortly after marriage, he is apt to suppose that she must have been breaking her part of the contract, and hence may cruelly maltreat a most innocent woman.

3. Mr. H. Lee mentions a case of a gentleman who had syphilis four years previous to his marriage, and in whom some slight eruption remained, and who infected his wife in this way. The relations of the lady, acting on a medical opinion, accused the husband of unfaithfulness *posterior* to marriage. In another case a gentleman, with secondary symptoms, married, and soon his wife had a sore, which stained her linen, and enlarged inguinal glands, with vaginal discharge. This latter was clearly syphilitic in character, and was not communicated to her husband.

Dr. Bumpstead, of New York, in his work on Venereal Diseases, written in 1870, agrees that urethral discharges in the male are sometimes due to changes in the mucous membrane lining the canal, induced by constitutional infection. He had in several instances noted a muco-purulent discharge, coinciding with the first outbreak or a relapse of secondary symptoms. Bassereau (*Affections S. de la Peau*, p. 356) speaks of similar cases. Bumpstead remarks what is evident, that there is no more frequent seat of early secondary symptoms than the mucous membranes in general, and in the cases referred to. Changes probably take place in the urethral walls similar to the erythema, mucous patches, and superficial ulcerations found within the nasal and buccal cavities. He admits that such cases are rare, and thinks that they can only be distinguished from ordinary gonorrhœa from a knowledge of the history and accompanying symptoms on the patient

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Since the secretions of secondary disease are commonly contagious, the discharge in these cases is also doubtless contagious upon a healthy person.

The late lamented Dr. Morgan, of Dublin, it will be remembered, read at the Medical Society of London some years ago a most important and intesesting paper on the occasional auto-inoculation of syphilitic women with the product of the secretions from the vagina and cervix uteri. In one case (381) where a young woman was suffering from syphilis, she was inoculated from the secretion of the vagina of another patient with syphilis, who was suffering from vaginitis; and a sore, of which Dr. Morgan showed drawings, appeared. In another case, the vaginal secretion of a patient who had been in hospital a month with syphilitic symptoms was inoculated on herself, and produced a pustule; and in a third case, a syphilitic girl, aged 8 years, was inoculated from the vaginal discharge of another syphilitic patient, and a pustule followed. In these three cases there can be little doubt that had the vaginal mucus from the syphilitic women been inoculated on non-syphilitic patients they would all have had syphilis inoculated.

At that meeting, when Dr. Morgan's paper was read, I stated that I had entirely failed to verify his results, except in one case, out of some fifty experiments, where the discharge from the vagina of a young syphilitic woman was inoculated on herself, and produced a pustule without incubation ("Transactions of Medical Society)." Since then my similar experiments have all failed.

John Hunter observes, in his work on the Venereal Disease, that infection of a patient's system might be effected by gonorrhœa quite independently of chancres, and that the matter of a gonorrhœa will produce either a gonorrhœa, a chancre, or syphilis. He adds that many gonorrhœas are seen which begin without any appearance of inflammation, which are not easily distinguishable from non-venereal or non-syphilitic gonorrhœa, as there are a number of symptoms common to all diseases of the urethra, which makes it difficult to distinguish the few that are syphilitic in origin.

That gonorrhœa should be the primary symptom of syphilis in some cases without any ulceration appearing, seems an impossibility to myself and to most writers; but it is well known that when inoculations have been made of syphilitic secretions on non-syphilitic persons by Wallace, Rinecker, and Lindwurm, the primary disease may appear as a papule in some cases, without any suppuration at all or any important ulceration, and no scar being left behind. Clinical experience, too, tells us that syphilis often enters the system with so little irritation at the spot when inoculated, as not to be remarked by the patient, especially the female.

(To be continued.)

PAUPERISM AND DRINK, WITH SOME REMARKS ON THE MEDICINAL VALUE OF ALCOHOLIC BEVERAGES AND THE MORTALITY FROM ALCOHOL IN WORKHOUSES.

By THOMAS M. DOLAN, F.R.C.S.Ed., L.R.C.P.E., &c.,
Medical Officer Halifax Union Infirmaries.

(Concluded from page 433.)

III.

The mortality in workhouse hospitals is another subject requiring consideration; and in the *Lancet* of 1877, vol. ii., p. 334, may be found a letter from me with some striking statistics in reference to my death-rate.

In 1869, when first appointed Medical Officer to the Halifax Workhouse, my daily average number of patients was about 70 to 80, and my infirmaries were somewhat after the old workhouse type.

In 1870 the guardians, with a true policy of enlightenment and progress, and with strict regard to true economy, erected new hospitals, on the pavilion system, with accommodation for 220 patients. The admissions have gradually and steadily swelled, the official daily number of sick being as high as 202, besides having on an average 40 male and 50 female imbeciles. But though the number of sick has increased, the death-rate has not proportionately increased, as may be seen from table C., taken from the workhouse register of deaths. I need not enter on the possible explanation of the stationary ratio of deaths, though I may add that the consumption of wine and spirits has not had any effect in relation to it.

In table B I have arranged the ages, of the patients who have died, in groups, from which it may be seen that paupers live to a tolerably good age, and though intemperance does lead to a certain proportion of pauperism, yet it does not seem to have such an injurious effect on longevity.

The table speaks for itself, and may be compared with the statistics (*a*) of Dr. Webster, Medical Officer of St. George's Union Infirmary.

From his returns I find that from Lady Day, 1878, to Lady Day, 1879, there had been 313 deaths; and of this number 105 were over 70 years of age, 63 were between 60 and 70, the average age at death being 58. Still further inquiry might be made as to the average age, at death, of of the non-pauper class who are engaged in similar avocations to those usually followed by the class found in workhouses. A comparison of the ages of total abstainers of a similar class might thus be made.

TABLE B.

Number of Deaths in Halifax Union Infirmary from Sept. 24, 1873, to Aug. 26, 1879, with ages in groups.

Age.	Deaths.	Age.	Deaths.
10 and under ...	70	60 ,, 70	**169**
10 to 20	9	70 ,, 80	**140**
20 ,, 30	42	80 upwards ...	54
30 ,, 40	80		
40 ,, 50	89	Total number	778
50 ,, 60	**125**		

TABLE C.

Annual Number of Deaths since 1868, *taken from letter to the "Lancet," on Hospital Mortality* Vol. II., 1877, p. 334.

Year.	No.	Year.	No.
1868	128	1873	124
1869	119	1874	125
1870	132	1875	111
1871	110	1876	110
1872	130		

Statistics and figures are capable, I am well aware, of different interpretations, and I submit mine to the unbiased minds both of temperance and teetotal inquirers.

The problem placed before the medical officer of a workhouse is a very simple one; given a patient suffering from any disease, to restore him to health as soon as possible, or to prolong his life as far as possible, and to use such means for this purpose as his scientific and honest convictions suggest. The cause of the patient's disease should not affect the medical officer's decision; because a man has, through inherited disease perhaps, fallen into the debased habit of intemperance, he should not be, when sick, punished. If a medical officer of a workhouse were allowed to inquire into the cause of each patient's pauperism, and to act upon it, he might refuse to attend, unmarried pregnant woman, or another unfortunate class, sufferers from gonorrhœa and syphilis. If it were clearly established that alcohol increased our workhouse mortality, and that its employment, *as a medicine*, encouraged habits of pauperism, then there would be some reason for its total abolishment.

On the evidence we have at present, I submit that this is not proved. The scientific administration of stimulants is justified until a substitute for alcohol is provided.

(*a*) Dr. Webster's statistics are reported by Dr. Orme Dudfield. Full particulars on this point will be found in *Med. Press and Circular*, October 1st, 1879, in an article called "Workhouse Hospital Statistics on the Alcohol Question."

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What I conceive to be most desirable, is the establishment of a scientific law to guide the administration of alcohol, for at present there can be no doubt it largely depends on the individual opinion and feelings of the medical officer. The attention of some of our scientific investigators might be usefully directed to the framing of such a code.

If patients could be cured without alcohol it would be so much the better, for there is nothing to tie the workhouse medical officer to the employment of this drug, but we want fuller and more scientific data before this can be accepted.

In the *British Medical Journal*, Aug. 30th, 1879, there is a very impartial leading article on the alcohol question, and the following suggestive paragraph cannot fail to be interesting to members of boards of guardians, as it opens out another problem. The editor says:

"Is there any economy effected in maintenance by disallowing stimulants? There do not seem to be precise data for answering this question. The only satisfactory reply would be a careful and laborious comparison, one with another, of the cost of maintaining patients, as far as possible similar and similarly situated, with and without the administration of alcohol. This comparison would have to take account of age, sex, disease and its duration, former mode of life, cost of maintenance per diem in hospital (it being admitted that patients on a non-alcoholic diet sometimes consume more food than those to whom beer is allowed); and, finally, the length of time spent in hospital, with a deduction for work, if any, done upon an alcoholic or non-alcoholic diet. Such an investigation would require skill, care, and time, but would not fail to be interesting if well done."

The alcohol question seems capable of indefinite expansion, as it may be considered from so many different points of view.

ON OBLIQUE LINEAR SCARIFICATION OF THE SKIN IN THE TREATMENT OF PORT-WINE MARK.

By BALMANNO SQUIRE, M.B. Lond.,
Surgeon to the British Hospital for Diseases of the Skin.

The performance of (vertical) multiple linear scarification as a remedy in some diseases and malformations of the skin as first proposed by myself, has now, for some two or three years, become commonly practised, but it has been found, both by myself and others, to be a more or less tedious process, more especially in relation to that otherwise invincible condition known as port-wine mark.

The "obliteration of port-wine mark without scar" is a problem which still demands a somewhat easier solution than has yet been found for it, and it is probable that in *oblique* scarification this end has been already arrived at.

The process of *vertical* scarification cuts off definitively all lateral supply of blood to the cavernous vascular structure of which the skin affected with port-wine mark mainly consists, but it does not cut off the abnormal supply of blood from *below*, namely, from the subcutaneous vascular network. Hence the frequent repetition of linear scarification which has hitherto been required, in order effectually to obliterate the port-wine mark. However, by means of oblique scarification the cure of any definite portion of a port-wine mark may be easily accomplished in only two sittings, and this fact is readily intelligible on the hypothesis that, in this way (after duly reversing the incisions in the manner to be mentioned), the supply of blood to the over vascular skin is finally cut off in *every* direction, except, indeed, by means of those limited channels which subsequently become re-established, and which serve eventually only for the due nutrition of the tissue operated on.

The satisfactory result which is thus obtainable is effected equally as in the case of vertical scarification without the production of any scar.

It remains for me only to describe the few details of the improved process.

At the first operation (performed after freezing the skin with the ether spray), the skin is cut by means of a scalpel rapidly into a series of minute squares, but the instrument, instead of entering the skin perpendicularly, enters it obliquely, that is to say, at an angle of 45° with the surface, so as to divide the skin, not into a series of vertical slices at each of the two crossed operations, but into a series of slanting flaps.

The second operation is precisely the same as the first, only that the slants are respectively the opposite of the slants practised on the the first occasion.

Bleeding is almost absolutely prevented by exercising effective pressure on the surface operated on for say about ten minutes continuously.

I am now engaged in devising the construction of an instrument with many blades for the prompt performance of this operation. It is an instrument similar in many respects to my (*vertical*) multiple linear scarifier, which perhaps explains itself sufficiently by its name.

ON OTHÆMATOMA, OR SANGUINEOUS TUMOUR OF THE AURICLE.

By RINGROSE ATKINS, M.A., M.D.,
Resident Medical Superintendent, District Lunatic Asylum, Waterford.

Of the various physical lesions, which accompany or complicate the course of cerebro-mental disease, the peculiar affection of the auricle, which has been variously termed "Othæmatoma," "Hæmatoma Auris," or "Sanguineous Tumour of the Auricle," is, at least from the pathological standpoint, perhaps one of the most curious and interesting.

About the year 1850, Franz Fischer directed attention to two forms of disease which affect the ear amongst those suffering from insanity, namely, "serous œdema," and "sanguineous tumours," the former appearing as a painless swelling, frequently bi-lateral, without any abnormal colour, and disappearing as rapidly as it became developed; the latter, on the contrary, were more frequently unilateral, painful, of a peculiar colour, and of longer duration, while they rapidly filled after evacuation of their contents, finally leaving permanent deformity of the organ. These tumours, he adds, have no preference for any one form of mental alienation, they never occur from traumatic causes, but are the result of passive hæmorrhages, or active effusions, the causes of which must be sought for in pathological states of the central organs of the nervous system. Marcé (*Annales Medico Psychologiques*, 1859) states that these tumours are often double and develop equally on both sides, that they co-exist with other inflammatory troubles, and partial apoplexies; they are not influenced by any treatment, and usually remain for about four months, and that the effusion is due to an alteration in the blood, which predisposes to hæmorrhages. M. Foville (*An. Med. Psych.*, 1859) states that the seat of the sanguineous effusion is localised beneath the hypochondrium, which has become detached from the cartilage of the auricle; he regarded these tumours as common amongst men, very rare amongst women, occurring independently of the character of the mental derangement, and, save in very rare instances, only in incurable cases, sometimes one ear being attacked, sometimes both, but in the latter case, the two tumours not appearing coincidently, they invariably terminated in induration, and shrivelling of the auricle. Foville further noted that there is an analogy in the condition of the side of the head and neck, in patients suffering from sanguineous tumours, and the effects which follow section of the cervical sympathetic or injury to the superior cervical ganglion in animals. Many of the points indicated by

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the above-quoted authors have now been confirmed by the researches of more recent observers. Although several isolated cases are on record where auricular hæmatoma occurred in persons mentally unaffected (Duplay, Lennox Browne), yet as a rule the affection is wholly confined to those labouring under the various forms of psychical disturbance. The sanguineous effusion invariably occurs, as Foville has stated, between the perichondrium and the cartilage; the former becoming separated from the latter to a greater or less extent, thus localising the size of the resultant tumour, and it resembles both in its formation and course similar effusions occurring elsewhere. The blood cyst which thus becomes developed may extend over the entire concavity of the organ, filling it up with a smooth ovoid swelling which entirely obliterates the various ridges and hollows, or it may be more confined, occupying only the hollow of the concha, leaving the other portions free; or, again, the concavity of the antihelix may be the site of the effusion, when the tumour is of a more irregular outline and less defined; in any case the lobule is never involved, the tumour gradually disappearing above it. Othæmatomæ form with varying rapidity, in some cases appearing in one night, while in others the swelling first shows itself suddenly, and then develops gradually, some three, four, or more weeks elapsing before it attains its maximum size. The tumour during its formation is generally quite painless, the patient permitting its manipulation without any apparent discomfort, the surface assumes a reddish-blue colour, sometimes amounting to lividity, and occasionally, especially in the earlier stages, there is some slight increase in temperature; generally, however, the tumour appears, develops, and recedes, without any signs of inflammation. In some instances, where the distension is considerable, slight cracks may appear on the surface, through which oozes a sero-sanguineous fluid, indicating a tendency to rupture; if the contents be evacuated at this time they are found to consist of fluid blood and a milky serum. These tumours cause deafness, varying in degree according to their position and size. If the concha be the site of the tumour, the meatus will be almost completely blocked up, sound then being considerably dulled; while if the meatus is not involved in the swelling, there will naturally be little or no interference with the auditory powers. Until the tumour has attained its maximum size, it is in the acute or *primary* stage; having reached this, it then begins to gradually dwindle, the skin first looses the tense glazed appearance, and becomes wrinkled, dimpling, and puckering follow, and by degrees the tumour entirely disappears, finally leaving the ear crumpled and deformed, the degree of deformity depending, I believe, on the size and duration of the tumour. This crumpling and shrivelling is characteristic of the affection, and constitutes the *secondary stage;* it is brought about by the unequal contraction of the cyst wall, which has become adherent to the perichondrium and cartilage, and which, as the fluid blood becomes reabsorbed, contracts on itself, throwing the surface into folds and twists, which sometimes assume the most grotesque and bizarre appearance, and occasionally leave the entire auricle a shapeless mass, which henceforth becomes the permanent remanet of the affection. Regarding the origin of othæmatoma, many opposing views have been advanced. Some observers consider that they can always be traced to traumatic causes, being either the result of direct injury to the ear by violence, or produced by pressure of the head against the pillow. Were they due to violence inflicted on the ear, how many cases would come under observation every day! The ear of the schoolboy is frequently the recipient of directly applied force, and yet hæmatoma never appears as the result; further, no diminution has been noted in the frequency of their occurrence since the humane treatment of the insane has become universal, while if a hard pillow were to produce the vascular effusion, the number of cases would necessarily be multiplied many times, and would not affect both ears simultaneously, as they are found to do. I think there can be no doubt now that othæmatoma are really due to pathological causes, connected with the cerebral disturbance which gives rise to the mental derangement.

From the passive character of the effusion, its painlessness and non-inflammatory appearance, and course, as well as from the fact, as has been recorded by Foville and Lennox Browne, that it is often accompanied by other indications of vaso-motor disturbance, it seems most probable that the effusion is due to some change in the nervous apparatus governing the vascular supply to the neck, allowing of a dilatation and passive exudation of their contents in the particular region involved. M. Henri Bonnet, speaking of othæmatoma occurring in the course of general paralysis, says that these tumours are really "congestive apoplexies," produced by the gradual degeneration of the sympathetic nerves, which gives rise to a turgescence of the vessels of the ear, and as a result limited apoplexies are there formed. He adds, that it is the pathological repetition of the experimental section of the nerve above the superior cervical ganglion, a view already advanced by Foville, and now held by Robertson, Lennox Browne, and others who have written on the subject. As further evidence of the dilated condition of the vessels in this region, may be cited the recent observations on the distended, and even aneurismal condition of the internal carotid artery, which has been found in many instances in the bodies of individuals dying insane. Marcé, whom I have already quoted, believed the effusion to be due to some blood dyscrasia, while Virchow looks upon it as the result of local changes, "chondromatic softening." The blood, when once it has been effused beneath the perichondrium, undergoes sequential changes identical with those which occur in similar extravasations formed elsewhere. The fluid portion is slowly absorbed, a cyst wall forms, and the contents of the latter gradually becoming inspissated, appear on section as a tough fleshy-looking mass, presenting all the characters of organising blood clot; as this formation advances in age, connective tissue is developed, which contracts irregularly, drawing the cyst wall, which is now adherent to the skin and perichondrium, with it, and so producing the deformity of the ear; portions of this connective tissue finally become transformed into cartilage, and in cases of very long standing even into true bone. A microscope section in the advanced secondary stage generally presents cartilage, connective tissue, and islets of adipose cells in varying proportion. Othæmatoma, as had already been pointed out by the observers whom I have quoted above, does not solely affect any one form of cerebro-mental disturbance; the sanguinous effusion most frequently takes place where the mental excitement runs high for any lengthened period, indicating excessive hyperæmia, be that excitement maniacal or melancholic in its character. It is without doubt most frequently found in general paretic insanity, yet that it occurs extensively in other forms of the disorder, is evidenced by the fact that numbers of cases are seen in the large asylums in this country where general paralysis is all but absent. Epileptic insanity with acute excitement comes next on the list, while chronic maniacs, and those affected with acute and even active melancholia, also afford their quota of cases. It is very rare to see a sanguinous tumour in the primary stage in a case of secondary dementia (except in the paralytic form), but of course the shrivelled and crumpled ear characteristic of the secondary stage is often met with in chronic dements, as the physical remanet of acute disease long since passed away. Othæmatoma most frequently affects only one ear at the same time; in a proportion of cases, however, it occurs bilaterally, especially in general paresis. An analysis of a number of cases shows that when forming unilaterally, the left ear is oftener the site of the tumour than the right; its occurrence is, generally speaking, a most unfavourable complication from a prognostic point of view. As regards recovery from the mental derangement, my experience, however, has led

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me to believe that it cannot be looked upon as an indication of a hopelessly incurable case, as some would have it to be. I have seen many patients leave the asylum recovered, whose ears bore the mark of former tumours, either of recent or more or less distant occurrence. As regards the treatment of this affection in the earlier stages, painting the surface with vesicating collodion has, in several recorded instances, been attended with success; the tumour receding leaving little or no deformity. When once, however, the swelling has become fully developed, surgical measures are the only means that can be had recourse to with any prospect of a successful issue. Evacuation of the contents has been recommended by Gruber, followed with compression of the cyst, so as to bring about uniform adhesion of the walls and equable contraction, and thus counteract the tendency to deformity. The proneness of the sac to refill, however, renders the successful attainment of this result very uncertain; and, further, if free incision be made, there is the danger of suppuration taking place in the renewed contents, and thus adding to the complication, which from the debilitated condition of the patient may run on to necrosis of the auricle. In addition, the mental condition of the sufferers generally renders effective compression very difficult of maintenance. In certain special instances, where other points were favourable, aspiration of the contents might be had recourse to, and subsequent compression, which would diminish the chances of suppuration, should the measure be unsuccessful in bringing about a rapid adhesion of the cyst walls.

Clinical Records.

LOUTH COUNTY INFIRMARY.

Under the care of HERCULES MACDONNELL, M.D., M.Ch. Univ. Dub.

(*Continued from page 434.*)

CASE II.—*Ribbon Stricture.*—P. S., æt. 50, admitted to Co. Louth Infirmary on August 28, 1878; on examination with a wax bougie, a ribbon stricture was detected, situated 4 inches from the meatus. A gleet had existed for ten months previously. No urine had been voided for twenty-four hours.

The patient was placed in a reclining bath at 100° F., for 15 minutes: 20 drops of tr. opii were administered. An unsuccessful attempt was made to introduce a catheter into the bladder; with considerable difficulty a No. 1 French filiform bougie was passed; at the end of two hours a No. 2 was passed. On its withdrawal, at the expiration of two hours, about 4 pints of urine was with considerable difficulty voided. The bougie was again introduced and fastened in.

August 29th.—On removing the bougie this morning, the urine escaped; a No. 2 gum elastic catheter was fastened in. The stricture was, day by day, dilated, till a No. 8 could be passed readily, when the patient left the hospital (Sept. 12), with instructions to return in four or five days to have an instrument passed.

Sept. 30th.—I was sent for hurriedly to-day to see the man at his own house in the country, and found him as follows:—Temperature very high, pulse 140, tongue foul and dry, in great pain; the bladder enormously distended—no water had passed for two days; a large abscess pointing in the perineum. He stated that for the last week the stream had gradually got smaller and smaller, until finally, he could only squeeze out a drop at a time.

I attempted to pass a catheter, but failed; I succeeded in getting a No. 1 French filiform bougie through the stricture. The patient was placed in the lithotomy position, and the abscess in the perineum laid open in the median line; about 3 ounces of most fœtid pus escaped; the penis was then firmly held, while the incision was prolonged upwards for about ¾ of an inch; this was carried deeply down at the superior limit, and the urethra opened about ¼ of an inch from the prostatic end of the stricture. A catheter was carried into the bladder on a director and the urine evacuated. The silver director was then manœuvred through the stricture, being guided by the bougie, and the entire extent laid open; a gum elastic catheter (No. 4) was then passed into the bladder, the edges of the skin wound being united by silver sutures; a small drainage-tube was left in the perineal portion and carbolic dressing applied. A linseed-meal poultice over all. Eighteen drops of Battley's solution were ordered, milk and lime water *ad lib.*

Oct. 1st.—The dressings contained only a little sanguineous matter; temperature normal; no pain.

5th.—The wound has united along its entire extent, except where the drainage tube was in position. This was removed to-day, no dressings being required. The patient was put on a generous diet, and cit. ferri et quiniæ ordered. From this date the patient made an uninterrupted recovery. The urethra was dilated up to No. 8, and the stricture has not subsequently shown the least tendency to contract. The operation in this case was a modification of Cock's, which I think the most radical cure for such contractile strictures.

(*To be continued.*)

Transactions of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, NOV. 20, 1879.

The President, H. C. STEWART, Esq., in the Chair.

Dr. SQUIRE on

THE ACTION OF SALICINE AND SALICYLIC ACID IN ACUTE RHEUMATISM.

He commenced by some preliminary remarks on the value of rest as a factor in the treatment of acute rheumatism. Of patients so attacked not less than two-thirds of the whole number have heart complications, and fully one-half are permanently injured. No remedy given during the attack can prevent the heart complications. The alkaline treatment, if pushed, aggravates the subsequent anæmia. Of all remedies to check the fever, as cold bathing, digitalis, and iron, none are so satisfactory as the salicylate of soda. Cases were related where iron was given with some success, but then sedatives were also required to allay the pain. Cases treated by salicylate of soda did not require sedatives, as the pain was quickly relieved by this drug. The presence of the acid in the urine can soon be detected. Salicine is not a new remedy, but was used for the treatment of ague as far back as 1830. Its chief therapeutic action lies in its power to check fermentation. In acute rheumatism repeated doses are required. The objections to its use are singing in the ears and neuralgia. A healthy man could take forty grains of the acid or fifty grains of the salt; but if this dose were exceeded toxic symptoms manifested themselves. It was not desirable to give ammonia with the salt. Dr. Squire then spoke of some other diseases in which the drug is useful. He regarded the salt as a very convenient form in which to administer the acid, as by this form the irritating action of the free acid is avoided. Five grains of the salt represent exactly four grains of the acid.

Mr. HENRY POWER said that he had found aconite, colchicum, and quinine so useful in rheumatic affections of the eye that he was not inclined to give them up. The local application of solutions of nitrate of potash to the inflamed joints often was of great use. He had seen benefit arise from salicylate of soda in cases of rheumatic disease of the eye.

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The PRESIDENT said the drug had proved valuable in his hands.

Mr. PYE said that he took thirty grains of salicylate of soda for six days without any effect.

Mr. STEVENS said that he found benefit from resort to the alkaline bath, and he inquired if salicylate of soda could be administered to the aged.

Mr. MASON said he found the drug valuable in cases relieved by cold applications.

Mr. MORRIS mentioned a case of gouty eczema which was relieved after a few doses of salicylate of soda.

Mr. GEO. FIELD asked if the author of the paper had ever found the drug dangerous, as he had been assured on good authority that a fatal issue had followed its use in several cases.

Dr. BIRDEN said he could corroborate the remarks of the last speaker, as he knew of two cases of death after its use. He also thought it tended to produce delirium.

Dr. CRIPPS LAWRENCE said he had found the drug serviceable; after which

Dr. SQUIRE replied, and the meeting adjourned.

Erratum.—In the discussion upon Dr. Hughlings-Jackson's paper on "Intra-cranial Syphilis," at the last meeting of the Society, Dr. Broadbent's remarks were unfortunately omitted.

Dr. BROADBENT said that sometimes it was very difficult to extract a history of syphilis, and one medical man even denied it for long. The difficulty was much increased in the case or women. Very frequently the stage when headache was the leading symptom had been passed before the patients are seen. A prolonged course of mercury was the best plan of treatment to adopt.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 6TH, 1879.

THE PRESIDENT (Mr. A. Jackson) exhibited

THE FRAGMENTS OF A PHOSPHATIC CALCULUS

which he had removed from a girl, æt. 13, by rapid dilatation of the urethra, and crushing the stone. Before it was crushed it measured about an inch in length, and half an inch in breadth. A notable point in the case was the rapid recovery of power over the bladder. The girl was able to retain her water at the end of 48 hours, and made a most favourable recovery.

CYSTIC DEGENERATION OF THE KIDNEY.

The Pathological Committee brought forward their report upon a cystic tumour taken from the abdomen of a newly-born infant, which only lived one and a-half hours after its birth. The tumour was submitted to the previous meeting by Mr. Edward Skinner, and referred to the Committee for examination. The notes, as related by Mr. Skinner, stated that the tumour had been found in the abdomen a little to the left side, and just below the stomach. That it had been attached by peritoneum, vessels, &c., on to the small intestine and mesentery. There was only one kidney present, the left being absent. The other organs of the body were all healthy. The Committee now reported that the tumour measured three and three-quarter inches in length, and two and a-half inches in width, and consisted almost entirely of cysts, one large cyst occupying half the mass, and half a dozen smaller ones. At one point there was a depression, into which dipped a cord. This cord was found to be partially pervious, and on being traced upwards, it was found to be divided into five or six branches, which spread and dilated as they approached the cysts. No communications were discovered between these branches and the cysts; a little fluid escaped as the cord was cut. The large cysts contained a quantity of clear, straw-coloured fluid. The Committee came to the conclusion that the cord-like process is a ureter, and that the cystic mass represents a kidney, arrested in its development, with subsequent cystic growth.

The SECRETARY (Mr. Snell) communicated a case of

ECTROPION TREATED BY MEANS OF A NASO-BUCCAL FLAP, AND OTHER CASES.

The first case was one in which complete eversion of the left upper eye-lid in a lad had resulted (the ciliary margin of the latter being drawn up to the eyebrow) from extensive facial burns. The condition of the skin—being so much scarred with cicatrices—on the forehead and temple, &c., prevented a flap being taken from the usual localities. The case was therefore treated on a plan adopted by Noyes, of New York, by taking a flap from the side of the nose and cheek. The transplanted portion thus obtained readily filled the large gap which resulted after the lid by dissection had been replaced in its proper position. The palpebral fissure was also shortened by removing integument at the outer commissure and joining the edges together. Other details were mentioned. In the end the lad obtained a good and useful eyelid. Photographs of the patient before and after operation were exhibited. Three other cases of ectropion of the lower lid, treated by the operations more in vogue, were related also, and photographs shown.

POLYMORPHISM OF FEVER POISONS.

Dr. INKSTER read an interesting paper, taking the above as his text. He argued that there was much to be said for the idea that one primary fever poison may, influenced by surrounding circumstances, social, moral, atmospheric, or telluric, exhibit itself in a variety of forms. That, according to circumstances, we may have the poison of typhoid fever in the one instance showing itself as yellow fever or typhus under different surroundings. He seemed to be of opinion that Darwin's theory of evolution may prove applicable to fever poisons.

In the discussion that ensued the President and Drs. Law, Banham, Pye-Smith, Keeling, and Martin took part.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of the Association was held November 13th in the rooms of the Medico-Chirurgical Society of London, Dr. LUSK, M.P., President of the Association, in the chair.

Dr. WILKIE BURMAN read a paper on "The Separate Care and Treatment of Acute and Cursable Cases in Asylums, with Propotals and Suggestions for a Detached Hospital for special purposes in connection with very large Public Lunatic Asylums."

An interesting discussion followed, and the further consideration of the subject was adjourned till the next meeting.

Dr. HACK TUKE exhibited a

BRAIN PRESERVED BY GIACOMINI'S METHOD.

PHARMACEUTICAL SOCIETY OF IRELAND.

MEETING OF THE COUNCIL, NOVEMBER 5.

Resolved—"That the School of Chemistry in connection with the Working Men's Institute, Belfast, be one of the schools from which this Society will accept certificates of Practical Chemistry.

Mr. Holmes being absent, his motion by his request was proposed by Mr. Payne as follows:—

"That the Preliminary, Entrance, or Matriculation examinations of the following bodies be accepted by the Pharmaceutical Society of Ireland, in lieu of the Preliminary examination as at present required, viz., Trinity College, the Queen's Colleges, the College of Surgeons, and the Apothecaries' Hall of Ireland. Candidate to pay entrance fee as heretofore."

Motion was not seconded, and was withdrawn.

Proposed—"That the Preliminary or Matriculation examination of the College of Surgeons, or such other examination as is accepted by the General Medical Council as equivalent to it, and the Preliminary examination of the Pharmaceutical Society of Great Britain, be accepted instead of the Preliminary examination of this Society; such examination to be passed at least two years before the candidate presents himself for the licence of this Society. The usual fee of two guineas to be paid."

Amendment proposed—"That the Preliminary examination of the Pharmaceutical Society of Great Britain be omitted,

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until the Council of that Society be asked if they will accept the certificates of candidates who have passed the Preliminary examination of the Irish Pharmaceutical Society, in lieu of their own Preliminary."

This amendment was lost, on a division, and the original motion was then put and carried.

Resolved—"That the Chief Secretary for Ireland be requested to receive a deputation, who shall be empowered to explain the views of the Council with reference to the proposed amendments in the Pharmacy Act, and the working of the Poisons Act generally in Ireland."

REGISTERED FOR TRANSMISSION ABROAD.

THE
MEDICAL PRESS AND CIRCULAR

Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 26, 1879.

CROUP AND DIPHTHERIA.

MOST of our readers have probably seen, in our impressions of October 29th and November 5th, a paper on Croup, by Dr. W. H. Day, a frequent contributor to our journal on the diseases of children. We are of opinion with the writer that croup is, both pathologically and clinically, a distinct disease from diphtheria.

Dr. Day divides croup into two varieties: 1. *The catarrhal, or mucous.* 2. *The fibrinous, croupous, or membranous croup.* This is a sound and practical division.

The *catarrhal* variety is attended with hyperæmia of the mucous membrane, dypsnœa, and increased secretion. There is hoarse voice and ringing cough, but the temperature rarely exceeds 101°. This affection may be preceded by cough and catarrh for a day or two, or the symptoms may come on suddenly and attain alarming severity in a few hours. If an active emetic be given at once, the symptoms generally subside, and in twenty-four hours the child is out of danger.

2. The *fibrinous form* is the typical variety of croup—it is a true tracheitis. The inflammation is intense and acute; it extends beneath the mucous membrane, and by involving the fibrous tissue pours out a plastic exudation which becomes transformed into a firm adhesive membrane. The disease begins with hoarseness of voice, a harsh ringing cough, and a sense of constriction in the trachea, arising from the absence of secretion. The symptoms are infinitely more severe than in the former variety, the pulse is rapid, dyspnœa is urgent, and the temperature soon reaches 103° or more. At length, organised exudation blocks up the trachea and larynx, which in favourable cases is either dislodged by vomiting, or resolution takes places with absorption. In unfavourable cases the false membrane, more or less, blocks up the tracheal canal and embarrasses the respiration, or it even extends down into the bronchi, and causes death by asphyxia.

Dr. Day contrasts diphtheria with croup, and proceeds to show that the latter affection attacks healthy children, and in districts where diphtheria does not prevail. Croup is a local diseases diphtheria is a constitutional one; croup is neither infectious nor contagious, diphtheria is both. Recovery from diphtheritic croup is slow, and there are sequelæ in the shape of paralysis of the muscles of deglutition, and albumen in the urine, which is not observed in croup. The pathological differences in the appearances of the false membrane found in diphtheria and croup are also contrasted, though it is admitted that in some few cases, the histological changes may bear a close resemblance—that is a plastic deposit may be sometimes seen in the larynx in diphtheria, as it is in genuine inflammatory fibrinous croup.

With regard to treatment, the writer puts great faith in the vapour bath, especially in catarrhal croup and in the early stages of fibrinous croup, and the value of tartarised antimony in effecting free and speedy vomiting. After the action of an emetic, he believes in the utility of calomel in the fibrinous form, and even two or three leeches over the thyroid cartilage, when the pulse is firm and hard, and the strength good.

When all remedies appear to fail he advocates tracheotomy, and recommends that it be resorted to as soon as resolution appears unlikely to take place.

HIGH DEATH-RATE OF DUBLIN—ROYAL SANITARY COMMISSION.

WE are pleased to notice the Commissioners adopted the wise course of bringing forward the district medical officers of health as witnesses. The advantages of having those gentlemen were obvious. They testified as to the wretched condition of the tenement houses. One medical officer said he would prefer sleeping in a dissecting-room to some of the tenements he had in his district. Overcrowding was complained of. The abuse of alcohol and its attendant evils upon the wives and children of the working classes were mentioned.

The witnesses also dwelt upon the want of proper street and domestic scavenging; flushing of the street channels; the keeping of manure heaps in various parts of Dublin; the want of public baths and washhouses, and convalescent homes for those recovering from infectious diseases; an

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improved system of disinfection of dwellings and of clothes; the establishment of a refuge, where the occupants of a dwelling undergoing the process might be accommodated for the time being; and the want of a ward in each hospital, in which obscure cases should remain until the disease became developed. The mode of conveyance of the sick to hospitals was gone very fully into. The system of ambulances in preference to cabs was insisted upon forcibly.

The attention of the Commissioners was drawn to an erroneous impression as to the cheap rent an artisan pays for a tenement lodging in Dublin. It was shown that an ordinary-sized living-room sufficient to accommodate a married couple and children, could not, as a general rule, be had for less than half-a-crown per week; that the amount was frequently more, but seldom below that figure. It was emphatically stated by an experienced medical officer, that supposing a large number of tenement houses in Dublin remain undisturbed, an immense improvement would take place in their sanitary condition, provided the inspection of nuisances was better organised, and that the houses were inspected systematically. This could only be done in a satisfactory manner by having a register of such houses, and insisting upon their periodical inspection.

It is to be hoped, in view of the present limit to the operation of the Artisans' Dwellings Company, this practical suggestion may meet with the attention which it deserves.

The importance of independent supervision of the working of the Public Health Act was also recognised. There is no doubt that the inquiry into the many causes which combine to produce the notoriously high death-rate of Dublin would not have been complete without the valuable testimony afforded by those gentlemen who have painted in striking, but not exaggerated colours, the evils and misery which exist in those portions of the city wherein their work for the most part lies.

GUY'S HOSPITAL.

The present is a serious crisis in the history of Guy's Hospital. The traditions that have long guided its internal administration are being ruthlessly overthrown, and the consequences are likely to prove disastrous to one of the chief charitable institutions in the world, unless some check be speedily opposed to innovations as ill-advised in spirit as they are unnecessary in execution.

A few weeks since the late matron of the hospital retired under the regulations which provide for superannuation allowances after lengthy service, and a new head of the nursing department was selected in the person of the then matron of the Leicester Royal Infirmary. Under this lady the provincial hospital has obtained a very considerable reputation for the excellent nursing received by the patients in it, the credit being mainly ascribed to the arrangements and rules observed under the matron's supervision. We do not dispute any of the assertions made on this point; indeed we are ready to congratulate the late matron of Leicester on the good results she has already obtained, but we *do* insist that the same means for ensuring success cannot be employed with any hopeful anticipation n two su ch utterly dissimilar places as a small county infirmary and a large metropolitan hospital. The one is entirely unlike the other in its surroundings, in its administration, in its traditions and usage, and above all, especially in the nature of the circumstances under which it is worked.

In Guy's Hospital there is, as must be, a large number of trained sisters and nurses, by whom the instructions of the medical and surgical officers in attendance on patients, have for long been efficiently carried out. Enjoying a reasonable reputation for common sense, the nursing staff have been permitted a certain freedom in the matter of their personal appearance that should be denied to no one who is capable of self-government. As in all large institutions of the kind, a regulation uniform, neat and appropriate for the duties, has been worn, but no arbitrary commands affecting minute details have been issued till recently, a course of which the wisdom must be apparent. That the old system has been a good one, properly worked, results sufficiently prove. In several wards are found nurses who have held their place there for long periods of time, in some cases amounting to fifteen, eighteen, or even twenty years. The consequence is that they have become firmly attached to the places thus made familiar by lengthy association, and we can imagine the painful dismay with which one of the earliest orders issued by the new matron was received. This, to the effect that henceforth nurses would be subject to frequent changes from ward to ward, at the decision of the superior officer, is a most unwise proceeding for many reasons. We know of several cases in which it has been productive of fatal consequences; but even on the single ground of interest, there is the strongest reason to encourage an attachment on the nurse's part for a particular ward. We are told that a chief objection raised by the new matron against the system, is the fact that it permits *too great* an interest to be felt by the nurse for her patients, and that this is destructive to good nursing. The utterly illogical reasoning of this excuse is on a par with the action it dictates.

The question of dress is the first that aroused the new officer's indignation. By this rule, the neat and becoming familiar black was changed to grey, and an absolute order issued for the removal of all but a single article of jewellery, or other adornment from the person of the sister or nurse on duty. Though childish and contemptible in itself, it is worthy of note as indicating the entirely erroneous conception this lady has of the effect of cheerfulness and content on the sick. Her whole action seems animated by an impression that no influence other than that of officialism is exerted by the ward attendants on the suffering poor who are the objects of their ministrations. In many other ways she has exhibited the same absolute ignorance of æsthetic principles and their connection with the cure of disease; and the consequence has been that an uncompromising spirit of enmity has been aroused between her and the old tried servants, who have seen generations of patients pass from them benefited and cured, under a system that they grieve to see thus ruthlessly set at nought.

The following facts will briefly explain the present attitude of affairs:—

The new matron entered on her official duties November 1st.

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Through the reports which preceded her arrival, and bearing on her past rule, twelve of the best nurses of Guy's left at the end of October.

On arrival, the matron issued the following "orders":—

(1) Every probationer shall be required to sign an agreement to serve for three years; older nurses, one year.

(2) To dress after the fashion of the "Leicester uniform."

(3) To submit to a reduction in salary of £2 per annum, in lieu of tea, &c.

On compliance with these demands a certificate of efficiency would be granted on completion of service, but any probationer, or nurse, leaving prior to such term would forfeit three months' salary.

We have been very much disinclined to enter into these details, but as they are necessary to a clear comprehension of the case, as it stands, we have done so. The whole internal organisation of a vast charity is disturbed by the senseless arrogance of one officer. The bitterest ill-feeling is, it must be admitted with justice, excited by her persistent ignoring of the better nature of those who have the misfortune to be subject to her. The safety of a great number of helpless sick is unavoidably imperilled, for no fewer than thirty-eight tried and highly-qualified nurses have declared their intention of resigning their posts at the close of November. Many of the acts and speeches of the new matron are calculated to engender an impression detrimental to the authority she should wield, and especially do we complain that she has insisted on the nurses conforming to a certain ritual of religion.

When we hear that not one or two, but dozens of nurses possessing "the full confidence of every surgeon under whom they have served," feel themselves called on to sever their connection with a place after 10, 12, 14, or more years of service, it must be apparent that some urgent provocation to such a course has arisen. So long as this wholesale exodus continues the effective working of the institution will be paralysed, and, while this is so, the public for whom it exists, and the profession, whose first interest is expressed in "salus populi," have both, a primary right to inquire why the trouble has arisen, and to demand its immediate removal. We are assured that, with few exceptions, the charges insisted on are as repugnant to the medical and surgical staff as to the sisters and nurses; and we must confess to the greatest surprise that such a condition of things is for a moment permitted to continue when express disapproval has been pronounced on them by those who can best appreciate the influence they are exerting.

Earnest endeavour after improvement we always cordially hail, but arbitrary and indiscriminate insistence on points that only indicate a desire for petty authority, while most injuriously reacting on a valuable institution, we deprecate and unhesitatingly condemn.

THE DISCOVERY OF THE DIFFERENCE BETWEEN TYPHUS AND TYPHOID FEVERS.

It would seem from recent statements in the public press that there are persons who write for the papers on medical topics who are entirely ignorant of some of the most interesting literary facts relative to this subject. We do not pretend to support those who would not suffer the daily journals to discourse on medical topics; for we may be sure that the organs of public opinion will never give up their rights at the bidding of professional jealousy. Besides, there is no reason why they should, so long as they are able to employ the most capable pens in any of the professions. But it is admitted by all the best publicists that professional subjects should be treated by capable professional writers, who are bound by the honour of their position, as well as in common honesty, to use their influence for the public good, and to be very careful not to injure individuals. In questions of literary and scientific priority the public journals are perfectly competent judges, and indeed, we should expect when they touch on such questions that they will do it with a fulness and fairness too often wanting in the professional organs.

We have no Chairs of Medical History in this country, and the subject is, therefore, sadly neglected. Students labouring through an overcrowded curriculum give the go-by to all that does not tell at the examining board; practitioners find the claims of their art and the exactions of their patients absorb all their time, and so questions of literary or scientific priority, unless they happen to be complicated with unpleasant disputes between rival candidates for honour, are thrust aside as the useless, if innocent, amusements of a few learned, but rather curious men.

There are, however, many instances of the evils arising from the general neglect we have named, and of which a recent example is afforded by the errors of a daily contemporary on the history of typhoid fever—an error unfortunately unredeemed by the common honest practice of subsequent correction.

Commenting on Sir Wm. Jenner's recent address on the treatment of typhoid, the *Telegraph* ventured beyond its text into the history of the disease, and fell into the ridiculous error of attributing to the late Prof. Goodsir the credit of first distinguishing between typhoid and typhus—rendering the blunder still more remarkable by speaking of "the late" (*sic*) Dr. A. P. Stewart as following him. Now, Dr. A. P. Stewart is not only alive, but is still in practice, in London; he has the greatest merit in establishing the distinction, while Goodsir has no part whatever in the matter. It is doubtful if the learned anatomist took any special interest in the question, for he only wrote a casual paper in 1842, not thought worth including in his works by the very able editors who were intimately associated with him during his life.

Now, Dr. Stewart's work in the Glasgow Fever Hospital extended from 1835 to 1838. Thence he went to Paris, where, early in 1840, his conclusions were brought before a medical society. They were published in Paris, and afterwards in Edinburgh, and his work may be said to be completed at that date. How, then, can any question of priority be raised after 1840? The writer in the *Telegraph* has made an egregious blunder, and it is to be regretted, for the honour of the press, that he should not be willing to acknowledge it.

Not that this was the first enunciation of an idea that these diseases were distinct. On the contrary, it is as a full demonstration of their differences that Dr. Stewart's

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work must be regarded. Gerhard and Pennock, of Philadelphia, had, simultaneously with Stewart, arrived at similar views, and their observations were published in the *American Journal of the Medical Sciences* in 1837. Thus, in time of publication, they were actually before Stewart, whose work was quite independent, who had begun it in 1835, when distinctions were made known in the Glasgow Fever Hospital.

The difference in the eruptions was pointed out to Dr. Perry by Dr. Peebles early in 1835, Stewart being present, and from this date the differences were recorded in the case-books; but even Dr. Perry, who wrote in the *Edinburgh Medical Journal* the following year, spoke of the abdominal affection as occurring in about 1 in 6 of "*those who died of typhus.*" In fact, those who look into the literature of fever will soon be convinced that prior to Stewart's work French pathologists regarded the *dothiénenterite* of Bretonneau as the ordinary form of fever, while the British school, having typhus constantly before them, regarded the abdominal lesion as one of many complications which might occur—a conclusion which Drs. Tweedie and Southwood Smith had previously formulated as the result of their experience at the Fever Hospital. We might account for the opposite opinions of English and French physicians at that date, perhaps, by speaking of typhoid as Paris fever, and typhus as British fever. Dr. Stewart demonstrated that the two diseases existed side by side in Great Britain, that these differences were "so marked as to defy misconception, and to enable the observer to form, with the utmost precision, the diagnosis of the nature of the disease and the lesions to be revealed by dissection." The proof was such that the *Archives Générales* concluded a review by the statement that it was proved by his researches that there were in England two distinct diseases —viz., typhus and typhoid.

Notwithstanding the completeness of the proof, the doctrine now generally adopted did not meet universal acceptance, and this is not to be wondered at when we remember the fascination of the study of the analogies of diseases and the influence of those who had taught the opposite view. The late Dr. Murchison in 1841, with the full evidence before him, was unconvinced, and endeavoured to show (*Brit. and For. Med. Chir. Rev.*) that the two fevers were only varieties, not distinct species. At a later date he entered on his duties at the London Fever Hospital with this opinion, but in 1862 had the manliness to avow a change in his views as the result of his "subsequent observations, aided by the convincing arguments of Drs. Stewart and Jenner." The mention of the last name reminds us that his writings and teachings have given a great impetus to Dr. Stewart's doctrine. In fact, the other day we smiled to hear the demonstration attributed to him by an admirer who had evidently forgotten that his first paper at the Royal Medical and Chirurgical Society was read in December, 1849, nine years after French authority had pronounced Dr. Stewart's demonstration complete.

RATIONAL CHEAP DIETARIES.—II.

After these preliminary observations we may proceed to the practical part of the subject, and survey some of the ordinary combinations in common use, and contrast with them some new combinations. Thus we find beans (a vegetable rich in albuminoids and starch) eaten with fat bacon (rich in hydro-carbons). We find boiled beef eaten with turnips and carrots as well as potatoes, the whole forming a good combination from every point of view. Then we have the appetising Irish stew, made with meat consisting largely of fat, and potatoes with some onions. These three selections illustrate the different combinations required for different workers. The first, beans and bacon, is a food-combination suited to very hard work, as the agricultural labourer in harvest time, or the navvy. A similar combination may be made economically all the year round as follows, the quantity being calculated for one person :— Take half a pound of fat striped bacon and cut it into strips like the little finger; then cut up a large Spanish onion, and put them in a basin in the oven, with some pepper and a little salt. Cook them partially; in the meantime some Egyptian lentils can be washed and scalded, after which they are poured into the basin, and the whole well mixed together can be put into the oven for ten or twenty minutes. Here we have the albuminoids, the fat, the starch, and the antiscorbutic onion combined in a dish far from unpalatable, and of the highest food-value. Or, in another form, the same combination may be obtained :— Place half a pound of striped bacon and a Spanish onion shredded into a pie-dish in the oven till fairly cooked; place half a pint of dried green peas into water the night before, adding a pinch of carbonate of soda to the water, and let them soak; while the bacon and onion are in the oven the peas can be boiled; when done the peas are poured into the pie-dish, and the dish is put in the oven for a few minutes. This is even more appetising than the lentils and bacon. Haricot beans can be made into a like dish, and, as the "baked beans and pork" of New England, are delicious. This combination can now be bought in quart tins, and is very good indeed. Such food-combinations as those just given form a dietary on which the hardest-working labourer will not lose strength, and can work with comfort, while the cost price is within reach of the humblest means.

Then take the second form of food-combination—boiled beef, with turnips, carrots, and potatoes—a combination of fair food-value, quite sufficient for a huntsman, a farmer who works, or for a gamekeeper. An equal food can be procured as follows :—Place half a pint of dried green peas in water as before, let them soak all night. Take three-quarters of a pound of mutton, pretty fat, cut it in pieces, put it in a pie-dish with a large Spanish onion shredded, a large carrot and a large turnip cut in pieces; then add pepper and salt, pour in the peas, and then cook altogether in the oven or in a stewpan. With or without potatoes this dish is excellent. Or take three-quarters of a pound of fat pork, cut very small, and shred a large Spanish onion; put both, with a little water, pepper, and salt into a stewpan, and cook. This may be eaten with potatoes or rice, and is decidedly appetising. As potatoes are going to be dear this winter, the cabbage is attracting attention. As ordinarily cooked, viz., cut in four and plain boiled, cabbage is little less than repulsive; but if the heart of a good cabbage, especially a Savoy, be cut in four and boiled, and then cut into pieces about the size of the

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thumb-nail, a piece of butter and a good lot of pepper and some salt being added, and the whole stirred well together and put into the oven for ten or fifteen minutes, cabbage will be found very appetising. By so cooking the cabbage is deprived of a large quantity of its water, while the butter penetrates its substance, and between the two cabbage is likely to take a higher culinary position than has hitherto been accorded to it.

Another way of cooking cabbage which makes it very toothsome, is to shred the heart of a large cabbage along with a large or two small Spanish onions shredded; put them, with a little water, a quantity of pepper, and some salt, into a stewpan and cook. This forms an excellent and appetising vegetable, especially in cold weather. If half a pound of pork, chopped up, be added to this, a capital combination is formed, giving a fairly high food-value at a small cost. In all these combinations given above the oven is not indispensable, and the stewpan is quite sufficient for most purposes. Then, if economy is very pressing, half a pound of meat instead of three-quarters may be substituted, the same being indicated where the patient is inclined to lithiasis in any of its forms. Such food is quite sufficient for the body-needs of clerks, light handicraftsmen, and ordinary adults. Where there are growing children more albuminoids are indicated, but these can be cheaply supplied by the split pea, the dried pea, the lentil, or the haricot bean, as under the first division of foods made here.

As to the third division, represented by the Irish stew, it can find its equivalent in the second series of dietaries just given above, or by eating potatoes with the dishes.

Lentil soup is made by boiling lentils and putting them through a sieve, or pounding and pressing them through a colander, and again boiling them with chopped onions, carrots, and turnips, some pepper, salt, and a little brown sugar; so prepared, lentil soup is regarded by most people as delicious. Where there is a dinner of cold meat lentil soup might be served first, then the cold meat with potatoes and cabbage cooked as given above, finishing off the meal with a piece of cheese and a crust of bread. Such a meal is enough for almost any workman, and could be put on the table by any artisan's wife who chose to take the trouble.

And now that cheese is mentioned, it may profitably engage our attention for a few minutes. The great objection to cheese is that with most people it is very indigestible, yet Dr. Beaumont found with Alexis St. Martin that toasted cheese was one of the foods most readily and quickly digested. The great factor in the alleged indigestibility of cheese is that it is not sufficiently subdivided before it reaches the stomach, and so the gastric juice fails to dissolve it readily. As toasted cheese, Welsh rarebit, as cheese soufflée, and even as maccaroni cheese, the cheese is not easily masticated and reduced to particles small enough for comfortable efficient digestion. Yet if cheese is properly cooked it is quite digestible. From its present price cheese can compete with butcher's meat most successfully; but for its proper employment as a food totally new dishes to those in common use are required. Cheese is rich in caseine, one form of albumen; it is also rich in fat, the hydro-carbon of highest food-value; consequently it goes well with farinaceous articles of diet. Cheese and bread form a regular staple dietary with our working classes of all kinds, especially in the country. But as a cooked food cheese is rarely eaten. Why? It is difficult to say. If cheese be finely grated, or cut up like suet for a pudding, it can be mixed with a milky rice pudding, and forms a most palatable dish. With hominy it is delicious. Let half a pint of hominy be soaked over night, then boiled, and half a pint of milk added; break up half a pound of cheese into fine fragments, stir this in the boiling hominy and milk, and then put the whole into the oven (or stewpan) for twenty minutes. The taste of this is delicious, and as the particles of cheese get lost to view among the units of the hominy, they are readily dissolved by the gastric juice. In this form cheese can be taken satisfactorily even by a confirmed dyspeptic—by one, at least, anyhow, our experience of this food with dyspeptics not extending further than this one case. What is left over from dinner forms an appetising article for breakfast, either cold or warmed up. With lentil soup, this dish of cheese and hominy will give a perfect dinner, all the requisite constituents of our food being present. Cheese has recently been chiefly used among the more affluent classes as a tasty adjunct to an ordinary dinner. But cooked as above it will soon become a material factor in the poor man's dietary. Cheese must be intelligently cooked to be at once toothsome and digestible. Still the methods of cooking it given above are very simple, and involve no elaborate culinary arrangements.

Perhaps many readers, especially in the country, will ask, What is "hominy?" It is Indian corn, not ground, but finely cracked, so that each unit is about the size of a small pin's head. It is largely used in the United States, boiled in milk; and as such, forms a capital porridge; better even than oatmeal porridge, in the opinion of many who love that compound, so associated with their early recollections. Oatmeal porridge disagrees with some people who relish and enjoy hominy porridge. Then plain boiled and put away *en masse* in a pot it cools into a gelatinous-looking mass, slices of which are fried in the fat of bacon or pork, as a fritter; and on such "hog and hominy" most Western Americans are raised, men of far superior build to the lean being raised in the old New England states. An ordinary rice pudding of a milky order can have its food-value raised immensely by adding to it cheese either grated or in tiny fragments, and is very palatable. Lentil soup with these combinations of farinaceous matter, with cheese, forms a dinner fit for any person; the whole supplying in easily digestible form the requisite constituents of our food.

Notes on Current Topics.

The Vacant Irish Surgical Baronetcy.

THE *Dublin Evening Mail* has recently re-opened the question, to which we devoted much space on a former occasion, of the continuing existence of a hiatus in the roll of medical distinctions due to Ireland. The *Mail* speaks as follows on this subject:—

"Though it is impossible for a busy public to give everyone in this world his true deserts, still it is easy for a Sovereign to choose a fit and proper member of any pro-

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fessional body, and, by honouring him, to confer honour on his professional brethren. This, we think, ought to be done in Dublin. Nor is it any new thing we suggest, but merely a revival of an old-established honour. There was a time when Dublin could boast of her medical and surgical baronets. Sir Henry Marsh and Sir Philip Crampton represented physicians and surgeons with equal skill and urbanity. On the death of the former Sir Dominic Corrigan was selected by the Liberal party as the recipient of the vacant honour. But since 1857, when Sir Philip Crampton died, no further recognition of medical ability and devotion has been given, and to this day the surgical branch of the profession has remained absolutely neglected. In London we find the following medical baronets—Sir W. Gull, Sir W. Jenner, Sir J. Paget, Sir T. Watson, Sir G. Burroughs, while another, Sir C. Ferguson, died not long ago. It would appear as if the old motto of 'No Irish need apply' had still some force left, even in connection with a profession of which Ireland is justly proud. But we dismiss this idea when we reflect how honours have been showered upon every other profession in Dublin. Barristers, solicitors, architects, musicians, managers of places of public amusement, all have had favours and honours conferred upon them. Lord Mayors in Belfast and Cork, as well as in Dublin, have received the just and suitable reward of arduous duties. But the medical profession remains undecorated. It is silent under its neglect, but we have no doubt that the neglect is keenly felt, and will make itself appreciated sooner or later. It may well be asked, why is it that since Sir Philip Crampton's death none of his successors have been considered worthy of the distinction conferred upon him? We do not intend to mention any names in connection with this subject; it is quite unnecessary. We imagine the medical profession would hail the complimnnt so long withheld with equal pleasure whoever was marked out to receive the distinction."

The complaint thus uttered by our contemporary must surely strike anyone as a just and reasonable expression of disappointment at the undeserved slight to the Irish profession in this matter. There can be no reason for taking from Irish surgeons one of the rare distinctions which they had hitherto possessed. There are members of the profession to-day as eminent, as independent, and holding as high a social rank as those who adorned any epoch of Ireland's history, and it is difficult to know why Her Majesty's high name should be allowed to remain under the shade of a disappointed feeling on the part of our profession when that feeling could be at once dissipated by the selection of a successor to Sir Philip Crampton. It is certainly a wise policy for Governments to allow no cause for discontent to exist where it can be readily removed, and it cannot, we think, be judicious for Her Majesty's advisers to leave the profession to draw unpleasant comparisons between the lavish distribution of medical honours in England and Scotland, and the niggardly refusal to Ireland of the one distinction which has remained so long unapportioned. Grumbling is always an unhealthy temper, and in this instance there is no just cause why the powers that be should not at once restore contentment. They have only to select, and everyone has in his mind where the selection might be best made.

The Etiquette of Medical Titles.

Dr. Frazer, of Aberdeen, communicates to the last issue of the *Medical Times and Gazette* his well-considered replies to several questions of medical etiquette. Therein we find the following statement, which we quote with approval as representing the honest truth of the matter:—

Q. What are the proper rules to be observed with respect to the etiquette of titles in the medical profession?

A. The first and most obvious rule here is that no man should use, either in reference to himself or to others, any other title than that to which they can legally lay claim. For instance, one who is not in possession of the doctorate should not apply it to his name either verbally or in writing. Such an assumption, besides being in general an indication (and viewed as such by the profession and by people of intelligence) of ignorance, vanity, and cupidity, if not of actual dishonesty, would have the effect of invalidating any official transaction or document, and thus of bringing discomfiture and loss on the person who is guilty of it. But although a medical man should not, *sua sponte*, either directly or indirectly sanction or encourage the application of "doctor" to his name unless he have diplomatic authority to that effect, yet in those parts of the country and among those classes of society where this title is a sort of generic or general appellation given to members of the profession, it would be impossible, without the greatest affectation, to avoid the designation, and good taste, rather than otherwise, will frequently be displayed by giving way to the current of social usage, both in accepting the title and in according it to others in the same position as himself.

Murder and Suicide by a Medical Student.

A fearful murder, followed by the suicide of the murderer, took place last week, about half-a-mile from the village of Mosside, in the co. Antrim. The victim is a farmer named M'Vicker, and the murderer was his nephew, Robert M'Vicker. Young M'Vicker had been a medical student for two sessions, and was being educated by his uncle, who, it would seem, was a man of some means. The uncle had promised to get £20 out of the bank, in order to enable young M'Vicker to resume his studies this session. The old man did not keep his promise; the nephew became greatly enraged. He eventually struck the old man a violeht blow with a hatchet, causing almost immediate death. Two brothers of the deceased were present, but, being old and infirm, they took no steps to reveal the tragedy. A diligent search was made for young M'Vicker, but he was nowhere to be found. His body was at length discovered in a well close to the house. The old man had taken a deep interest in his nephew, and had paid far his education at the Ballymoney Model school, and afterwards at College. The coroner's inquest has not yet been held.

Army Medical Department.

The long-expected appearance of the newly-framed provisions in reference to the Medical Service of the Army has been hailed in all quarters as an indication of the desire that is felt on the part of the authorities to initiate the much-needed reforms. So far there is but little to complain of, and satisfaction is expressed that so much has been accomplished. It must be said, however, that all the clauses of the new schedule do not entirely meet the views of the profession, or that section of it most interested in the scheme. It is a question whether the maximum limit

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of twenty-eight years, beyond which candidature will be no longer possible, is not a grave error. In a great number of instances men would seek to enter the Queen's service after a preliminary experience of general practice, if the path were open to them; and that such men are more fitted to discharge the duties efficiently, than a student fresh from his hospital, there can be no possible doubt. As it is an honourable, so it is an onerous career that lies before the army-surgeon, and the wider his acquaintance is with men and manners, to say nothing of an extensive familiarity with the phases of disease, the more probably will he become a useful and capable attendant on the injured, whether in time of peace or war. In another aspect, too, we feel the provision limiting the age to twenty-eight is an unwise one. A considerable proportion of medical students consists of men who only at a comparatively late period of life embrace medicine for a profession; these are, with few exceptions, such as enter on its study with enthusiasm because of a distinct predilection; and are especially such as, being matured in mind and body, would prove invaluable in the discharge of duties where personal influence exerts so considerable an effect on the maintenance of discipline. Other reasons might be stated, but these seem to us of sufficient weight to merit the attention of the War Office, ere a final judgment be pronounced. The present document is only the precursor of the formal warrant, but it contains essentially what will be found in the forthcoming decree. The arrangements under which retirement will take place seem conceived in a fairly liberal spirit, and the effect of the issue will be to improve the service and elevate it out of the miserable slough into which it has of late years been sunk.

Guy's Hospital.

We draw attention in a leading article to a very undesirable state of affairs existing at Guy's Hospital at the present moment, due to the arbitrary action of the newly-appointed matron. Nothing good can come of such ill-advised interference with established usage; and we hope to hear that some steps have been taken to restore peace and quietness to the hospital over the water. It would be a dread calamity to the populous district in which the charity is situated if anything occurred to obstruct the working of the hospital: and judging from the present aspect of affairs such a contingency seems not only possible, but inevitable. The wholesale exodus of nurses that is threatened will, if it take place, lead of necessity to a "block," unless their places can be immediately filled, a matter of almost insuperable difficulty, for nurses do not grow on trees, but must be trained to be of use, and are in such demand that the supply is by no means adequate to meet it. We trust, however, that the evil may be averted.

Elections at St. Bartholomew's.

Currency is given by our contemporary, the *Students' Journal and Hospital Gazette*, to a rumour asserting that Professor Lister, of King's College, and Mr. Jonathan Hutchinson, Senior Surgeon to the London Hospital, are candidates for the vacant surgeoncy at St. Bartholomew's Hospital. The probable effect of Professor Lister's immediate presence on the most recent of his antagonists, would be the conversion of Mr. Savory to the truths he is unwilling to admit. Some surprise has been expressed that the address he lately delivered at Cork has to this time elicited no reply from the perfecter of the antiseptic treatment; and there is, it must be confessed, some reason to regret that the duty of exposing the weakness of the attack has been left to other hands. Excellent as many of these have been, they would gain much from the authoritative assent of Professor Lister, and we think it is due from him to acknowlenge the defence. That he has conclusively answered all arguments in the past, while being true, is not enough of itself; for all great truths have ultimately been accorded a universal belief only after long-continued iteration of their force. Antiseptic surgery is an essential of progress in scientific medicine, and he, most of all, in whom it originated, should be unceasing in the promulgation of its doctrines.

Newspaper Puffing.

Mr. Labouchere's talents are manifold, but perhaps nowhere better displayed than as a puffing agent on behalf of medical practitioners. In a recent number of *Truth*, we are treated to a most ostensible advertisement on behalf of a medical man, the more reprehensible since it does not take the ordinary form of paid-for announcements. In a column of news and chat, Dr. Hypophosphite Churchill was held up as a miraculous healer, who had restored the maimed, and recovered from the embrace of death an emaciated skeleton, whose last moments seemed fast fleeting past the barrier of earth. By resorting to Dr. Churchill, the paragraph continued, and remaining a month under his treatment (? hypophosphite), the most marvellous change was wrought, and from a lanky, weazened caricature of humanity, he was converted to a hale and hearty English gentleman. A more arrant advertisement we have rarely seen, or one more calculated to bring discredit on the general medical profession, and we regret the unwise impulse that induced Dr. Churchill to avail himself of the "Truth"-ful news-sheet as a means of disseminating his vaunted excellence of treatment. We are anxious to know if this consisted in anything more than administration of *hypophosphites*, and if any other practitioner has ever seen similar startling results follow its employment.

Signs of the Times.

Medical men have indirectly contributed to the spread of pauperism by giving medical advice and medicine gratuitously. We notice, with pleasure, in a contemporary, a paragraph headed "Medical Relief on a Loan System," which indicates an awakening to the folly of giving so much medical assistance for nothing, and which we take to be a sign of better times. Our contemporary tells us that at the annual conference of guardians—Surrey, Kent, Berks, Hants, and Sussex—lately held at Brighton, at the instance of Mr. B. Fleming, one of her Majesty's inspectors, a resolution was passed unanimously urging that relief, and especially medical relief, should be more constantly given on loan. This system has been tried in Bradford with the effect of reducing medical relief 90 per cent. The medical profession will regard this action of boards with satisfaction, as

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tending to restore some of the lapsed respect for medical services, the absence of which so deeply demoralises the community.

Wares of any other kind are regarded as things to be paid for, but medical services and advice—even in the dead hours of the night—are claimed as a right, even without pity for the men who have them to give. If all boards would take the same course, the most powerful assistance yet devised would be given to provident dispensaries. We commend the same principle to the serious consideration of the Committee of Charitable Dispensaries and Hospitals, of course with all precautions against hardship to the really poor.

The Metropolitan Water Supply.

We are particularly glad to find that the water supply of London is at last to receive attention in the next session of Parliament. Mr. Cross has moved his colleagues in this important matter, as we see by an advertisement amongst the Parliamentary notices, headed "The Metropolitan Water Works Purchase." Therein it is stated that it is intended to apply to Parliament for borrowing powers for the purpose of acquiring the eight large water companies and provide for their dissolution, and create a new trust, to be called the "Metropolitan Water Trust." We have considerable misgivings as to the creation of central authority and a new set of officials, and we fear this proposition will start a fresh difficulty when it comes before Parliament. A group of Commissioners, responsible only to a Minister of State with his hands already full, and in every way independent of the community every whose interests they will be supposed to watch, will scarcely turn out a great gain to the water consumers of London. From an experience of the Board of Works and School Board, we can hardly expect to be favoured with any great improvement in quality and quantity of water, with constant service, at a reduced rate of charge. London, too, must not be looked at from a provincial point of view; it is far too vast to be placed under any single minister or authority. To attempt anything of the kind would, we fear, be only delivering the water supply from the hands of King Log to that of King Stork. It is, however, quite likely that Parliament may choose some other way out of this difficulty. We have London divided into ten Parliamentary divisions, and why should we not have the water supply partitioned out in a similar way, and placed in the hands of a local authority, easily accessible to the rate-payer, and who will surely be better acquainted with the wants of each district than a central municipality of London acting under a Minister of State.

Medical Pluralism in Dublin.

An appointment has been made to the position of Medical Officer of the General Post Office in Dublin, vacated by the resignation of Dr. Toler, and the selection made claims from us a protest on behalf of the profession. We are bound by every sense of justice to remonstrate against the aggrandisement of one gentleman, however remarkable for his surgical skill and professional industry, because he is the lucky relative of a luckier judge, and we submit that it is an unequivocal abuse of Government patronage to shower upon the head of an individual victim, the favours which ought to be fairly distributed The new medical officer of the Post Office was, not long ago, medical officer of the Clondalkin Dispensary District, near Dublin. Simultaneously with the elevation of his brother to one of the highest seats on the judicial bench he becomes surgeon to a metropolitan hospital, and since that day the fortunate gentleman has been simply overwhelmed with good fortune. He was made Surgeon of the Government Lock Hospital in priority to a host of deserving candidates. Then he was slipped into the office of Physician to the Kilmainham County Jail with the assent of Government; next he appears as the chosen Surgeon to the General Post Office on the nomination of the Postmaster-General; and finally we hear that the Medical Officership of the North Dublin Union is waiting his acceptance. We have not a syllable to say to the discredit of the gentleman's professional or social status, nor do we suggest that he may not prove an efficient Post Office surgeon; but we suggest that the recognition of his merits has been somewhat sudden and appreciative, and that he is obviously not one of those flowers "born to blush unseen and waste their sweetness on the desert air." We think the learned judge and the meritorious doctor may now be reasonably satisfied, and that some other member of our profession may be allowed to hope for official preferment. By the time the gentleman in question visits the wards of his hospital, teaches his class, does his operations, and lectures his pupils, drives to Kilmainham and complies with the notoriously *exigeant* requirements of the Prison's Board, gets back to the Post Office and transacts the day's business of his office there, begets himself to the Lock Hospital and passes his many lady patients at that institution through his hands, and then returns home to receive the visits of importunate private patients, we imagine he will have well earned his repose and the gratitude of his country, and can afford to dispense with the luxury of visiting the paupers in the North Dublin Union. Let us hope that he may permit that privilege to some *confrère* who has no relative on the bench.

Surgical Society of Ireland.

The opening meeting of the Surgical Society of Ireland was held on Friday night last, the 21st inst., at the Royal College of Surgeons in Ireland. The meeting was very largely attended, the President of the College, Dr. Mapother, occupying the chair. and being supported by Dr. McClintock, the Vice-President, and the leading members of the surgical profession in and about Dublin. The President, abandoning judiciously the habit of offering to the Society a *rechauffé* of the work of past sessions, and the hopes for the future, devoted his address to the subject of "Shock." We expect to publish fully that address in an early number. Mr. Swanzy followed with a paper on "Sclerotomy," and Mr. Thomson, of the Richmond Hospital, with a communication on "Trephining."

Health of Dublin.

The deaths registered in the Dublin district during the week ending the 15th November, represent an annual

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mortality of 30·1 in every 1,000 of the population. The average rate in eight large town districts of Ireland (including Dublin), was 27·7, and in twenty large English towns (inclusive of London) 22·8; in Glasgow the rate was 19·3; and in Edinburgh 19·1. In the Dublin district the deaths were 182. There were 43 from zymotic diseases, being 5 over the number for the same week of the last ten years: they comprise 4 from small-pox, 1 from measles, 19 from scarlatina, 1 from diphtheria, 3 from croup, 7 from fever (3 typhus, 2 typhoid and 2 simple continued fever), 1 from erysipelas, 2 each from dysentery and diarrhœa, &c. The registered deaths from small-pox are less than in any of the preceding four weeks, and the hospital statistics regarding this disease compare favourably with those for any week since that ended 23rd August last, only 12 new cases having been admitted during the week; 23 patients were discharged, 5 died, and 67 remained under treatment on Saturday last, being 16 under the number in hospital at the close of the previous week. Although the deaths from scarlatina are numerous, and, in fact, very much over the number in any week since the close of the year 1874, it is satisfactory to find that there has been a slight diminution in the number of new cases admitted into the principal hospitals, the admissions last week being 14, against 17 in the preceding week, and 18 in that ending 1st inst. But few cases of fever, pneumonia, or measles were admitted into hospital during the week.

Baby Farming.

THE public mind has received a shock not easily to be forgotten from the Cheshire baby-farming revelations, and it is therefore not to be wondered at that the bare mention of a probable recurrence of so terrible a business should arouse even the Metropolitan Board of Works into action.

It appears that, in consequence of statements made to one of the magistrates of the Wandsworth Police Court, as to an alleged infringement of the "Infant Life Protection Act" at an Orphanage in College Street, Putney, a committee was appointed to inquire into the circumstances. From the report presented at the ordinary meeting of the Board, on Friday last, we gather that this Orphanage was established by Miss Hall in 1877, and that she carried it on up to June last without organised supervision of any kind. During the period named, the greater part of the inmates of the Orphanage consisted of infants and children of from one to two years of age, and money payments, varying in amount, were received from either parents or friends towards their maintenance. On a close investigation, the charges of neglect were not substantiated, although the late and the present medical attendants of the Orphanage differed considerably in their statements. It did not appear either that the establishment itself was not suitable for the reception and keeping of infants, although it was a recommendation of the committee of investigation that in future very young children should not be received. The vicar of Putney, and other persons living in the neighbourhood, spoke of the work of Miss Hall in terms of praise. Nevertheless it has been wisely determined to turn over a new leaf, form a committee of management, and place the Orphanage on a similar footing to like institutions. For the sake of all concerned, all such places should be above suspicion, and this can only be secured by independent and effective supervision. The public should be thoroughly assured that helpless children are well cared for in every way—lodged in a well-ventilated building, carefully and properly fed, and kept in as healthy a condition as is possible.

There is just one other point of view from which the toleration of orphanages amongst us may be looked at, as to whether, with the well-greased machinery of the Local Government Board, devised as it is for supervising and attending to all the wants of the indigent class, they can really be needed; whether they do not rather give countenance, in some shape or way, to the devilish work of those monsters in human form who strive to make baby-farming a profitable business.

Postponing Death.

A REMARKABLE instance, that indicates a new field of usefulness for nitrite of amyl is related by Dr. E. A. De Cailhol in the *St. Louis Clinical Record*. He had been for a long time attending a young woman with phthisis, and had prolonged her life for a considerable time. The fatal day came at last, however. He was summoned by the friends, but found the patient lying pale, cold, and cyanotic, with gasping respiration and tracheal râles. He assured those about her that he could do nothing more, and that nothing could delay the fatal termination. He was entreated, however, to spare no effort to prolong her life. Thereupon he administered three drops of nitrite of amyl by inhalation. Very soon the pulse became fuller, colour returned to the face, the breathing was easier and the patient was able to swallow and converse. After a time the depression began to return; amyl was given again with a slightly less marked effect. Its administration was thus continued during the day and into the evening, when death at length came on. It had been postponed for more than twelve hours, much to the gratification of the friends.

The Cinchona Cure for Drunkenness.

DR. HAYNE, Superintendent of the Home of the Inebriates, San Francisco, writes thus of it, after full trial, in the *Western Lancet*—

In no single instance have I found it to possess the slightest power in disgusting the patient with liquor or in any way diminishing his or her appetite or craving for intoxicating drinks. On the contrary, they have all freely confessed to me that the anticipation and the pleasure of a drink was as strong as ever. In no case have I seen whiskey refused when offered, and in the majority it has been asked for. I know of an instance, in private practice, in which a person has stayed at home and taken the remedy all day, for several days in succession, and gone out in the evening only to be brought home thoroughly intoxicated.

THE *Chemist and Druggist* says that very large Government contracts for quinine, cinchonidine, and similar drugs have been announced within the last few days. It is said that as much as 60,000 ounces of quinine are required.

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THE will of Dr. Patrick Black, late physician to St. Bartholomew's Hospital, who died on the 12th ult., was proved on the 5th inst., the personal estate being sworn under £60,000.

IN surgical instruments, and mathematical and astronomical apparatus, says the *Revue Industrielle*, French workmanship has deteriorated so much that the attention of the Government has been directed to the subject.

DR. SHINKWIN has been appointed lecturer in surgery in Queen's College, Cork, in the room of Dr. Tanner, who has been granted six months' leave of absence on account of ill-health.

THE death is announced of Dr. Chenu, formerly at the head of the Army Medical Staff of France, and the author of a treatise on the "Mortality of the French Troops in the Crimea," whither he accompanied the expedition. He was seventy-one years of age.

AMONGST the names gazetted on Friday last for the distinction of members of the Military Division, or Companions of the Most Honourable Order of the Bath, appear those of Deputy Surgeon-General Alexander Smith, M.D., and Deputy Surgeon-General Hendley, M.D.

OWING to the growing increase in the death-rate of children of tender years in Paris, the Minister of the Interior has written a circular to the Prefects, ordering them to draw up regular reports as to the causes of this alarming mortality.

A QUACK doctor well known in many towns of Cornwall and South Devon under the title of Doctor Dick, was tried at the late Exeter Assizes, charged with having procured a miscarriage in the case of a married woman who had consulted him. He was found guilty, and sentenced to five years' penal servitude.

STAINS or marks of any kind made with nitrate of silver solution or bath solution may be promptly removed from clothing by simply wetting the stain or mark with a solution of bichromate of mercury. The chemical result is the change of the black-looking nitrate of silver into chromate of silver, which is invisible on the cloth.

IN the principal large towns of the United Kingdom the rates of mortality per 1,000 last week were—Sunderland 17, Bradford 18, Plymouth 18, Edinburgh 19, Glasgow 19, Brighton 19, Birmingham 19, Bristol 20, Manchester 20, Wolverhampton 21, Norwich 21, Oldham 22, Sheffield 22, Salford 23, Portsmouth 23, London 23, Newcastle-upon-Tyne 24, Nottingham 24, Leeds 25, Liverpool 26, Leicester 26, Hull 27, and the highest rate 30 in Dublin.

WE understand that the governors of the House of Industry Hospital, Dublin, have decided to appoint a salaried resident at the Hardwicke Fever Hospital. The salary is fixed at £30, and the officer will also have the advantage of free apartments, fuel, and light. Mr. Dennehy, who was mentioned in most complimentary terms by Dr. McDowel in the course of his recent introductory lecture for his devotion to his duties during the last small-pox epidemic, has been appointed first occupant of the office.

IN the principal foreign cities the rates of mortality according to the most recent weekly returns were—in Calcutta 25, Bombay 31, Madras 34; Paris 24; Geneva 19; Brussels 26; Amsterdam 22, Rotterdam 27; The Hague 16; Copenhagen 32; Stockholm 20; Christiania 12; St. Petersburgh 29; Berlin 23, Hamburg 25, Dresden 19, Breslau 27, Munich 37; Vienna 25; Buda-Pesth 28; Rome 34, Naples 28, Turin 26; Alexandria 34; and New York 20 per 1,000 of the various populations. Measles caused 21 deaths in Copenhagen, and fevers 23 in Rome.

THE medals awarded by the Council of the Royal Society for the present year are:—The Copley medal to Professor Rudolph J. E. Clausius, of Bonn, for his well-known researches upon heat; the Davy medal to M. P. E. Lecoq de Boisbaudran for his discovery of gallium; a Royal medal to Mr. William Henry Perkin, F.R.S., for his synthetical and other researches in organic chemistry; and a Royal medal to Professor Andrew Crombie Ramsay, F.R.S., for his long-continued and successful labours in geology and physical geography. These medals will be presented at the anniversary meeting of the society, on December 1, when Mr. W. Spottiswoode will deliver the annual address as President.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE return of births, marriages, and deaths in the eight principal towns in Scotland says that the death-rate was during the week ending with Saturday, the 15th November, 1879, was 18·7 per 1,000 of the estimated population. This rate is 3·7 under that for the corresponding week of last year, but 1·3 above that for the previous week of the present year. The lowest mortality was recorded in Dundee—viz., 14·8, and the highest in Perth—viz., 23·4. The mortality from the seven most familiar zymotic diseases was 3·6 per 1,000, being 1 per 1,000 above the rate of the last week. The increase occurred chiefly in deaths from fever and diphtheria (including croup).

LONGEVITY IN SKYE.—The case of Christy McPherson, who is now in her 107th year, was brought under the notice of Her Majesty by Dr. Jeffries, the parish doctor of Sleat. Her Majesty sent the woman £3, and the doctor also brought Christy's case before Mr. Wm. Toms, F.S.A., the author of "Longevity of Man." This remarkable old woman is able to move better than a few years ago. She is not bedridden, but can get up daily with little assistance.

ST. ANDREW'S UNIVERSITY ASSESSORSHIP.—The election of an Assessor to represent the General Council in the University Court in room of Dr. Richardson, whose term of office expires, falls to be made at the approaching General Meeting of Council on Friday, the 28th inst. The London Committee of the University had the subject before them at a meeting on Tuesday the 18th. The Committee were of opinion that, in view of impending university legislation, it was most import-

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ant that the Council should be represented by a gentleman residing in London who is conversant with the duties of the office, and by an unanimous vote they declared in favour of the re-election of Dr. Richardson.

EDINBURGH MEDICAL MISSIONARY SOCIETY.—The annual meeting of this Society was held on the 2t0h inst. in the Saloon of the Royal Hotel. Dr. William Browne, President of the Society, occupied the chair, and there was a large attendance. Dr. Benjamin Bill read the annual report, which showed the Society to be in a flourishing state.

LARBERT INSTITUTION FOR IMBECILE CHILDREN.—The annual meeting of the Aberdeen auxiliary of this institution was held in the Music Hall Buildings on Wednesday of last week. Professor Traill presided. Through the exertions of a number of lady collectors a considerable sum is sent annually from Aberdeen, the contributions for the past year having been £154. Mr. Pitch, the Secretary, also stated that he had received a legacy of £1,000, through Mr. Francis Edmund, for the purpose of forming a fund which would meet all outside expenses, and allow the annual subscriptions to be devoted solely to the maintenance and education of the children sent to the institution.

INVERNESS.—Casts of diphtheria have appeared in several parts of the town, and the Provost and Superintendent of sanitary affairs have taken steps to have the drains flushed *at least once per year.*

EDINBURGH ROYAL PHYSICAL SOCIETY.—On the 19th inst. the first meeting of the 109th session of this Society took place at 5 St. Andrew Square, Dr. H. Ramsay Traquair, President, in the chair. After a number of donations to the library had been intimated, the chairman delivered the customary opening address, in the outset of which he dilated to the members on the fact that, old as the Physical Society was, being the oldest in Edinburgh, it did not at present show any signs of disease or decay. It now, indeed, displayed a greater amount of vigour and of health than the Society had done for many years. The roll at present mustered 229 members, and as the forehcoming volume of the "Transactions" would show, a goodly number of members were devoting themselves to practical work. After noting that much of the prosperity of the Society was due to the unflagging energy and zeal of the secretary (Mr. Robert Gray), Dr. Traquair went on to remark that during the past year death had taken from amongst them more than one of their prominent members, mentioning especially Dr. Macbean, who had been twice President of the Society, the late Treasurer; and Professor Page, Newcastle, one of the corresponding members of the Society. Dr. Traquair afterwards sketched "The History of Scottish Fossil Ichthyology." At the close, on the motion of Professer Duns, a vote of thanks was awarded to the President for his address.

GLASGOW.—SUDDEN DEATH.—On Thursday last a woman, when passing along Hill Street, Garnet Hill, took suddenly unwell. A boy who was passing asked what was wrong, when she replied that she had taken a dose of laudanum. The assistance of Dr. Foulis was at once secured, and he ordered her removal to the Western Infirmary in a cab, but before the vehicle reached its destination the woman was dead. The deceased seemed to have been a washerwoman, and to be aged about 50 years.

GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.—The city has been extensively placarded with bills announcing that this Society was to have been opened by an address from Professor McCall Anderson, "On the Treatment of Consumption by High Altitudes." If the public are not expected to att nd this Society on the opening night, it might be a subject of legitimate wonder what the object of so placarding the city is.

THE LATE ALEXANDER DONALDSON, SURGEON.—By the will of this gentleman, who died recently at Mount Florida, the sum of £50 is bequeathed to the Royal Infirmary of Glasgow.

Correspondence.

FOREIGN BODIES IN THE EAR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having with pleasure read the really good observations under the above heading from the pen of John B. Story, Surgeon to St. Mark's Ophthalmic Hospital, in your issue of the 5th inst., I would feel much obliged if you would be so kind as to insert the following cases, which occurred in my practice as a dispensary medical officer, and were at once brought to my memory on reading Mr. Story's letter.

About seven years ago, being then in charge of the Crossakiel Dispensary District, a man about forty-five years of age came to the dispensary complaining of great uneasiness and deafness in right ear, the latter symptom occurring suddenly. I asked him to what cause did he attribute those symptoms. He could tell me no more than that he had been threshing oats in a barn; that perhaps the noise of the occupation, or some dust getting into the ear, might have caused them. I carefully examined the meatus, and detected a foreign body, and made every attempt to dislodge it with scoop, bent probes, &c., but all to no purpose, until I syringed the meatus out with tepid water, when a large grain of oat was carried out by the stream of water from the syringe, and the man was cured.

On the 6th April, 1876, a girl, æt. five years, named Mary Keenan, daughter of a pensioner who received a gunshot wound in the Crimean war, residing in this Delvin Dispensary District, was brought to the Craddenstown Dispensary Station with a piece of slate pencil in her ear. Having no syringe at hand, and being four miles distant from my house, I made some attempts to extract the foreign body with probes, directors, &c., but could not succeed in doing any good, but very nearly inflicted much harm. I asked the father, who came with the child, to bring her to Delvin, where I resided at the time. He did so on the evening of the same day. I syringed the ear, throwing the tepid water in a small but steady stream behind the foreign body for a short time, when the piece of slate pencil was discharged, and the girl was cured.

I would not advise any anxiousness in the use of hair-pins, or other pins, for extraction of foreign bodies from the ears.

Yours faithfully,

WILLIAM CARLETON, M.B. T.C.D., &c.

Delvin, 6th November, 1879.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read Dr. Story's observations condemning instrumental interference in the case of foreign bodies in the ear, and I would like to say a word in defence thereof.

I am not an aurist, only a country practitioner, possessing that inestimable advantage, a county infirmary, which confers a wide field of observation, scarcely a day passing that one or more aural cases do not present themselves.

With Dr. Story's first and second rules, viz., see the foreign body and syringe the ear, every one must concur; they are, or at least ought to be, taught to every first year's student.

Illumination is undoubtedly necessary, and is very easily procured by a little hand-lamp, which I lately got from Fannin.

Syringing is the next step, and should be done as Dr. Story describes; but when it fails, I cannot agree with Dr. Story's third rule, "Leave the foreign body where it is." I have no doubt that, as he says, patients have been killed by attempts to remove foreign bodies, which were otherwise perfectly harmless; but it is *impossible* to persuade patients that the latter is the case.

I have *generally* found the syringe successful, but when it

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fails I always use instruments, and have never yet found them harmful; and I have never failed with them except in the one case which I mentioned in my note on the use of the hairpin.

I advocate the use of instruments, therefore, for the following reasons :—

1. If the foreign body be left in the ear, the patient, "disregarding the assurance that it is perfectly harmless," will root at it, thus causing irritation, probably an abscess, possibly worse.

2. If left quiescent, cerumen will congregate round it, and cause deafness.

3. The patient and anxious friends will vote you a botch, dismiss you, and call in another doctor.

Yours, &c.,

EDWARD A. RAWSON.

Nov. 7, 1879. Surgeon Carlow County Infirmary.

SUPERANNUATION FOR POOR-LAW MEDICAL OFFICERS—A SUGGESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At present there is a modified form of superannuation available by Poor-law medical officers, but as it depends on the caprice of the guardians, it is imperfect. The justice of granting such an allowance hardly admits of argument, though we cannot convince the authorities on this point. The Poor-law Medical Service is a most important one, and as generally Poor-law medical appointments are held by the real hard-working portion of the profession, provision for old age or for sickness is a most important consideration. I fear that Government, whether Conservative or Liberal, will be slow to move in this matter, though the Poor-law Medical Officers' Association need not nevertheless desist in their efforts.

I presume there are some thousands engaged in the Poor-law Medical Service, and I offer a suggestion, for what it is worth, for the consideration of the leaders in the department: Would it be possible to form a Poor-law superannuation fund by the members themselves, so that for a certain fixed rate of payment an annuity might be granted after a certain number of years of service? This scheme would require the support of the majority of Poor-law practitioners, and would of course require careful working out in all its details to make it a financial success. I shall be glad to hear the opinion of some of our Poor-law medical officers anent this suggestion.

Yours, &c.,

T. M. DOLAN, F.R.C.S.ED.

Horton House, Halifax.

[A scheme for providing a pension for the widows and orphans of Irish Poor-law medical officers was elaborated some years since by Dr. Archibald Jacob, of Dublin, at the suggestion of Dr. Darby, of Bray. It was Dr. Jacob's calculation that, if these officers would submit to a deduction of 14s. per quarter from their salaries they might secure a yearly pension of £10 for their widow for life, and £10 for each child up to 21 years of age, in case of survivorship. The scheme was not realised because Mr. Hancock, the actuary of the National Insurance Co. of Ireland, was of opinion that it could not be carried out unless it were, for the present, restricted to the new entrants of the service, and unless it were made compulsory on them. As to a superannuation fund, we hardly think that Irish Poor-law medical officers would submit to a deduction from salary in order to obtain that which the State is morally bound to provide without deduction.—ED. M. P. & C.]

THE NEW WARRANT.—INDIAN PAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I notice that the Regulations for the A. M. D. published recently make no mention of Indian pay. I saw, some time ago, a letter in one of the medical journals warning men against the trick which the Government played when the warrant of 1876 came out—viz., whilst promising a large increase in the home pay, to keep the Indian pay almost the same as before. I trust that the new warrant (which seems a good one so far) will not be spoiled in the same manner, and that the authorities will see their way to publish the scale of Indian pay for the A. M. D. before December.

Another way in which candidates are deceived is this :—In the Regulations the rupee is stated to be worth 2s.; now it has not been worth 2s. for years. I see in the *Lancet* of Nov. 15, by a letter over the signature of "India," that in 1876 the rupee was worth 1s. 6½d. In that very year the warrant was issued in which the rupee is valued at 2s.! "India" also says—"The rate of exchange in the market this day (Oct. 16) is 1s. 8d. the rupee, but how long this may remain so is unknown." "A Bengal Civil Surgeon," in the same issue of the *Lancet*, bears out "India" as to the value of the rupee. Now it is very probable, owing to the war, that the rupee will decrease even more in value. Intending candidates would do well to remember that within eight or ten months after leaving Netley they will be ordered to India for at least five years. They may then have five years at home, or perhaps less. In any case nearly half of their service will be Indian. The exceptional perils which medical officers have to face in the combat with disease is well shown by the frightful mortality amongst surgeons serving with regiments in Afghanistan. Taking all these things into consideration, I think you will agree with me, Sir, that the Indian pay should be liberal, and, if paid in Indian money, that the rupee should be reckoned at its proper market value.

Truly yours,

Nov. 19th. DUBLIN STUDENT.

THE MICROSCOPICAL SOCIETY'S TRANSACTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above heading, in your issue of Nov. 19th, Mr. Wenham states that he has been driven to retire from the R. M. Society by the "barefaced" conduct of the Society's officers, and the "twaddle" with which its journal is now filled; and for the purpose of illustrating the treatment to which he has been subjected, he goes on to describe what he calls the "mendacity" of a particular footnote, for the publication of which I am responsible. This pointing of Mr. Wenham's moral I am obliged to answer in person, and though it would be impertinent and superfluous for me to defend either the Society's officers or its journal, I should be ungrateful did I pass on without thanking our President for the unbroken dignity and kindness with which he presides over our meetings, and the honorary Editor of our journal for the skill and devotion by means of which he has raised the journal of the Royal Microscopical Society to a position which no other microscopical journal has ever obtained.

I sympathise with Mr. Wenham for the rebuffs which he has experienced of late, but I think that the council had no alternative other than to curtail his meanderings on the subject of "Angle of Aperture," the theory of that question being clear to everyone but Mr. Wenham, and the facts being open to physical demonstration by any competent microscopist. What Mr. Wenham's friends hope he will do is to stick to his optical lathe, where only three men that I know of can excel him, *i.e.*, Thomas H. Powell, R. B. Tolles, and Carl Zeiss.

My letter from *Nature*, of July 11, 1878, was, I am sure, intended to be fairly quoted, but reference back will show that the last sentence—a cardinal one—has been omitted. The omitted sentence runs thus :—"I ought to add that until the construction of my illuminator by Messrs Powell and Lealand, the device had never come into practical use, and that, so far as I can learn, no reference to it exists in any optician's catalogue or text-book on the microscope." Not only do the works of Beale, Carpenter, Hogg, and other English authors ignore Mr. Wenham's absurd parabolo d, but I find no mention of it in the great French work by Robin. The late editor of the *Monthly Microscopical Journal* considered my paraboloid as new, and the editor of the *Journal de Micrographie* for August, 1878, also describes it as a new invention.

As to the footnote in the *Quekett Journal* of April, 1878, it was suggested by a competent microscopical friend of Mr. Wenham's—Mr. John Mayall—who sent me, as what in his judgment should be published, the following, which I now transcribe from Mr. Mayall's MS.:—

"As to the question of priority between Mr. Wenham and myself in the design of the immersion paraboloid, it needs

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only that I observe the paraboloid suggested by Mr. Wenham had not the same purpose in view as that obtained by my device; the construction was not like mine nor was the adaptation as a piece of useful accessory apparatus in the slightest degree resembling. In fact, Mr. Wenham's suggestions came to practically *nil*, even in his own hands. I regard Mr. Wenham's device of twenty years ago as of no practical value—a merely empirical experiment having no definite purpose."

This I condensed as follows:—

"As between Mr. Wenham and myself, I need only to observe that the paraboloid described by Mr. Wenham was not like mine, either in its formula or its effects, and that the method of working and applying the two instruments as accessories to the microscope do not in the least resemble each other."

So much for the "mendacity" of the footnote. I still think its terms fair and accurate.

Anyone versed in physical optics and in the properties of the parabola will see, on referring to Mr. Wenham's old paper, that his experimental paraboloid was so cut off that it never could have done what is done by mine, as described in the *Journal de Micrographie*, and in Dr. Beale's new edition, at page 28, as follows:—

"The formula of Dr. Edmunds's immersion paraboloid is such that all the parallel rays of light entering the base are made to converge by total internal reflection upon the object placed on the slide, and the plane top is at such point below the focus of the object-glass as to allow exactly for the thickness of the slide and connecting film of glycerine. With the usual substage movements, the focussing or centering of this paraboloid can be varied as readily as that of the objective, &c." I have only to add that Mr. Wenham's paraboloid was about as large as the top of the little finger, while mine is an inch and a-quarter in diameter.

Mr. Wenham's paraboloid was, I should imagine, never duplicated, and it is not even referred to in the catalogue of the great optical firm to which he belongs. Already large numbers of mine have been made by Messrs. Powell and Lealand, and the instrument has come into general use.

I am quite prepared to demonstrate, either geometrically or physically, that Mr. Wenham's paraboloid will not do what is accomplished by mine, but I have too much regard for your space to ask you to admit further argument. The facts will be seen at once by any competent reader who will peruse Mr. Wenham's paper.

Yours, &c.,

JAMES EDMUNDS, M.D.

8 Grafton Street, Piccadilly, W.
November 24th.

Literary Notes and Gossip.

WE notice a useful publication, undertaken by the Kieff Naturalists' Society, being a complete index of all works on Medicine, Natural Science, and Mathematics, that have appeared in Russia during the years 1872—1877.

* * *

WE learn that the library of the learned Societies in France is now in course of removal from the Ministry of Public Instruction to the Institute. It contains about 15,000 volumes of the Proceedings of all the learned Societies of France and her Colonies.

* * *

Le Journal de Pharmacie et de Chimie contains an article from Prof. Pasteur, in which he declares his conviction, based on experiment, that the phenomena of fermentation find their analogies in those which take place in the animal economy.

* * *

BY a resolution of the Treasury, the annual grant to the British Museum for the purchase of books is to be reduced. Originally put at £3,000, this has been reduced by the Museum officials' efforts to £2,600; but this cannot be regarded as other than a very serious loss on the total sum hitherto allowed, viz., £6,000.

* * *

York House Papers is the title of a new weekly paper. The first numbers show a spirited endeavour on the part of the promoters to fill a want existing for a good penny paper on social subjects, well and respectably written. We detect some imperfections, however, but time will doubtless remove them. It is well-printed, and presents a neat and attractive appearance.

* * *

THE study of Chinese is progressing. Harvard now follows the home example, and has founded a chair of Chinese. May we hope that the success attending Sir Thomas Wade's efforts to promote the study of the Celestial language will result in our obtaining some satisfactory information about, and translations of, the very ancient and much-vaunted medical works of the Chinese philosophers?

* * *

WE understand that our contemporary, the *Guy's Hospital Gazette*, has been placed under the inquisitorial control of the Treasurer to the Hospital, and that nothing is permitted to enter its pages without first undergoing supervision. We cannot too strongly condemn this attempt to coerce student opinion, and for the sake of Guy's and its traditions, we trust the decision may be withdrawn.

* * *

"ZIEMSSEN'S Encyclopædia of Medicine" has been largely taken in by English subscribers. It is a voluminous work. We learn from Vienna that another Encyclopædia is about to be published by MM. Urban and Schwarzenberg, No. 4 Maximilien Strasse, under the direction of Dr. Albert Eulenberg, Professor at the University of Griefswald, assisted by ninety collaborateurs. It will be completed in ten volumes, and will appear in fasciculi, price 1 fr. 90 c., and the complete work will cost about £8.

* * *

THE American Treasury has adopted a distinctive paper, different from that now in use, for all its monetary obligations and securities. One of its distinctive features is the introduction of coloured silk threads into the body of the paper while in the process of manufacture, in combination with a distributed silk fibre of different colours. According to the American statutes "anyone who has or retains in his control or possession any similar paper is subject to a fine of not more than £1,000, or to imprisonment with hard labour for not more than fifteen years or to both."

* * *

AN interesting publication on human longevity, by the Austrian Director of Administrative Statistics, has lately appeared in Vienna, the recent censuses in various European states furnishing the necessary material. It appears that of 102,831 individuals in the larger states, who had passed 90 years of age, there were 60,303 women and 42,528 men. The greater longevity of the feminine sex appears still more distinctly in the proportions of centenarians; in Italy, *e.g.*, there are 241 centenarian females to 141 males; in Austria, 229 females to 183 males; in Hungary, 526 females to 524 males, &c.

* * *

THE Wyld-Richardson correspondence again crops up in the current number of the "Monthly Homœopathic Review." The vitality of error is very great. We had hoped that the crude conception had been stamped out of the brain of Dr. Richardson, and that this ghost was laid in peace. Dr. Wyld's letter has one good effect, however, which the editors of the M. H. R. acknowledge in the following words: "That letter gave a sort of shock to the general confidence in the reality of our faith in homœopathy, which has even now not been recovered from." In the same number there is an amusing article on Dr. Andrew Clark and the present state of therapeutics; we cannot treat it *au serieux*.

* * *

WE have received the "Physicians' and Surgeons' Visiting List, Diary, Almanac, and book of engagements for 1880," issued by Messrs. John Smith and Co., and can heartily congratulate the publishers on the elegant and handy appearance of the work. Besides the essentials of a diary and reminder, the book contains much useful information in an easily seen form. The "Pharmacopœial Companion" is well arranged, and sufficiently complete for practical use; the whole volume is just such a pocket-companion as the working practitioner needs to aid him in his daily routine. We would suggest that in their next issue they would insert a table of metric weights and measures.

* * *

MEDICAL men have, during the past few years, found a lucrative field for literary work in our high-class monthlies and quarterlies. Medical subjects are interesting. We have received some letters on this subject. If Dr. Great-Gun is allowed to write an article in the *XIX. Century*, on some

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edical subject, and to append his name, why should not r. Small-Gun write to the *Village Gazette*, and sign his ame to some medical paper? What an advertisement it ould be for him. But an outcry would be at once raised gainst such a procedure by the local professional men. There oes not seem at first sight to be any flagrant violation of pro-ssional customs in writing for lay journals. There is this anger. It may be abused, and become another method of in-irect public advertising.

* * *

Mr. Edward Stanford publishes a work that is to us a narvel and a wonder. It bears the title "Instructive Picture-book, the Human Body, an Atlas of Anatomy." An in-tructive picture-book it certainly is; and the authoress, Mrs. Fenwick Miller, must have been sorely taxed to get ogether the terrible figures that are depicted. We can do no more than draw attention to the work here, and pity Mrs. Miller the dreadful sights she must have witnessed, if she eally has seen a platysma muscle half an inch thick, or a ubject in which the small intestine (carefully measured on he plate) was no more than two and a-half times the length of the large. The picture of the arteries of the head is, how-ever, most carefully *imagined*; the greatest possible pains having been taken to prevent the idea being gained from its study, that any anastomoses of neighbouring twigs exist; but it may be doubted whether the novel view of their distribution, therein set forth, is calculated to improve away the impressions left by dissections. The work is calculated to do something in this direction, and if it has been published with the object of misleading anyone who takes it up, we can so far congratulate the authoress and publisher on the success of their endeavours.

* * *

The *Lancet* is virtuously indignant again (fortunately it does not occur oftener than once a week) because newspapers will persist in copying paragraphs from the medical journals. Dr. Pearse, of Plymouth, a few weeks since published in the *Medical Press and Circular* some climatic notes on Devonshire, and valuable suggestions on the Treatment of Consumption. The editor of the *Plymouth Mercury*, deeming these of sufficient importance and intereat to his readers, transferred them to his columns, whereupon the *Lancet* is angry with the offending editor or Dr. Pearse (being uncertain as to the deliquent) at such a serious breach of "Newspaper Therapeutics." The fact is, our contemporary's gossip has so long monopolised the columns of the lay press, that its indignation at seeing another medical journal quoted, culminates in a violent fit of jealousy. But in order that our sins may not be visited upon poor Dr. Pearse, we are prone to admit that the blame is attributable solely to our energetic publisher, who unfortunately believes in that obsolete maxim that "what is sauce for the goose is sauce for the gander." The *Lancet* goose having fattened so many years on newspaper quotations, he is bent upon trying the fare on the *Medical Press* gander; and thinks if it is not wrong for the *Lancet* to send slips to the newspapers, *it ought not* to be so for the *Medical Press*.

* * *

New Books and New Editions.—The following have been received for review since the publication of our last list, November 5th:—"A Text-book of Physiology," by M. Foster, M.D., F.R.S., third edition. "The Treatment of Fits," by J. H. Waters, M.D. "The Pocket Gray or Anatomist's Vade Mecum." "Practical Surgery," by J. Ewing Mears, M.D. "The Student's Guide to Diseases of the Eye," by E. Nettleship, F.R.C.S. "Smith's Visiting List for 1880." "Functional Derangements of the Liver," second edition, by the late Dr. Murchison. "Transactions of the Clinical Society," vol. xii. "Memorial Oration in honour of Ephraim McDowell, M.D. "The Carmichael First Prize Essay," 1879, by Walter Rivington, F.R.C.S. "The Carmichael Second Prize Essay," 1879, by Thomas Laffan, L.K.Q.C.P.

Metropolitan Hospital Sunday Fund.—The annual meeting of the Council of this Fund was held on Monday at the Mansion House. Sir Francis Lycett presided, in the unavoidable absence of the Lord Mayor. The Council in their report stated that the seventh year of the operation of the Fund had realised £26,501, as compared with £24,904 in 1878, notwithstanding the unusual financial depression of the times, and a very wet Hospital Sunday. The number of contributing congregations had also exceeded that of the previous year. The Committee of Distribution recommended a sum of £22,884 to 81 hospitals, and £2,157 to 46 dispensaries. One per cent. of the gross receipts, £260, had been set aside for the purchase of surgical appliances. The report was adopted unanimously.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted members of the College at a meeting of the Court of Examiners on the 17th inst.:—

Bowe, Francis, L.S.A.
Cama, Rastamji Hormasji, L.M.
Fellowes, H. T. A. Butler, L.S.A.
Gabe, John, L.S.A.
Harrison, James, L.S.A.
Mead, George Owen, L.R.C.P.Ed.
Murray, Henry Walker, M.B.Dub.
Parsons, Herbert Flower, L.S.A.
Pearce, John Puckey, L.S.A.
Purkess, Arthur, M.B. Aberd.
Sanders, John William, L.S.A.
Veale, William Edward, L.S.A.
Walker, John Sydenham, L.S.A.
Whiteley, George W., L.R.C.P.Ed.

The following passed on the 18th inst.:—

Ansted, H. L. Petrel.
Benthall, A. Elliott.
Betts, E. George, L.S.A.
Cleaver, J. C. Carleton.
Davies, J. M. Lloyd, L.R.C.P.Ed.
Farrar, R. Thompson.
Fialho, J. Henrique, L.R.C.P.Ed.
Gwynn, R. Henry, L.R.C.P.Ed.
Haycroft, C. Henry, L.S.A.
Hill, H. Gardiner.
Howell, T. A. Ives, L.R.C.P.Lond.
Hudson, T. Joseph.
Jefferson, A. John, L.S.A.
Jones, Charles, M. Handfield.
Lawford, J. Bowring, M.D.
Leibstein, H. John, L.S.A.
Luckman, E. Llewellyn.
Maberly, H. Edward.
Maddick, E. Distin, L.R.C.P.Ed.
Michell, J. Thomas, M.D. Aberd.
Morgan, James, L.R.C.P.Ed.
Parker, W. Rushton.
Penruddocke, Charles, Bristol.
Preston, H. F., M.B. & C.M. Aber.
Priest, J. Damer, L.S.A.
Pilkington, G., L.R.C.P.Ed.
Smith, Sydney, L.R.C.P. Lond.
Steele, Richard, L.R.C.P.Ed.
Sutcliffe, John.
Swindells, J. Alum.
Tarleton, Paul, L.R.C.P.Ed.
Taylor, David, M.D. Dub.
Thomson, G. J. Crawford, L.S.A.
Vinrace, F. Coulson.
Willoughby, J. F. Digby.
Wright, C. St. John, L.S.A.

The following passed on the 19th inst.:—

Barnes, John B.
Bernard, Alfred G. F.
Close, Percy.
Compton, Francis C., L.R.C.P.Ed.
Cuffe, Edward M.
Firth, Robert H.
Griffith, Edward P.
Gwillim, Richard D. H.
Hare, Francis W. E.
Henderson, William H.
Humphry, Lawrence.
Jones, George H. W., L.S.A.
Millican, Kenneth W.
Nicholson, Ranald W. E. H.
Penny, William J.
Pollard, Bilton.
Rentoul, R. Reid, L.R.C.P.Ed.
Smyth, Sydney.
Swabey, Louis W.

Dence *v.* Mason.—A question of some little importance indirectly to the profession, was decided last week in the Court of Appeal in the case of Dence *v.* Mason. Both parties were originally partners in the firm of Brand and Co., manufacturers of the meat essences for invalids, so largely prescribed by the profession. The defendant Mason has not however for a long time been connected with the firm, and has no right to use the name of Brand; but contrary to agreements and decisions of one of the law courts has made and sold essences, which were colourable imitations of Messrs. Brand and Company's. The defendant has already undergone fine and imprisonment for contempt of the Vice-Chancellor's decision, from which this was an appeal. After hearing arguments on both sides, their Lordships confirmed the injunction of the Vice-Chancellor, whereby the defendant is prohibited in perpetuity from using in any way the name of Brand as applied to invalid specialities.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Dr. O'Flanagan.—"Cases of Tetanus successfully Treated" received, and will appear in an early number.

A Statistician estimates the present population of the globe at 1,421,000,000, divided thus:—Europe, 309,000,000; Asia, 834,000,000; Africa, 199,000,000; Oceanic, 4,000,000; America, 85,000,000. It has been calculated from the mortality tables of known countries that the annual number of deaths throughout the world is 35,963,350, or that, in other words, 97,760 persons die each day. On the other hand, the balance of population is more than kept up by births at the rate of 104,800 per day. Seventy new lives are ushered in every minute of the twenty-four hours.

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8 Grafton Street,
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own patients, and bring them into court. ... might lose a patient, and in another ... might peg a stone at him. *All the authorities ... were then called out, and they all agreed in my opinion it was a duty that should not be placed on the doctors;* but at the same time, as it is placed on them by Act of Parliament, until that is altered, they cannot be freed from it. *I said* we did not decrease the salaries because of the Vaccination Act, but we considered it a very opportune time to decrease the salaries, as the doctors were not left in a worse pecuniary position than before. Mr. Robinson said, as our object was retrenchment, he would make two or three suggestions to me, and one of them was that we should discontinue the services of the consulting sanitary officer, which would be a saving of ... a-year. I said the board was unanimous in ... the services of Dr. H. O'Farrell, as he was one of the oldest and most respected ... had not his salary ... fore we were ... Robinson ...

... any evening.

Mr. Ryan (master) explained ... and that if old women in this ward ... night the place would be robbed.

The Coroner regarded this ... absurd, and stated that even if ... should be some communication ...

The jury found a verdict of ... and appended to it their ... necessary in the interest of the ... a resident medical officer should be ...

BALLINAGH DISPENSARY ... CAVAN UNION.

A special meeting of the above ... was held on Saturday the 18th inst. ... ation the necessity of ... under the recent "Dispensary ... ber of ... were present. ... minutes of former ...

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ce to the cancelling of visiting tickets, Mr. remarked, that he was of opinion the doctors had a great deal to do in the matter; he (Mr. in his own district, had been in the habit of ets to persons not exactly entitled to receive ndance gratis, and yet not able to pay a large such cases he marked 5s., or 7s. 6d., on the re giving it. He would like to hear Dr. iews on the matter.

lon.—The marking of 5s. or 7s. 6d. on a ticket, illegal, as recently pointed out by the Local t Board in the Arva case, and even were it not uld prefer taking proceedings against the mem- ued the ticket and recover my usual fee, rather a fee laid down by a member of a Dispensary

ect then dropped.

irman having stated the business before the d the recent "Dispensary Loan Act" having

Gioney said.—I am surprised that a gentleman yndon should make such an application, con- e present state of the country, and the already tion that is placed on the people. I cannot see n undertake such a responsibility.

ndon.—I am the last person in the room who anything that is unfair, or that would materially xation. Recent legislation empowers the Board ans to raise money from the Board of Works, ial advantages, for the purpose of building the I merely ask the Committee whether there is a or it, and if so, to recommend the matter to the Guardians.

airman.—The doctor's statement is a very fair

cGioney.—Our doctors are paid fair salaries for g their duties, and I don't see what compliment der to Dr. Lyndon to build a house for him.

ndon.—I don't ask it as a matter of "compli- it as a matter of justice; neither, as I have stated I ask you to build the house (as you have not r), but simply recommend the Board of Guar- lo so. I am satisfied to pay a moderate rent, which me distance in clearing off the percentage paid an, and besides, at the expiration of 35 years, the ll become the sole property of the Board of s.

Feikle, Secretary.—I think it would be a grand n for the Board of Guardians.

. Fegan.—I am of the same opinion, and I can see why we should not try and do what we can in er.

m. Foster.—Although it may slightly increase the first, it will materially lessen them after some

McGioney.—Well, I propose that the subject be tained, good or bad.

atrick Brady.—Considering the present state of try, I second that.

amendment to the contrary being about to be r. McGioney consented to withdraw his proposi- l finally the matter was postponed for three weeks, that the Chairman and Secretary might come to gement with the landlord, relative to a suitable lease.

ALLYROAN DISPENSARY ELECTION.

A SPECIAL meeting of this committee was held to elect ical officer for the district, the proceedings of the meeting being nilled by the Local Government owing to informality. There were two candidates, Blunden and Dr. Coyne. A division was called with following result—for Dr. Blunden 7; for Dr. Coyne 5.

MONAGHAN BOARD OF GUARDIANS.

DR. ROSS entered the board-room and handed a letter of resignation of the office of medical officer of Monaghan Workhouse, which he had held for the past seven and a half years.

The Chairman said he was very sorry to receive this communication, for he thought Mr. Ross was active, attentive, gifted, and energetic, and he believed above all things he was kind and considerate toward those who were placed under his care. He was quite taken by surprise, for no person knew anything, so far as he had heard, of Dr. Ross's intention to resign his post. Could anyone have given him offence? or was he about to leave Monaghan?

Mr. J. M. Ross had heard nothing at all about his intention to resign.

The Chairman—He seems to be a man who keeps his own counsel.

Mr. Murray—Apparently.

Dr. Ross's resignation was accepted with expressions of regret for the loss of his services.

MOUNTMELLICK UNION.

EXAMINATION OF LUNATICS.

MR. COBBE said there was a letter received from Mr. Turpin last board day relative to doctors' fees for the examination of lunatics. The Act of Parliament specifies that a doctor for examining a lunatic is to get a "reasonable fee." He (Mr. Cobbe) held that that reasonable fee meant his (the doctor's) usual fee, and therefore he would propose—"That this board is not satisfied with Mr. Turpin's definition of the Act relative to the doctors' fees for the examination of dangerous lunatics. This board considers that the reasonable fee to be paid the doctor is his usual fee of one guinea, and that unless he incurs expenses outside his so examining the patient his fee should be only his ordinary fee, and this board are determined to pay no more."

DR. RICE'S CLAIM.

The following letter was read:—

"To Board of Guardians of Mountmellick Union.
"Mountmellick, 14th November, 1879.

"GENTLEMEN,—I have received instructions from Dr. Rice to apply to you for payment of £16 4s., due to him for discharging the duties of medical officer at the Mountmellick workhouse and dispensary during Dr. Clarke's illness, for five weeks ending 16th August last. Your early attention will oblige.

"Your obedient servant,
"JOHN ALEXANDER FITZGERALD."

The Clerk—Dr. Rice was offered £14 2s., which he refused. Dr. Clarke told me this day that he offered to pay him the balance, but he would not take it from him. Dr. Rice said if he had known at first he was only to be allowed three guineas a week he would not have accepted it; but I have proof here that he was well aware of the salary allowed, and that he did accept it.

The Chairman—I think he ought not to be offered the cheque again; if he wants it let him ask for it.

TANDRAGEE DISPENSARY.

A MEETING of the committee was held to appoint a medical officer in succession to Dr. Hamilton, who recently resigned. There were two candidates for the situation—Dr. Taylor and Dr. Wallace. For Dr. Wallace, 6; for Dr. Taylor, 10. The Chairman accordingly declared Dr. Taylor elected by a majority of four votes.

FOREIGN GRADUATES.—The annual meeting of this Association will be held to-night in London at the Charing Cross Hotel at 8 o'clock.

PLEXIMETERS—FEVER SWEATS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Please inform me through the medium of the MEDICAL PRESS AND CIRCULAR which of the following percussors would you recommend me—viz., Haller's Percussor, King's ditto Cone, Bennett's Pleximeter and Hammer, or Sib on's Spring Plessimeter, which consists of a round pad of india-rubber fixed to the end of an axis, and striking on a plate of ivory. Also the best recognised treatment in the hot and sweating stages of fevers.

Yours truly,
PERCUSSOR.

[1. We have never used in actual serious work any of the three named percussors. 2. We presume our correspondent means the treatment of sweating as a symptom in fever; for example, in the hectic of phthisis, undoubtedly the most practical and scientific treatment for sweating as a symptom in fever is small doses of *atropia*. It can be given in pill in doses of one-eightieth to one-fortieth of a grain rubbed up with sugar of milk, or in mixture or draught corresponding doses of one and a-half to three minims of the Pharmacopœial liquor atropiæ. This should be given about an hour before sweating usually commences, so as to secure, through its stimulating action on the sympathetic system, the partial contraction of the arterioles supplying the sweat glands, and the consequent diminution of their supply of blood. If this should fail, three to five grains of Dover's powder given once or twice in the night is an excellent anhydrotic—ED.]

THE LATE MR. J. C. COPLAND.

AT a preliminary meeting held at the house of Dr. Semple, on the 29th ult., it was resolved to raise a subscription to be presented to the widow of the late Mr. James Charlesworth Copland. Mr. Copland was the author of the abbreviated edition of the well-known *Medical Cyclopædia* of Dr. James Copland, and was a nephew of that distinguished physician and lexicographer. He served as a surgeon in the Crimean war: he was afterwards a member of the Court of Examiners of the Society of Apothecaries, and was rapidly making a name in medical literature when he was attacked with an intestinal affection; and, after a few hours' illness, was cut off in the prime of life on the 18th of September last, leaving a widow and five children almost unprovided for. Dr. Semple was requested to act as treasurer, and Mr. Arthur Norton as secretary.

The following is the list of subscriptions at present received on behalf of the above fund:—

Dr. Stocker	£10	0	0
Dr. A. Norton	10	10	0
A. Norton, Esq., F.R.C.S.	5	5	0
"As ye would, so do ye unto them" ..	5	5	0
Thomas Smith, Esq., F.R.C.S.	5	5	0
A Friend	5	5	0
Editors of the *Medical Press and Circular* ..	5	5	0
H. Sewill, Esq.	3	3	0
Dr. Semple	2	2	0
Dr. Burgess	2	2	0
Dr. Thorowgood	2	2	0
Dr. Ward	2	2	0
Dr. Fowler	2	2	0
Dr. Taylor	2	2	0
G. Bury, Esq., F.R.C.S.	2	2	0
H. Bullock, Esq., F.R.C.S.	2	2	0
T. R. Wheeler, Esq., F.R.C.S.	2	2	0
Dr. Begley	2	0	0
J. Roche Lynch, Esq.	2	2	0
W. Ling, Esq., Brightlingsea	2	2	0
Dr. Randall	1	1	0
Dr. Lavies	1	1	0
Dr. G. Savage	1	1	0
Dr. Harvey Owen	1	1	0
Henry Stear, Esq., Saffron Hill	1	1	0
J. T. Clover, F.R.C.S. .. .	1	1	0
Dr. G. C. Dale, Tooting	1	1	0
G. Field, Esq.	1	1	0

Subscriptions may be forwarded to the Treasurer, Dr. Semple, 8 Torrington Square, W.C.; or to the Secretary, Arthur Norton, Esq., 6 Wimpole Street, Cavendish Square, W.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 8, Mr. Rivington, "On some Cases of Aneurism."—Dr. Stephen Mackenzie, "On Tumours of the Cerebellum"

PSEUDO-MEDICAL DEGREES.—As *apropos* to the above subject, on which there has been some discussion of late, a valued correspondent sends us the following amusing anecdote:—"When, a few years since, the *degrees* of the University of St. Andrew's were purchasable by any comer at so much per head, a certain minister, who deemed that his ministrations would be more acceptable and more useful if he possessed what the doctors call *doctor's shat*, put £15 in his purse and went to St. Andrew's to purchase for himself a degree. His manservant accompanied him, and was present when his master was admitted to the long-desired honour On his return, *the Doctor* sent for his servant, and addressed him somewhat as follows: 'Noo, Saunders, ye'll aye be sure to ca' me *the Doctor*; and gin onybody spier at you aboot me, ye'll be aye sure to say 'the *Doctor's* in his study,' or 'the *Doctor's* engaged,' or 'the *Doctor* will see you in a crack.' 'That a' depends,' was the reply, 'on whether ye ca' me the *Doctor*, too.' (The reverend doctor started). 'Aye, it's just so,' continued the other; 'for when I fand that it cost nae leetle, I e'en got a diploma mysel. Sae ye'll just be guid enouch to say, '*Doctor*, put on some coals,' or '*Doctor*, bring the whisky and hot water;' and gin onybody spiers at ye aboot me, ye'll be sure to say, 'the *Doctor's* in the pantry" or 'the *Doctor's* diggin' potatoes,' as the case may be."

CLINICAL SOCIETY OF LONDON.—On Friday, Nov. 28, at 8½ p.m., Mr. W. J. Tyson (Folkestone), "On a Case of Traumatic Aneurism of the Scalp."—Mr. Croft, "On a Case of Excision of both Hip-joints for Symmetrical Femoral Necrosis; Operations Antiseptic; result successful."—Dr. Goodhart, "On a Case of Rheumatism treated by Salicylate of Soda, terminating fatally."

DR. WILSON.—You will find the subject ably handled in Mr. Rivington's Hunterian Oration, recently published in pamphlet form.

A BOOKWORM—The third edition is just out; the work has had a rapid sale, but not more than it merits.

POOR-LAW MEDICAL UNION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The army medical officers have gained their object by uniting. Why cannot the Poor-law Service obtain what they want? The answer is simply because they do not stick together. I wish they would take to heart the following fable from Swift:—

Observe the dying fathers speak,
"Try lads! can you this bundle break?"
Then bids the youngest of the six
Take up a well-bound heap of sticks;
They thought it was an old man's maggot,
And strove by turns to break the faggot.
In vain; the complicated wands
Were much too strong for all their hands.
"See," said the Sire, "how soon 'tis done,"
Then took and broke them one by one.
"So strong you'll be, in friendship ty'ed,"
"So quickly broke if you divide;"
"Keep close then, boys! and never quarrel,"
Here ends the fable and the moral.

Yours faithfully,
Burnley, Nov. 20, 1879. VIS UNITA FORTIOR.

VACANCIES.

Bristol Royal Infirmary.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary on or before Dec. 1.

Ellenderry Union, Johnstown Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election Nov. 27.

Great Northern Hospital, London.—Two Physicians. Honorary. Applications to the Secretary on or before Dec. 4.

Hospital for Children, Great Ormond Street, London.—House Surgeon. Salary, £50, with board, &c. Applications to the Secretary on or before Nov. 27.

Monaghan County Fever Hospital.—Medical Officer. Salary, £50. Election, Dec. 3.

APPOINTMENTS.

BEATTIE, J. A., L.K.Q.C.P.I., L.R.C.S.I., Assistant Medical Officer, Hospital for the Insane, Parramatta, New South Wales.

BLAXLAND, H., L.R.C.P.L., Assistant Medical Officer, Hospital for the Insane, Gladesville, New South Wales.

BLUNDEN, A., L. & L.M.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Ballyroan Dispensary, Abbeyleix Union.

CARRE, F., L.K.Q.C.P.I. & L.M., F.R.C.S.I., Certifying Factory Surgeon for the District of Letterkenny, co. Donegal.

EDMUNDS, R., L.R.C.P.Ed. & L.M., M.R.C.S.E., Medical Officer for the Pontypool District of the Pontypool Union.

FITZGIBBON, H., M.D., M.Ch. Univ. Dub. Medical Officer to the General Post Office, Dublin.

HENRY, J., M.D., L.R.C.S.I., Medical Officer of Health for the Rochdale Urban Sanitary District.

MACALISTER, A., M.D., Professor of Anatomy and Surgery in the School of Physic, University of Dublin.

MOBLEY, E. J., M.R.C.S.E., L.R.C.P.L., a Resident Medical Officer to the General Infirmary, Northampton.

NEWSHOLME, A., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

SHEPPARD, C. E., M.B. Lond., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

SHINKWIN, T. C., M.D., M.R.C.S.E., Lecturer in Surgery to Queen's College, Cork.

Births.

BLAKE.—On Nov. 16, at Ravensdale, Dundalk, the wife of R. Mariay Blake, L.R.C.S.I., of a son, who only survived his birth a few hours.

MACDOWELL.—On Nov. 19, at Baltinglass, co. Wicklow, the wife of Francis Victor MacDowell, L.R.C.S.I., of a son.

MCCLURE.—On Nov. 19, at Worle, Somersetshire, the wife of Thomas McClure, M.D., F.R.C.S.I., of a daughter.

M'FARLAND.—On Nov. 17, at Malahide, the wife of Surgeon-Major F. E. M'Farlane, A.M.D., of a daughter.

NORE.—On Nov. 21, at the Royal Naval Hospital, Plymouth, the wife of R. Hall More, M.D., R.N., of a son.

Deaths.

QUIN.—On Nov. 24, at Queen Anne's Mansions, Westminster. F. H. Foster Quin, M.D., aged 78.

SMITH.—On Nov. 16, in South Australia, Arthur Wm. Smith, M.D., of Adelaide, aged 31, youngest son of Solomon Smith, M.R.C.S., of Halifax, Yorks.

WATTS.—On Nov. 10, at Thatcham, Berks, George H. Watts, M.R.C.S., aged 61.

AS LADY HOUSEKEEPER, also payment offered for board and residence in a nice home, by the daughter of a late physician, independent means, thirty-five, agreeable manner and appearance, cheerful and domesticated. Would be found a great acquisition in the house of a medical man.—Address, L. E. L., 36 Preston Street, Brighton.

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IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 22nd ult. a notable letter appears signed "Scarlet Runner." I agree with the writer as to the propriety and necessity of joint action among us in our lawful demands, and I rejoice that the Association furnishes a means of such action. We have ourselves to thank—or rather the sycophants among us—for most of the humiliations to which we are subject, and I consider the "permissive" superannuation law one of the greatest. If we were true to ourselves as a body the public could not impose much on us. "If the Romans had not been geese, Cæsar could not have been a wolf." I, for one, am ready to join "Scarlet Runner" in any such scheme as he suggests, but I would *not* agree with him as to making minimum salaries a condition of the acceptance of office. I believe in free trade in every commodity which is purchasable for money, therefore in medical services as in other things. I believe the time will come—and would it were come!—when some such arrangement as the following will prevail in respect to the Poor-law service, viz. :—The dispensary doctor and the medical officer of health to be one and the same person as now, to be paid a sufficient salary for his support, and to be excluded altogether from private practice—after the model of the medical member of the Local Government Board. Under the present *régime* private practice takes up so much of his time and thoughts as in some instances to amount to a fraud upon the poorer community for whom the system is ostensibly in existence, and who are entirely dependent on it for medical aid. Many years ago I broached this idea, but of course it attracted no notice in any quarter capable of or likely to improve on it, and I suppose equally, of course, it will attract none now.

Nevertheless, Sir, you will see at a glance *how* it would work. It would then be the *direct interest of the doctor* to keep his district *as free from disease as he possibly could*. The sanitary laws would be worked by him with heart and goodwill, which under the present *régime*, I apprehend, in most instances are not. At the present time the class of diseases called zymotic, and supposed to be preventible by sanitary precautions, are very rife in some parts of the country, which has helped to draw from me these observations.

The above scheme (you will say) would be a long step in advance of the present one, yet I am sure it must commend itself to the *common sense* of every one. In case "Scarlet Runner" should favour us with anything more, I beg of him to do so under his real name, and assure him of one thing, *i.e.*, he need not be ashamed of his style if he always wields his pen as he has done in the letter which has called forth these remarks.

I am, Sir, yours faithfully,

S. T. HASLETT, M.D., &c.

Donegal, November 13.

VACCINATION.

The following interesting letter has been addressed by Dr. A. O. Speedy, of Dublin, to the Board of Guardians of the North Dublin Union :—

28 North Frederick Street, Rutland Square,
18th November, 1879.

GENTLEMEN,—I consider it my duty to report the circumstance of a malignant case of small-pox having occurred in my district. The patient was a young man, who had recently come to Dublin from Dunboyne. He only took ill on last Friday, and died this morning. He had not been vaccinated. In my experience, there are a considerable number of persons, more especially those born in the country districts, who have never been vaccinated. The great risk which such individuals incur is enormous, particularly when small-pox is prevalent.

I wish to draw attention to a brief extract from an important letter, addressed to a leading medical journal by the Managers of the London Metropolitan Asylum District, dated 30th October, 1879, on the subject of small-pox and vaccination :—

"The epidemic which visited London in the autumn of 1876, and prevailed with more or less intensity up to the present year, caused the medical superintendents of the several hospitals under the control of the Board to collect statistical facts which illustrate the advantages of efficient vaccination and revaccination, establishing beyond doubt the mitigating influences in small-pox cases of successful primary vaccination, and the preventive powers of efficient revaccination. The total number of cases treated in the Board's hospitals up to the 1st October, 1879, were 15,171. The total number of deaths during the period under consideration was 2,677; of these, 1,008 were vaccinated, and 1,669 were unvaccinated cases. The percentage mortality upon the whole of the admissions was therefore 17·6, being at the rate of 8·8 per cent. of the vaccinated, and no less than 44·4 per cent. of the unvaccinated. It may be observed that among the 11,412 vaccinated patients admitted are included the majority of those who stated that they had been vaccinated, but upon whom *no traces* of vaccination were discernible. The nurses and attendants employed at the various hospitals from time to time during the epidemic, have enjoyed absolute immunity from infection; and the few, some half dozen amongst nearly *one thousand*, who contracted the disease whilst discharging their duties had, from some cause or other, escaped revaccination before entering the wards."

The above statistics are a striking proof of the protective influences of vaccination and revaccination, and is in accord with all previous experiences of its beneficial effects. The history of all epidemics teaches the same lesson.

In my opinion, if revaccination were generally availed of, the present epidemic would cease to exist.

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It is lamentable to think of the number of lives sacrificed, owing to the neglect of vaccination.

That the Public Services of European countries are alive to the importance of revaccination cannot be too widely known, the rule being that, previously to entering the army, navy, and various other services, the candidate must undergo revaccination.

I am, gentlemen, faithfully yours,

ALBERT O. SPEEDY.

A. O'Neill, Esq., J.P., Chairman, Board of Guardians, North Dublin Union.

BOYLE UNION.

COLONEL KING HARMAN, M.P., AND THE MEDICAL OFFICERS OF HEALTH.

LETTER of the L. G. B. read, requesting the guardians to re-consider their decision reducing the salaries of the sanitary officers on their re-appointment under the title of medical officers of health.

Chairman (Col. King Harman, M.P.).—You are aware, gentlemen, that the Carrick Board, which adopted a similar procedure to what we have done, have had a sealed order sent to them fixing the salaries of the medical officers of health at £20 each, and taking the matter out of their hands altogether. I think it a very grave and serious matter. It is rather a serious affair to be fighting a body like the L. G. B. I thought under the circumstances that ten minutes' conversation is better than a great deal of letter writing. I telegraphed to the President, Mr. Robinson, and I went to Dublin yesterday by the early train. I explained to him what I conceived to be the position of affairs, and he explained to me what he conceived to be the position of affairs. He told me that a similar course to ours had been adopted in, I think, nine unions, and in each of these cases the L. G. B. had sent down a sealed order fixing the salaries. I argued the point with him pretty strongly, and I stated —and I believe I stated as I wished to do so—the opinion of the majority of this board at the time we moved the reduction of salaries, that the reason we did so was that the sanitary officers were not doing any work for the money. I think we all know through the country the sanitary officers *have not done any extra work for their extra pay as such*. I said, in mentioning that, I did not wish to cast any blame on them, but my opinion is *they cannot do the duty. It is a work that should never have been thrown on them.* I think it is an invidious task that a doctor who lives by the people, should have to report his own patients, and bring them into court. In one case he might lose a patient, and in another a man of a dark night might peg a stone at him. *All the authorities of the L.G.B. were then called out, and they all agreed in my opinion it was a duty that should not be placed on the doctors;* but at the same time, as it is placed on them by Act of Parliament, until that is altered, they cannot be freed from it. I said we did not decrease the salaries because of the Vaccination Act, but we considered it a very opportune time to decrease the salaries, as the doctors were not left in a worse pecuniary position than before. Mr. Robinson said, as our object was retrenchment, he would make two or three suggestions to me, and one of them was that we should discontinue the services of the consulting sanitary officer, which would be a saving of £30 a-year. I said the board was unanimous in continuing the services of Dr. H. O'Farrell, as he was one of the oldest and most respected and valued officers, and who had not his salary raised when the others were, and therefore we were not in favour of lopping him off. Mr. Robinson seemed rather cornered, and he said, "What can we do? We have sent sealed orders to other boards, and how can we exempt you?" A suggestion was then made, and I said I would test the opinion of this board on it. I said the sanitary officers are not doing any work, and that there is a new order imposing on them fresh work; and I say the fresh work won't be done, as the present work is not done, and if you add nothing to nothing nothing remains (laughter). That is my argument. However, the suggestion is—that we are to continue the old salaries for six months, and if in that interval we find there is no value given for the money, the L. G. B. will allow us to re-consider the matter. I think it is a fair compromise. You cannot expect a large body like them to defer to us.

Mr. Powell said the additional work of the medical officers of health was merely on paper.

Chairman—What we are fighting for is not so much the £30 saving, as the question of principle, and whether we have a right of opinion or not; and the L. G. B. by their compromise say we have a right to our own opinion after six months.

Resolved—That the several dispensary officers be re-appointed medical officers of health for the period of six months at their former salaries.

LOCKING UP PAUPERS.

LAST week the coroner held an inquest in the Waterford Workhouse on the body of a woman, named Bridget Walsh, who had died on the previous Thursday in the workhouse.

Margaret Bennet deposed to the coroner that on the night in question, about eight o'clock, she retired to bed. The door was locked at that hour.

Coroner—Do you mean to say that all the inmates were locked in for the night? Yes.

Were they shut out from all communication with the outer world! Yes.

Mr. E. Power—Do you mean to say that no person in the ward had a key? No, sir.

I was awakened, I think, about ten o'clock, by a woman who was in the next bed to deceased, who shouted to me that Bridget Walsh was dead. I got up and went over to her bed, and found that she was dead.

Coroner—What did you do when you found her dead? I couldn't do anything because we were all locked in.

Coroner—This is a nice revelation. A lot of women are shut up in a ward and one of them taken ill, and there is no communication between that portion of the building and any of the responsible officers.

You say she died on Thursday night between eight and nine o'clock? Yes, sir.

The death was not reported to the police until Saturday evening.

Mr. Ryan (master) explained that he was not at home, and that if old women in this ward were not locked up at night the place would be robbed.

The Coroner regarded this explanation as exceedingly absurd. and stated that even if such were the case there should be some communication, say a bell and wire.

The jury found a verdict of death from natural causes, and appended to it their expression of opinion that it was necessary in the interest of the safety of the inmates that a resident medical officer should be attached to it.

BALLINAGH DISPENSARY COMMITTEE. CAVAN UNION.

A SPECIAL meeting of the above Dispensary Committee was held on Saturday the 16th inst., to take into consideration the necessity of erecting a residence for the doctor, under the recent "Dispensary Loan Act." A large number of members were present.

The minutes of former meetings having been read, which

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had reference to the cancelling of visiting tickets, Mr. McGioney remarked, that he was of opinion the doctors themselves had a great deal to do in the matter; he (Mr. McGioney) in his own district, had been in the habit of giving tickets to persons not exactly entitled to receive medical attendance gratis, and yet not able to pay a large fee, and in such cases he marked 5s., or 7s. 6d., on the ticket, before giving it. He would like to hear Dr. Lyndon's views on the matter.

Dr. Lyndon.—The marking of 5s. or 7s. 6d. on a ticket, is perfectly illegal, as recently pointed out by the Local Government Board in the Arva case, and even were it not illegal, I would prefer taking proceedings against the member who issued the ticket and recover my usual fee, rather than accept a fee laid down by a member of a Dispensary Committee.

The subject then dropped.

The Chairman having stated the business before the meeting, and the recent "Dispensary Loan Act" having been read,—

Mr. McGioney said.—I am surprised that a gentleman like Dr. Lyndon should make such an application, considering the present state of the country, and the already heavy taxation that is placed on the people. I cannot see how we can undertake such a responsibility.

Dr. Lyndon.—I am the last person in the room who would ask anything that is unfair, or that would materially increase taxation. Recent legislation empowers the Board of Guardians to raise money from the Board of Works, with special advantages, for the purpose of building the house, and I merely ask the Committee whether there is a necessity for it, and if so, to recommend the matter to the Board of Guardians.

The Chairman.—The doctor's statement is a very fair one.

Mr. McGioney.—Our doctors are paid fair salaries for performing their duties, and I don't see what compliment we are under to Dr. Lyndon to build a house for him.

Dr. Lyndon.—I don't ask it as a matter of "compliment," but as a matter of justice; neither, as I have stated before, do I ask you to build the house (as you have not the power), but simply recommend the Board of Guardians to do so. I am satisfied to pay a moderate rent, which will go some distance in clearing off the percentage paid for the loan, and besides, at the expiration of 35 years, the house will become the sole property of the Board of Guardians.

Mr. Meikle, Secretary.—I think it would be a grand speculation for the Board of Guardians.

Mr. H. Fegan.—I am of the same opinion, and I can see no reason why we should not try and do what we can in the matter.

Mr. Wm. Foster.—Although it may slightly increase the rates at first, it will materially lessen them after some time.

Mr. McGioney.—Well, I propose that the subject be not entertained, good or bad.

Mr. Patrick Brady.—Considering the present state of the country, I second that.

On an amendment to the contrary being about to be made, Mr. McGioney consented to withdraw his proposition, and finally the matter was postponed for three weeks, in order that the Chairman and Secretary might come to an arrangement with the landlord, relative to a suitable site and lease.

BALLYROAN DISPENSARY ELECTION.

A SPECIAL meeting of this committee was held to elect a medical officer for the district, the proceedings of the former meeting being nilled by the Local Government Board, owing to informality. There were two candidates, Dr. Blunden and Dr. Coyne. A division was called with the following result—for Dr. Blunden 7; for Dr. Coyne 5.

MONAGHAN BOARD OF GUARDIANS.

DR. Ross entered the board-room and handed a letter of resignation of the office of medical officer of Monaghan Workhouse, which he had held for the past seven and a half years.

The Chairman said he was very sorry to receive this communication, for he thought Mr. Ross was active, attentive, gifted, and energetic, and he believed above all things he was kind and considerate toward those who were placed under his care. He was quite taken by surprise, for no person knew anything, so far as he had heard, of Dr. Ross's intention to resign his post. Could anyone have given him offence? or was he about to leave Monaghan?

Mr. J. M. Ross had heard nothing at all about his intention to resign.

The Chairman—He seems to be a man who keeps his own counsel.

Mr. Murray—Apparently.

Dr. Ross's resignation was accepted with expressions of regret for the loss of his services.

MOUNTMELLICK UNION.

EXAMINATION OF LUNATICS.

MR. COBBE said there was a letter received from Mr. Turpin last board day relative to doctors' fees for the examination of lunatics. The Act of Parliament specifies that a doctor for examining a lunatic is to get a "reasonable fee." He (Mr. Cobbe) held that that reasonable fee meant his (the doctor's) usual fee, and therefore he would propose—"That this board is not satisfied with Mr. Turpin's definition of the Act relative to the doctors' fees for the examination of dangerous lunatics. This board considers that the reasonable fee to be paid the doctor is his usual fee of one guinea, and that unless he incurs expenses outside his so examining the patient his fee should be only his ordinary fee, and this board are determined to pay no more."

DR. RICE'S CLAIM.

The following letter was read:—

"To Board of Guardians of Mountmellick Union.
"Mountmellick, 14th November, 1879.

"GENTLEMEN,—I have received instructions from Dr. Rice to apply to you for payment of £16 4s., due to him for discharging the duties of medical officer at the Mountmellick workhouse and dispensary during Dr. Clarke's illness, for five weeks ending 16th August last. Your early attention will oblige.

"Your obedient servant,
"JOHN ALEXANDER FITZGERALD."

The Clerk—Dr. Rice was offered £14 2s., which he refused. Dr. Clarke told me this day that he offered to pay him the balance, but he would not take it from him. Dr. Rice said if he had known at first he was only to be allowed three gulneas a week he would not have accepted it; but I have proof here that he was well aware of the salary allowed, and that he did accept it.

The Chairman—I think he ought not to be offered the cheque again; if he wants it let him ask for it.

TANDRAGEE DISPENSARY.

A MEETING of the committee was held to appoint a medical officer in succession to Dr. Hamilton, who recently resigned. There were two candidates for the situation—Dr. Taylor and Dr. Wallace. For Dr. Wallace, 6; for Dr. Taylor, 10. The Chairman accordingly declared Dr. Taylor elected by a majority of four votes.

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ANTICIPATED INCREASE OF PAUPERISM IN IRELAND.

THE annexed circular has been forwarded by the Local Government Board to all unions in Ireland :

"The Local Government Board for Ireland desire to inform the board of guardians that they have had under consideration the reports of their inspectors on the condition and prospects of the poor in Ireland, from which they learn that there will probably be an unusual amount of distress in parts of the country during the coming winter, and an increased number of applications for relief.

"Under these circumstances the Local Government Board have to impress upon the board of guardians the importance of being prepared for the possible contingencies of the season, and of making due provision beforehand for ample stores of bedding and clothing to meet any degree of pressure on the workhouse which is likely to occur ; they should also give directions to have the unoccupied wards in the workhouse thoroughly cleansed and whitewashed, and placed in every respect in good and habitable order.

"The Local Government Board would also recommend the board of guardians to take into consideration the number and extent of the relief districts in the union, and to ascertain whether the relief officers would be in a position to discharge the important duties efficiently, should the condition of the poorer classes render it necessary to afford relief out of the workhouse more freely than at present.

"It is of the utmost importance in the interests both of the ratepayers and of the poor, that the functions of the relieving officers should be properly performed, and that these officers should always be accessible to destitute persons residing in all parts of their district ; these objects cannot be attained if the districts are not of moderate size, and the Local Government Board hope that in the view of the possible increased pressure of distress the board of guardians will consider whether the existing relief districts in their union require revision.

"The Local Government Board feel assured that they may rely on the Board of Guardians to make all arrangements which may be necessary for the effectual administration of the existing laws for the relief of the poor in their union during the winter season."

The circular having been fully considered,

The Chairman proposed, and Mr. Griffith seconded :—

"That the board have taken into consideration the circular letter of the Local Government Board dated the 14th November, and they beg to state that while they are most anxious to make every effort to render the workhouse available as far as they possibly can to meet the probable destitution of the approaching winter and spring, they are still of opinion that the capacity of the workhouse and the resources of the union will be utterly inadequate to meet the amount of destitution which the present state of things seem to indicate, and they therefore call on the Government to initiate such reproductive works as while they give employment to the poor will be of permanent advantage to the district."

The resolution was unanimously adopted.

TUAM GUARDIANS.

THE clerk of the Mountmellick union forwarded the annexed copy of a resolution passed at the meeting of the guardians of that union with reference to the fixing by sealed order the salaries of the medical officers of health at a higher rate of remuneration than the board proposed to pay them—"That the board [of guardians of the Mountmellick union] having heard the order of the Local Government Board, dated 24th Oct., 1879, which virtually sets aside both the feelings and common sense of this board, do hereby request Mr. Dease, M.P., to bring the interference of the Local Government Board before Parliament in order that some change may be made in the Act of Parliament under which they are appointed, which will prevent them acting in an arbitrary manner in matters of mere taxation, of which the guardians here ought to be the judges, as at present the Local Government Board seem to have a power to spend the money of the rate-payers contrary to the wishes of the guardians they appoint." The board having heard the foregoing, declined to adopt it.

A GRATIFYING "SELL."—When it became known, last week, that Dr. Ross, Monaghan, had resigned his appointment as physician to the County Monaghan Fever Hospital, a number of gentlemen rushed to the house of the secretary, and paid him a guinea each, in order to qualify themselves, as they thought, to vote at the election of his successor. That officer took all the money he was offered, amounting to twenty-four guineas, and thanked the donors, who thought that all who paid before the Road Sessions were safe to vote. It now turns out, however, that according to Act of Parliament none but subscribers of a year's standing can do so, and the benevolence of the donors won't serve the purpose which they intended it should.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1879.

OCTOBER 8th.—Parker, Thomas William ; Somerville, York Road, Kingston, co. Dublin ; Lic. R. Coll. Surg. Irel. 1879.

9th.—Hearn, George Beresford ; Dungarvan, co. Waterford ; Lic. Fac. Phys. Surg. Glas. 1879, Lic. Apoth. Hall Dub. 1879.

9th.—Browne, Samuel Cairns ; Castle Caulfield, Dungannon, co. Tyrone ; Lic. R. Coll. Surg. Irel. 1879.

11th.—Pooley, William ; Rochdale, Lancashire ; Lic. R. Coll. Surg. Irel. 1879.

16th.—Moffitt, Thomas Beattie ; Derrylin, co. Fermanagh ; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

16th.—O'Connor, Charles Joseph ; Galbally, co. Tipperary ; Lic. R. Coll. Surg. Irel. 1878, Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

16th.—Simpson, John ; Cooke Terrace, Belfast ; M.D. Q. Univ. Irel. 1879.

21st.—Stevenson, Frederick Charles ; Rugeley, Staffordshire ; Lic. R. Coll. Surg. Irel. 1879.

21st.—Browne, Danby ; Clones, co. Monaghan ; Lic. R. Coll. Surg. Irel. 1879.

24th.—Lawless, George Robert ; 98 Bushfield Avenue, co. Dublin ; Lic. 1879. K. Q. Coll. Phys. Irel., Lic. 1879 and Lic. Mid. 1879 R. Coll. Surg. Irel.

24th.—Ring, William ; 28 Grattan Hill, Cork ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

27th.—Deane, Abraham Addison Hargrave ; 56 Upper Mount Street, Dublin ; Lic. 1879 and Lic. Mid. 1879 R. Coll. Surg. Irel., Lic. R. Coll. Phys. Edin. 1879.

28th.—Wheeler, Thomas Kennedy ; 3 Clarendon Place, Belfast ; M.D. Q. Univ. Irel. 1879.

MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council, Ireland, during the month of October, 1879, pursuant to the 14th section of the Medical Act, no reply having been received to several letters of application, viz. :—

Hall, John Henry Wynne ; Albert Terrace, Clapham, Surrey
O'Reilly, Laurence ; 11 Goldsmith Street, Dublin.
Potter, John ; Kilkenny.
Shaw, Alfred ; Carlow.
O'Sullivan, Jeremiah ; Boherbay, co. Cork.
O'Shaughnessy, James ; 12 George's St., Limerick.
O'Ryan, Anthony ; Carrick-on-Suir, co. Tipperary.
Phayre, Alexander ; 76 Harcourt Street, Dublin.
Phillips, Samuel ; Ballygawley, co. Tyrone.
Smyth, John ; Castle Place, Belfast.
Smyth, Fœde ; 26 Patrick Street, Cork.
McMullin, John, Joseph Ryan ; Sydney, New South Wales
McKeagh, Daniel ; Nenagh, co. Tipperary.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 3, 1879.

CONTENTS.

Original Communications.

DIPHTHERIA.

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

Symptoms.—Period of Incubation—Insidious Approach of the Disease before any complaint of Illness is made—Elevation of Temperature—Weakness of the Pulse an Early and Significant Feature of the Disease—Albumen in the Urine—Character of the Throat Affection and Peculiarities of the Exudation—Constitutional Depression and Implication of the Larynx and Voice—Diphtheritic Croup—Tendency to Delirium and Restlessness—Death by Suffocation or Asthenia.

Causes.—Influence of a Specific Cause—Debility and Exhaustion predispose to the Affection—Effects of Locality and Moisture in favouring its Occurrence.

Sequelæ.—Anæmia, Debility, and Paresis—Weak Action of the Heart, Secondary Endocarditis—Paralysis of the Muscles of Deglutition and Upper and Lower Extremities—Impaired Vision and Deafness—Bronchitis and Pneumonia—Albuminuria—Hæmorrhage from Nose and Bronchi.

Morbid Anatomy.—Bronchitis and Pneumonia—Fibrinous Coagula in the Heart—Congestion of Kidneys, Brain, and Spinal Chord.

Diagnosis of the Affection from Croup, Scarlet Fever, and Tonsillitis—Theory of Contagion.

Treatment.—Local and Constitutional—Necessity of Supporting the General Strength by Nourishment and Stimulants—Value of Iron and other Tonic Preparations—Applications to the Throat as in Scarlet Fever—Importance of Tracheotomy in Imminent Death from Suffocation—Dr. Buchanan's Statistics in Croup and Diphtheria.

Diphtheria (Diphtherite of Bretonneau) is a contagious nd epidemic disorder, characterised by a specific inflammation of the pharynx and air passages, attended with the exudation of fibrin or other lymph, and the enlargement of the cervical glands. Other mucous membranes or the skin may be sometimes involved. The vital powers are greatly prostrated. Death takes place from exhaustion or suffocation through diphtheritic deposit in the trachea and larynx. Diphtheria bears an affinity to the exanthemata in the fact that it chiefly attacks the young. The mortality is greatest between the age of five and ten years, but infants of a few days old have been attacked.

Evidence of the antiquity of the disease is to be found in the writings of Hippocrates, Celsus, Aretæus, Galen and Cœlius Aurelianus. In more modern times descriptions of it are given by Spanish, Italian, French, and English writers, and traces of its progress have been met with in America, Africa, and Hindostan. It prevailed in Holland in the sixteenth century. By some writers it is thought to be the same disease that was known a hundred years ago under the name of epidemic croup, and malignant sore throat. (*a*) It made its appearance at Tours, in France, in 1818.

This disease until the last few years has been confounded with erysipelas and scarlet fever during their epidemic prevalence. The credit belongs to Bretonneau of being the first writer to define its exact nature, and to show that the local appearances on the throat and fauces are the manifestations of a general and constitutional disorder.

Since the beginning of this century cases of diphtheria have been recorded from time to time by English physicians. In the years 1858 and 1859 the epidemic attained its maximum in this country, and in two years about 20,000 persons fell victims to it. (*b*)

Symptoms.—The incubation period is usually very short. "According to Oertels, the latest and best writer upon the disease, it may be stated positively to occupy from two to five days. His own experiments also show that in from twelve to twenty-four hours after artificial inoculation

(*a*) Dr. Fothergill's account of the sore throat attended with ulcers, 1748.

(*b*) "On Diphtheria," by Dr. Squire. "Reynold's System of Medicine," vol. i., page 11.

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upon the surface of wounds we can detect a greyish-white discolouration, a dirty greyish layer, and the other signs of infection." (*a*) Dr. Morell Mackenzie has given an instance of a prolonged period of incubation, fifteen days elapsing from the exposure to contagion to the appearance of diphtheria. (*b*) The disease creeps on very insidiously, and may have advanced considerably before any complaint is made about the throat. The earliest symptoms are chilliness, weakness, and lassitude, with pain in the back and limbs, followed by febrile disturbance of varying duration. In some severe cases the fever is transient and soon passes off, but in mild cases it is of longer duration. Elevation of temperature generally marks the commencement of the disease, it may soon reach 103° or 104°, when delirium is often present; but in many cases the temperature appears to fall as the disease advances, the skin becoming cold, and the pulse slow. These symptoms often precede death. There is headache, thirst, and pallor of the face; the sleep is restless and uneasy, the mental faculties are clouded or excited; the pulse is almost always quick at the beginning of the complaint, and soon becomes weak and compressible. Cases are recorded of unusual slowness of the pulse, and Dr. Heslop mentions one in a child of five years of age, where it did not exceed forty beats a minute. (*c*) The tongue is covered with a thin creamy fur, or it is quite clean except at the posterior part. The appetite for food is small, and the prostration of strength so great, that the patient is too weak to exert himself to take food, and consequently many patients die, who reasonably might be expected to recover, if they could take a proper amount of nourishment. The urine is pale or contains urates or even phosphates, and at an early stage albumen is frequently found.

On looking into the throat some redness or swelling may be observed on the fauces, pharynx, and tonsils; the cervical glands are enlarged; there is pain in deglutition, and stiffness of the neck in separating the jaws. The eyes have a heavy languid look, and the conjunctival vessels are injected; the nostrils are inflamed, or obstructed from swelling of the Schneiderian membrane, or the presence of a tenacious secretion. Between the first and second day, from the commencement of the throat symptoms, the tonsils become more turgid, and a fibrinous exudation can be seen coating them, as well as on the back of the pharynx, which is now turgid, and assume a claret hue. Over a part of the inflamed surface a tough layer of grey-looking lymph is deposited, resembling wetted chamois leather or damp parchment, which continues to increase in thickness; in some instances it is very thin and superficial. This *false membrane* (which is pathognomonic of the disease) is not invariably of the same colour; in some cases it presents a dirty white or yellowish appearance; in others it is of a brownish or ash-coloured hue, and in exceptional cases it has a blackish gangrenous look, and is horribly offensive. (*d*) (*e*)

In some cases the exudation is first seen on the soft palate, or on one or both tonsils, but wherever it may be, it either extends from one part to another, or it simultaneously appears on several parts at the same time. Spots of exudation, which at first are separate and distinct, will coalesce and form a continuous layer in a few hours. The extent and colour of the exudation are generally in proportion to the severity of the disease. When there is a light and small distinct patch, the disease is mild, and runs a favourable course; but when the exudation is extensive or thick, or the patches unite or form a continuous layer, then the constitutional depression is great, and the patient is in imminent danger of his life. In some cases cough is a very early symptom. In June, 1869, a boy, aged six years, presented himself in the out-patient department of the Samaritan Hospital, whose illness began with a slight cough on the 5th. On the 8th, when he came under notice, he had a hoarse and frequent cough, and his voice was subdued and husky. On the lower part of the pharynx and right tonsil was the characteristic membrane, the child was very weak and pallid, the tongue coated, and the pulse 140, and feeble. He made a good recovery, the only sequela being enlargement of the tonsils.

When the exudation has fully formed, it mingles with the secretion from the mucous follicles, and the cervical and submaxillary glands become enlarged, and the whole neck swells. The child is now much distressed, as there is great pain in swallowing, and the poisonous secretion excoriates the mouth and nostrils. As portions of the deposit separate from the throat and are coughed up, there is great fœtor of the breath, and sometimes bleeding from the mouth and nose. This exudation is tough and fibrinous, and does not separate easily, except where it is undergoing decomposition. When it has separated it leaves a smooth bleeding surface, on which the exudation rapidly forms again. As the disease goes on the respiration becomes impeded by the obstruction to the entrance of air through the larynx, producing diphtheritic croup, (*a*) and the breathing is croupy and stridulous. The voice is muffled or reduced to a whisper, and the eyes are staring and suffused. The vessels of the neck are distended, and at each inspiration the depressions above and below the clavicles are sucked inwards and the epigastrium is retracted. With these alarming symptoms there are also pains in the head, which the child moves incessantly; the surface of the skin is cold and clammy, and there is extreme agitation and restlessness. The consciousness becomes more and more impaired, and the child dies suffocated and exhausted. Death ensues as in fatal cases of croup from asphyxia.

When the pharyngeal affection is acute and severe there is great pain and difficulty in swallowing food, but as the disease advances the sensibility becomes blunted, and there is no complaint of pain. The patient sinks low in the bed on his back, and is insensible to all that goes on around him, or he is delirious and muttering; the impulse of the heart against the walls of the chest grows weaker, and the pulse becomes feeble and imperceptible. In such cases death ensues from asthenia, or syncope. When laryngeal symptoms occur, the patient may die in the course of two days, but when they are absent death may not happen for two or three weeks. In cases that recover convalescence begins about the second week. "Of the seventy-four cases collected by the *British Medical Journal*, twenty-six died—fourteen from asthenia, eight from implication of the larynx, three from syncope, and one from subsequent bronchitis." (*b*)

(*a*) Article "Diphtheria," Ziemssen's Cyclopædia of Medicine, vol. i., page 594. Quoted by Murchison, Clin. Trans., 1878, page 248.

(*b*) "On Diphtheria," 1879; page 19.

(*c*) Greenhow on "Diphtheria," page 211.

(*d*) "The diphtheritic pseudo-membranes, or to speak more precisely, the diphtheritic sloughs, result from superficial gangrene of the mucous membrane, which again depends on compression of its nutrient vessels by an interstitial fibrinous exudation, or from swelling of the tissue elements, which are filled with a cloudy substance."—Niemeyer's "Practical Medicine," vol. ii., page 615.

(*e*) Inflammation is not essential to the disease, according to some authorities; but this is a question which pathology ought to decide. Diphtheria is distinguished by a peculiar morbid condition of the mucous membrane of the throat and tonsils. A sero-mucous effusion is poured out on the back of the throat, which becomes changed into a tenacious membrane, followed by the formation of another similar membranous formation till a tough plastic layer is produced. The false membrane can be raised from the surface which is ulcerated and bleeding. The pellicle of false membrane is chiefly made up of thickened epithelium, coagulable lymph, pus and blood corpuscles.

(*a*) Diphtheritic croup is more common in some epidemics than in others. The disease shows no uniform disposition to attack the larynx and trachea; many cases have terminated through sheer exhaustion, though there has been severe throat complication and sloughing; whilst other cases, and even some epidemics, have been marked by the extension of the disease into the larynx, and the symptoms of croup, with the throat and fauces comparatively free.

(*b*) "On Diphtheria," b Dr. Squire. *Op. cit.*, p. 139.

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Diphtheria does not seize upon the stomach or intestines, or interior of the body, but on those parts of the mucous membrane continuous with the epidermis.

(To be continued.)

A FEW NOTES OF TWO CASES OF TETANUS SUCCESSFULLY TREATED.

Under the care of JAMES O'FLANAGAN,
Houghton-le-Spring, Durham.

TETANUS, whether general or partial, and especially when it is traumatic in course, is generally such a formidable disease to combat that the following notes of two cases, successfully treated, may be not without interest to the readers of the *Medical Press*. The first case, from being purely idiopathic, only little interest would attach thereto if it fell to be described by itself; but having occurred long anterior to the other case, and so having made as it were the lines of treatment for the latter, ungrateful or at least improper it would be to shunt it now entirely out of notice.

At one o'clock a.m., on Saturday, 23rd May, 1874, I was called upon by a former patient of mine, and requested by him to visit his daughter, who was then suffering from locked jaw. To my inquiry if it had arisen from a burn, wound, or other injury, the reply was "No; but from rheumatism or tic." I learned also that the tic had commenced some six months before, and had contined with some intermissions until the present time. I immediately dressed for the journey (some four miles) and prepared a twelve-ounce mixture containing the following ingredients:—Iodide and bromide of potassium, bicarbonate of potass, wine of colchicum, Fleming's tincture of aconite, chloric ether, water. I also carried with me a stopped bottle containing six ounces of chloroform. My horse being prepared for the journey during the above preparations, we set out, and on the road I continued my inquiries abour the case, and learned the following particulars:—The patient was 17 years old. Six months ago she complained of severe neuralgia, and in about ten days from that time her jaws closed, so that she could swallow only fluids, and those only with difficulty, and through the teeth. She was attended successively by some three or four medical men, who from the statements made to me of their practice in the case, appeared to believe that surgical manipulation (forcible opening of the jaws) was treatment more proper than the administration of any remedies internally. After some time the rigidity of the jaws relaxed so far as to allow her to swallow with less difficulty, but she was never able to open her mouth to the width of half an inch, and the neuralgia continued, as already described. About twelve days' time from the present (23rd May, 1874) the family had removed to a new dwelling-place, and on the journey (a distance of some twelve or fourteen miles) she "got cold," and her sufferings in consequence became aggravated. Having arrived at the patient's house in about an hour from the "call" (about two o'clock) I now found the case to be one of *trismus*. The jaws were certainly locked, and locked most immovably, the countenance was anxious and agonized, the complainings incessant, but there was no *opisthotonos* or other curving of the body from its normal posture. I immediately gave chloroform by inhalation, and continued it until the teeth could be forced open so far as to receive inside the mouth (only by sucking however) a dose of the medicine (*a*) above mentioned; and this being swallowed, I repeated the chloroform inhalation until complete anæsthesia occurred, when she slept for two hours at a "stretch." At five a.m. I repeated the chloroform, and having again got her to sleep, I returned home to attend to my ordinary visits. At twelve noon I visited patient again, and much to my satisfaction I learned that she had slept a good deal during my absence, but was now awake. The teeth were still firmly locked as before, but the pain was much less, as was evidenced by the complainings being less severe than at my first call in the morning. Repeated chloroform partially now, and to each dose of medicine I added twenty grains of hydrate of chloral. Having administered a dose, I left pointed instructions that the medicine was to be repeated *every half hour* till patient slept. With the second dose patient did fall asleep, and waking in some hours after the medicine was again repeated, when sleep again succeeding, she now "slept the clock round."

The morning of 24th I made my visit early, and was pleased at the report since last visit, and more pleased to find that the jaws could be opened by patient so far as to admit within them the blade of a palate knife or spoon. With a continuation of the medicine (every three or four hours now) I ordered, in addition, a strong infusion of senna, with Epsom salts, to be given so as to get the bowels soon and freely moved; and when this should occur nourishment to be freely given, such as milk and strong soups.

Monday, 25th.—Patient still improving. Has passed another good night. Bowels freely moved; motions dark and offensive. Jaws more open, and still relaxing. Able to take nourishment moderately.

26th.—Report similar to that of yesterday. The recovery now from day to day was progressive.

On June 15th I made my last visit, and as I was then about to take my summer holidays I left behind me directions for a supply of medicine (without chloral) if required. A single sixteen-ounce bottleful in tablespoonful doses from prescription already stated, was obtained, and taken with result as follows:—The stiffness of jaws gradually gave way, and about September patient could open her mouth to full extent. She has never been under my treatment since, and at last report (Nov. 8th, 1879) was quite well, but troubled with a mild return of tic from time to time.

CASE II.—On Monday evening, 29th Sept., 1879, M. F., school-girl, æt. 9, got her right foot entangled accidentally in the wheel of a waggon in motion, on the hinder part of which she was sitting at the time. Instantly and instinctively she essayed to withdraw it, and in this was so far successful, that a piece from the upper of a strong boot was torn clean away by the "pull," and along with the leather came the last joint of the great toe. As medical attendant of the family they sought me without delay, but I could not attend that night. At nine o'clock the following morning I made my call, and the particulars being explained to me by the mother (a person of superior intelligence), I decided to do nothing to the wound itself then, as it was carefully wrapped in lint, and the hæmorrhage at the time had been only slight—the dressings to be simply the already applied lint wetted with tepid water. As the patient had not slept, however, during the night, and was also feverish, and complaining of much pain in leg and thigh, I prescribed a mixture containing Fleming's tincture of aconite, liquor ammoniæ acetatis, and nitric and chloric ethers. This to be given every four hours. From commencing to take this mixture patient felt no more pain, and when I called, 1st and 2nd of October, the report on each day was that she had slept well the night before, and that her appetite was fair. After this I did not see her again till I made a casual call on October 11th.

On 9th October patient complained of slight pain, and stiffness in small of back, but this was made so little account of that at my visit on 11th no mention was made to me of it. Nor did my inquiries tend to bring out the fact, as she was playing then with the other children, and laughing "as usual." After my departure on the 11th, however, she complained of stiffness of jaws, and sore throat. This continued to grow worse on the day following (Sunday), but was set down by the parents

(*a*) Each dose contained 5 grs. iod. potass., 30 grs. bromide do. 15 grs. bicarb. potass., 20 minims vin. colchici, and 4 minims tr. aconite (Fleming's).

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as from an ordinary "cold," and thus they did communicate with me.

On Monday evening, at 7.30, however, just as I was preparing for a journey of some four or five miles to assist at a post-mortem, at the request of the district coroner, the father came to me with the woeful intelligence that the little sufferer had locked jaw, and had been ill all day. A conveyance being ready to carry me to the inquest, I lost no time in making a *detour* to see the patient first, and I carried with me, as in the former case, some chloroform, and a bottle of medicine. Each dose of this medicine consisted of 2½ minims Fleming's tincture, 15 grs. bromide of potassium, and 7 grs. hydrate of chloral in a tablespoonful of water, with a little chloric ether to neutralise the disagreeable flavour of the chloral.

Having arrived at the house, I found the father's report to be only too true. There was well marked *opisthotonos*, the teeth were clenched, there was the peculiar querulousness of voice, and the *risus sardonicus* of lips, and worse than all the regularly recurring and terrible spasm—beginning at the extremity and continued up the trunk. I immediately gave chloroform by inhalation, and having got her partially under its influence, I succeeded in getting the jaws opened so wide, and the constriction of pharynx so much abated, that she swallowed without much difficulty a dose of the above-named mixture. I then continued the chloroform to complete insensibility, and when leaving left immediate directions, which were: "Give as soon as she awakes half an ounce of castor-oil, with half an ounce of oil of turpentine. And then give a dose of the mixture every half hour till she sleeps."

Tuesday, 14th.—Made my visit at eight a.m. Report since last night as follows: Has slept a good deal at intervals during the night, amounting in the aggregate to several hours. Given castor oil and turpentine, as advised, which produced copious black and offensive motions a little after midnight. Repeated the medicine after this, when she slept again till 2 a.m. Spasms less severe and less in frequency, although when they do occur she still bites her tongue. Given medicine again, during an intermission of these, and again slept for at least two hours. At six a.m. took breakfast of bread and milk, which being soft from the bread being steeped in warm milk, was swallowed without much difficulty. Urine rather scanty, and a desire to void it often. Pulse very variable, from 64 during an intermission to 110 after a spasm. Gave chloroform again, but not so fully as over-night, and ordered a repetition of medicine every hour as required. Support strength with milk, tea, and beef soup; and as thirst was urgent give ginger beer or lemonade *ad lib.*

Tuesday, 8 p.m.—A moderately favourable day. Teeth still clenched, and only able to open them after using chloroform. Has got medicine only once or twice since morning, either because it prevents the tongue, which is raw and wounded, from being so much bitten, or because the attempts to swallow it produce spasms and a sense of suffocation. Gave chloroform again, and while partially under it got her to swallow medicine. Directions at leaving—"Continue medicine as before."

Wednesday, 15th, 10 a.m.—Has passed a bad night; little or no sleep; spasms frequent and severe: tongue severely bitten and bleeding. Won't try to take medicine, but can suck through the teeth at times a little beef soup and drinks. Urine turbid and very scanty, and constant desire to void it. No action by bowels since yesterday about midnight. Put her again completely under chloroform, and changed the mixture thus (it being likely to be swallowed better, from being, at any-rate, more palatable):—

℞ Tr. aconiti (*Fleming's*) ʒi.
Chlorodyne, ʒss.
Potassii bromidi ʒij.
Liquor ammoniæ acet. ad ʒvj. M.

Two teaspoonsful to be taken every hour till it causes sleep. From the severity of the spasms, as evidenced among other things by the bitten tongue, the disease appeared to be now approaching its acme, and therefore if it could be kept from getting worse, and the strength kept up at the same time, we might hope to see it abate (according to certain authors) by about the twelfth day. With this in view, I made another visit at five p.m., and another again at midnight.

At five p.m. the report was that the day so far had been much more favourable than the preceding night. Had taken the last prescribed medicine with more regularity. Was able to suck through the teeth, and to swallow fluid nourishment and drinks, and had slept or at least slumbered a good deal during the day, especially after chloroform in the morning. Gave chloroform again now, and a dose of medicine before she was fully under the influence of the chloroform, as the jaws always relaxed considerably under the chloroform, thus making it much easier to swallow drinks and medicine. I left about two ounces of the former, and instructed the mother (mentioned before as a most intelligent person) to give it in my absence as she had observed me give it.

At midnight made my visit, and found her asleep. The mother had given the chloroform about 10 p.m., and then the medicine, both of which were now acting most beneficially. Was much troubled now with a cough, however, and an accumulation of mucus in mouth and throat, which threatened suffocation. Although the least movement of the body induced a spasm, I advised change of posture—turning her face under for a few moments—when suffocation was imminent, and to give internally some strong whisky punch. This stratagem succeeded so well that a quantity of mucus was expelled thereby, and so the more urgent danger was averted. Thursday and Friday things continued in about the same state as Wednesday. I made two visits each day, and the mother in my absence continued to give medicine, and also chloroform (a new supply of it obtained) three or four times in the twenty-four hours, as instructed. Cough troublesome. Urine very scanty—a few drops only at a time—very turbid, and a constant desire to void it. No action by bowels since Monday night. Plenty of "pop" to relieve thirst, taking nourishment freely. Ordered now a strong infusion of senna with Epsom salts dissolved therein, and got some of it swallowed by coaxing and bullying alternately.

Saturday, 18th.—Case certainly no worse; has passed a fair night; encouraged to persevere by the thought that by holding out till middle of next week will bring victory.

Made as usual two visits to-day. Patient very ill-tempered and hard to manage. Cries if mother is an instant out of sight. Complains much of tongue. Refuses medicine, but asks anxiously for "scent" (chloroform). Wound looks well, and is healing fast, the applications to it being (all the time) bathing from time to time in hot water; and hot poultices of linseed meal with a lotion added—composed of sulphate of copper, acetate of lead, acetic acid, tincture of opium, water.

Sunday, 19th.—Report exactly the same as yesterday—"certainly no worse." Treatment in all respects the same—"scent" included. No motion from bowels yet. Gave more senna and salts. Gave chloroform very fully at evening visit, as the taking of senna indisposed patient more than usual from taking medicine.

Monday, 20th, 11 a.m.—Has passed a very fair night. Bowels moved freely during the night two or three times; stool as black as tar. Urine more copious. Asks for "beef-tea" frequently, and for "scent" often. But though mixture has been repeated, takes it but seldom as possible, and then most unwillingly. A copious eruption of papillæ has appeared now on arms and legs. Augury good.

Monday, 7 p.m.—Little or no change since morning. Craves for "scent;" won't hear of medicine.

Tuesday, 21st.—No worse certainly. Night at least as good as the others. Still objects to medicine, while craving for "scent." Mother hits upon a new stratagem, which is to say that "scent" is exhausted, and no more can be had. Therefore obliged to fall back entirely upon medicine.

Wednesday, 22nd, 1 p.m.—Good news to-day. Can now open mouth an inch wide, or thereabouts, and spasms much less frequent and less severe. This morning about

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four a.m. was nearly suffocated with mucus, but being placed immediately in the prone position, it became dislodged, and blood issued from mouth and nose, Continued to improve since that. Declared out of danger now. Medicine to be given less frequently—every three or four hours—but certainly at bed time.

Thursday, 23rd.—Still improving, but spasms bad at times from unwillingness to take medicine because declared by me "out of danger" yesterday. Go on with medicine for fear of a relapse.

Friday, 24th.—Still improving. Although jaws are much relaxed, the *opisthotonos* is not improved correspondingly, therefore the following liniment prescribed: Tr. Belladonnæ, linimentum camphoræ, glycerine ad ℥j. M. Ft. linimentum. To be rubbed over muscles of neck. The improvement was progressive now from day to day till 14th Nov., when I made my last visit. Saw patient again on 22nd Nov., when I called for final information for this report. The wound has been completely healed up some days. Patient is now convalescent—sitting up, but confined indoors. Not the least stiffness in neck or jaws, and can open mouth to full extent.

Remarks.—The very full doses of sedatives and—by inhalation and by mouth—antispasmodics, with the careful nursing of the mother, who for a period of eleven or twelve days was scarcely an hour absent from the bedside, saved the patient's life. Such a result will, it is hoped, encourage others to "do likewise" in a similar desperate case.

PYREXIAL EFFECTS OF CONSTIPATION.

By FREDERIC BARNES, M.R.C.P.

It has for a considerable time been noticed as a clinical phenomenon that there is a certain amount of relativity manifested in some cases between the height of temperature and the absence of alvine evacuations. This is more especially to be remarked in certain cases of a chronic or cachectic nature, which one notices now and then, in which there has been anteoedently, either a fairly normal or perhaps a slightly sub-febrile course of temperature, and then we are all at once surprised by an episodal increase of perhaps 4°, or even it may be as much as 5°, without any other accountable causal condition than inactivity of the bowels. I have most frequently noticed this incidental rise in the case of females, generally verging on the climacteric.

On administering a cathartic, the kind of which seems to be immaterial, the temperature immediately returns to its former level.

Wunderlich states that after this fall there is usually a considerable amount of reaction, and that there may even be a fresh rise surpassing the former elevation. This, however, so far as I have had experience, is on the contrary rather exceptional.

Conversely, it is also known that profuse catharsis exercises a depressing influence on the temperature, as may be instanced in critical diarrhœa, in cholera, &c. The condition of the bowels thus seems to exert some pyro-genetic influence on the system generally, either in a mediate or in a direct manner. But the mere retention of heat which should have been eliminated through the evacuation of the bowels, would hardly exercise so potential an effect on the temperature of the system at large. Wunderlich estimates the loss of heat from urinary and fæcal evacuation (taken together) as only from 1 to 2 per cent. But may not this hyper-normal heat-production be explained in some measure satisfactorily, by regarding the non-evacuation as an index (so to speak), of the condition of the whole alimentary tract, which is in a condition of lethargy. And inasmuch as this considerable surface is in a semi-quiescent state, a large portion of its normal blood current will be diverted into other channels, where the tissue changes will be more active, in this way substituting nutritive and metabolic activity for the relatively less heat-producing activity of osmosis. That this rise of temperature is not a concomitant of all cases of constipation, may be explained by the supposition, that in the majority of cases the heat-regulating factor comes into operation, and is able to set in action sufficiently active compensatory processes for the due elimination of the overplus of heat.

Westminster Hospital, S.W.

Clinical Records.

ST. PETER'S HOSPITAL.

Stone in the Bladder—Lithotomy—Recovery.

Under the care of Mr. TEEVAN.

Joseph B., æt. 13, was admitted into the hospital on July 9, 1879. He had visited the institution as an out-patient the same day, when he was sounded by Mr. Teevan, who found a stone.

History.—From notes taken by Mr. S. P. Phillips, the house-surgeon, it appeared that three years ago the boy began to suffer pain when making water. The only illnesses he had had were measles and whooping-cough. Both his parents were teetotallers. His mother was very healthy: his father died of paraplegia. The patient was born at Peckham, his father at Islington, and his mother at Beckenham.

Condition on admission.—The boy was pale and delicate-looking. Before and during the act of micturition he suffered much pain, and his water was sometimes tinged with blood. Occasionally he was attacked with retention of urine.

At 2.30 p.m. on July 16, the patient was put under the influence of chloroform by Mr. S. Knott. Mr. Teevan then passed a rectangular staff, which he committed to Mr. F. Heycock's charge, and extracted, by the lateral operation, a phosphatic stone, weighing seven drachms. As there was some hæmorrhage, a sponge plug was inserted into the wound.

At 8 p.m. the same evening the temperature was 101°.

July 17th.—Patient slept well; urine flows freely through the wound. Tongue clean; temperature 101°. The plug was removed, and a little bleeding occurred, which soon stopped.

18th.—Wound looks healthy. Some urine passes through the penis. Temp. 98°; pulse 120.

19th.—Urine flows freely through wound. Temp. 99°.

From this date the patient made a rapid and uninterrupted recovery. Urine commenced to flow through the penis on July 26th, and the patient left the hospital quite well and water-tight on August 1.

On September 8th the lad attended at the hospital to report himself. The wound was fully healed, and there was no incontinence of urine.

Stone in the Bladder—Lithotrity—Good result.

Charles H., a traveller, æt. 61, was admitted into the hospital on July 14, 1879. He had previously attended as an out-patient, when Mr. Teevan sounded him, and found a stone.

History.—From notes taken by Mr. Phillips, the house-surgeon, it appeared that fifteen months ago the patient commenced to be troubled very frequently to make water, and experienced pain along the urethra during the act. Never had any pain in the back, and never suffered from retention of urine or hæmaturia. Had always enjoyed good health, except in 1848, when he had typhoid fever, and in 1854, when he had erysipelas. Has been an abstemious man. The patient was born in London, his father in Norfolk and his mother in Suffolk.

Condition on admission.—Patient was in fair health, there was no albumen in his urine; his micturition was frequent and painful.

On July 16, at 3 p.m., Mr. Teevan introduced a litho-

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trite, and found the stone to be ⅝ths of an inch by ½ an inch in its diameter. He then crushed it. The calculus was excessively hard, and composed of lithic acid.

17th.—There was no constitutional disturbance after the operation, and several fragments came away. The patient felt well and his tongue was clean.

22nd.—Mr. Teevan again performed lithotrity, crushing several pieces.

The next day and the following one some *débris* passed.

26th.—The patient being apparently quite well, Mr. Teevan sounded him, and finding no stone, allowed him to return home.

On August 1 he called at the hospital and said he felt quite well in all respects. He could hold his water for six hours, and suffered no pain. The urine was quite clear.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

THE last meeting of this Society was held on Friday evening, November 28th.

MR. W. J. TYSON, M.B., F.R.C.S. (Folkestone), on

A CASE OF TRAUMATIC ANEURISM OF THE SCALP OF TWENTY-TWO MONTHS' DURATION.

W. M., æt. 56, hotel proprietor, in September, 1875, whilst out shooting, was struck by a stray shot on the back of the head, causing at the time considerable hæmorrhage, which was eventually stopped by cold water and the application of a handkerchief. The hæmorrhage did not recur, and a week elapsed before he saw a medical man; he then consulted my father, who detected nothing abnormal about the seat of injury. Five weeks later I saw him; he was then complaining of an indefinite kind of sensation about the parts, caused, as he thought, by the presence of a shot, but I failed to find anything like one. He was not seen again until Jan. 1877, sixteen months after the receipt of the injury; there was now a hard and firm hemispherical swelling, the size of an ordinary walnut, destitute of bruit and of pulsation; it was situated between the right mastoid process and the occipital protuberance; on puncturing the tumour a drop or two of blood escaped. Removal was recommended. In the following June he came to me again; the swelling had increased to the size of a small orange, still no pulsation could be felt or heard. On June 30, two days later, he was operated upon. A long horizontal incision was made across tumour, and whilst proceeding to dissect back the flaps, it was accidentally nicked, and furious hæmorrhage immediately came on; the lump was extracted as soon as possible, and a sponge placed in the wound; ultimately, after some difficulty, the bleeding was stopped, and firm pressure kept up. The next day, however, whilst removing the sponge, the hæmorrhage came on again; the vessel was secured by passing a tenaculum carrying a silken suture under it. The wound was a large one, over 4 inches in length and 1 in depth. For two days after the operation the patient was unable to retain much nourishment on account of the sickness which supervened. On July 2nd, he had a mild attack of delirium tremens; this lasted for three days. Hence he made a steady, but progressive recovery. The wound was washed out every morning with carbolic acid lotion, and afterwards carbolic oil dressing applied; the latter was continued until the wound had healed. On July 24th he went out for the first time, and on August 18th, seven weeks after the operation, the wound had completely healed. For two or three months he complained of numbness about the cicatrix, but this, after a while, disappeared.

Remarks.—I think that there can be little doubt as to the nature of the case, viz., a small and partial division of an artery; probably, from the situation, a branch joining the occipital with the posterior auricular. The skin wound had rapidly closed, leaving the vessel still open. The tumour was slowly increased in size by the gradual deposition of fibrin. The length of time which the aneurism had existed, considering it to be false, is very uncommon, but this is accounted for by the unyielding condition of the surrounding scalp. The skin over swelling was not thinned, and so it would be difficult to say how much longer the aneurism would have remained before bursting. The diagnosis plainly indicated by the history was obscured by the absence of pulsation or of a bruit, but I was painfully made aware of the nature of the case during the operation, for until the old clot was removed, the bleeding vessel could not be reached, and whilst doing so other vessels in the scalp were divided. I think the treatment adopted was the only one that could be recommended. The history of the case is instructive, for had the patient, in the first instance, consulted a doctor, and had he properly secured the vessel by dividing it, all further trouble might have been avoided, whereas, as it was, he certainly ran some risk of his life.

MR. HOWARD MARSH referred to an instance where an aneurism was mistaken for a sebaceous tumour, and its removal proceeded with. During the operation, an artery was accidentally wounded, and considerable hæmorrhage occurred. As in Mr. Tyson's case, the sac was opened, and subsequent cure by contraction followed. At St. Bartholomew's Hospital, Mr. Savory, having to operate for aneurism of the dorsal artery of the foot, opened the sac, and turned out the contents; the case did well.

MR. TYSON observed that in his case the aneurism was originally thought to be a sebaceous tumour.

MR. J. CROFT on

EXCISION OF BOTH HIP-JOINTS FOR SYMMETRICAL DISEASE (?) —FEMORAL NECROSIS—ANTISEPTIC OPERATIONS—SUCCESSFUL RESULT.

Ada G., æt. 4, was admitted under Mr. Croft's care in St. Thomas's Hospital on January 3rd, 1879, for hip-joint disease on both sides. Two years previously she had fallen downstairs. She had limped during the last eleven months, and complained of pain in both hips and knees. She had been under treatment at St. Thomas's Hospital as an out-patient for three months, and afterwards at the Children's Hospital, in Waterloo Bridge Road. She had suffered more or less from starting pains at night for eight months, and as much on one leg as the other. On admission she was miserably thin, and in bad health, and she was suffering from ulcerations of the cornea (strumous ophthalmia), as well as from the hip disease. There was well-marked muscular rigidity at each joint; attempts at movements caused pain. The thighs were somewhat flexed on the pelvis, and the legs on the thighs. The feet were rather everted. Spurious lardosis existed. There was no extensive swelling, and there was not any shortening She was allowed a good diet, with wine, and she was carefully nursed. The keratitis was treated and cured. The limbs were straightened and a modified double Thomas's splint adapted. Extension was maintained either by weights or elastic bands. During the month following her health steadily improved, though she suffered somewhat at night, and cried occasionally from starting pains. On the 26th February, or between seven and eight months after her admission, a collection—a fluid—was discovered between the great trochanter, and the ant. sup. spine of the ilium. About a fortnight later, or two months and a half after her admission, an attempt was made to evacuate the collection, or abscess, by the aspirator. A small quantity of thick puriform fluid was drawn off. Six months after her admission and seventeen months after she was first observed to limp decidedly, she was still suffering from muscular rigidity and occasional spasmodic pains in both joints. The fluid had re-collected on the left side. I therefore determined to excise the joints, and to operate on the left side first. On the 17th May the left joint was excised antiseptically, and as it has been termed, subperiosteally. The antiseptic treatment was well carried out by the house-surgeon, Mr. Castle, and the dressers, Messrs. Hokar and Panisty. Three weeks after the first operation the right hip-joint was excised (on June 7th) in the same way. The wound on the left side healed in about five weeks' time, and the right side rapidly followed the example of the left. With regard to the parts removed at the operations. On each side the femur was sawn across at the level of the base of the great trochanter. The surface of the acetabulum was freshened by means of the gouge. The remaining cartilage and the granulations were cut away with the same instrument. The synovial membrane and its granulations were dissected out, and the lining membrane of the abscess on the left side was removed. The surfaces remaining after these procedures were carefully washed with carbolic solution and a solution of chloride of zinc (40 grs. to ʒj.) was applied to them. A double modified Thomas's splint was employed in the after-treatment, and extension

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kept up by india-rubber bands. Passive movements were commenced after the third week. The parts excised are placed before you. The parts from each side may be divided into four :—1. The epiphysis or capitellum ; 2. The main mass, consisting of the neck and top of the femur ; 3. Pieces of synovial membrane and bone cut out from the acetabulum ; and 4. Small pieces of detached dead bone. The epiphysis was found separated at the epiphysial line from the neck of the bone. On the left side its upper surface was for the most part bare, and small pieces of dead bone were adhering to it, and its under surface was irregular where it had separated from the epiphysial cartilage. The upper end of the neck of the bone was bare, small crumbs of dead bone were lying upon it, and adhered to it. Some of these pieces have become detached unavoidably during manipulations. No trace of epiphysal cartilage remained. The bare condition of the neck is owing to the fact that the operation was done subperiosteally. It should be noticed that none of the trochanteric epiphysis remains on the specimens. That process was preserved to the lining and left attached to the gluteal muscles. The parts from the right side exhibit very similar changes, which are here more demonstrable. The separation between the epiphysis and the neck is easily seen, though they are yet loosely connected. Two small sequestra may be seen deeply embedded on the neck of the bone, and a piece of dead cartilage is seen hanging by a thread of tissue to the epiphysis. The synovial membrane was swollen and the peri-synovial tissues infiltrated ; but their condition did not appear to be that of synovitis hyperplastica tuberculosa. The state of the parts justifies me in the opinion that there is symmetrical separation of the epiphysis on each side, and necrosis. My objects in showing this case are as follows :—1. To illustrate the value of operating early in hip-joint disease, before the third stage has advanced. 2. The value of operating antiseptically. 3. The value of removing the parts freely. 4. The value of leaving the great trochanter attached to the muscles which are fixed to it. And 5. The case is rare and interesting from its being one of double disease, and from the disease being symmetrical (?)

1st. *With regard to Early Operation.*—As the disease had been in progress for eleven months or more, it cannot be said that in point of time the operation was performed very early. It was not a case of *acute* necrosis of the epiphysis. That disease is attended by very urgent symptoms, and should be treated by very early operation. The case belongs to the chronic form of arthritis. I consider that the inflammatory changes began in the bone, and that the osteitis terminated in necrosis and caries. This osteitis necrotica led to inflammation of the joint tissues. The osteitis and arthritis combined to disorganise the joint. Had the case been allowed to take its course uninterrupted by operation, the surgeon following the routine treatment recommended for the second and third stages of hip disease—viz., rest, splints, opening abscesses as they arise, and so on—the child must have continued to be the victim of disease and suffering for many months, and probably for several years. The joints must have become stiff and immovable. This would have been a favourable course under the circumstances. She might have succumbed to tuberculosis of lungs or membranes of brain, or to amyloid changes in the abdominal viscera. I repeat that this case demonstrates the immense advantages which may be obtained by operating in good time.

2nd. *Antiseptic Operation.*—Without antiseptic precautions the operation of excision of this joint is followed by some febrile disturbance and numerous painful dressings. In this case we were successful in maintaining the antiseptic system. A reference to the temp. chart shows that absolutely no febrile movement ensued. I believe the child was in the matter of temperament an uncommonly favourable subject. She began laughing and playing soon after the immediate effects of the operation had subsided. Where there is reason to fear that the disease for which the operation is about to be undertaken is of a tubercular character, it is of consequence to prevent the induction of high temperature, that is, to avoid sharp febrile attacks. High temperatures appear to be favourable to the rapid propagation of tubercular changes.

3rd.—*The value of Removing the Diseased Parts freely.*—I attribute the good results in this case partly to having made the section of the femur on each side through undiseased bone, and to having dissected out or destroyed by chloride of zinc the remains of the diseased synovial membrane. A common cause of failure after excision of articular ends of bones is that of not cutting away all morbid bone or synovial membrane—in other words, of not having made the section through uncontaminated bone.

4th.—The gluteal muscles were not severed from their connection with the great trochanter. The attachment of the gluteus maximus to the great trochanter was split longitudinally, and the process of bone was also bisected, but the trochanter and its muscles were not separated. The trochanter has renewed its attachment to the shaft of the femur. To this I attribute the fact that this child has such remarkably good movements at the joint. She can abduct the leg, invert the foot, and flex the thigh on the pelvis to a great extent. There is no fear of bony ankylosis in her case.

5th.—*With regard to propriety of Excision in Hip Disease.*—Some surgeons still see many objections to excision at this joint, looking upon the operation as almost always fatal and hopeless. I do not agree with those who condemn the operation. I have now performed excision of this joint forty-five times. An analysis of my cases encourages me to continue the practice, and to practise the operation *early*. I would on this occasion direct attention to one result of an analysis of these cases. It is one which bears on the case before us this evening, and it is this : *Twenty-one* of the cases were instances of *necrosis* either of the top of the femur or of the acetabulum. I hold that if a surgeon knows that there is a piece of dead bone shut up in a joint he should perform an operation for the removal of that piece of dead bone. If a surgeon knows that a loose cartilage is irritating a joint he takes steps to remove that body in the safest manner possible. It appears to me that there are more cogent reasons for removing dead bone from a joint. I would condemn in the strongest terms the practice of leaving these cases of hip-joint disease unexplored and unrelieved.

6th.—Are there any signs or symptoms which may be taken to indicate certainly the presence of dead bone in hip-joint disease? Excluding acute inflammation of the joint, which presents very positive symptoms and signs, and limiting my remarks to chronic cases, I would say that those cases in which the symptoms are traced to an injury, and in which the signs and symptoms progress slowly, and without hyperplastic swellings, that those cases are probably instances of necrosis. A case in which the disease has advanced slowly in that way, and in which a collection of fluid (or abscess) has slowly formed is most probably one of necrosis.

7th.—I venture to submit the following formulæ as guides to operating :—1. When there is fluid in the joint antiseptic incision should be made as if the surgeon intended to excise, and he should only desist on finding the articular structures in a condition from which they could rapidly recover, and yield a movable joint. 2. When pus is known to be present, even if the surgeon is uncertain with regard to the state of the bone, he should excise. 3. If the surgeon is certain that necrosis has occurred he should certainly excise.

Mr. BRYANT said the whole question of the excision of joints was opened up by this paper, and several very important points illuatrated in it. The case, he considered, one of simple ostitis, not acute, and of a nature similar to nine-tenths of the infantile cases met with. The mischief was not synovial, a class of injury met with in older subjects as a rule. In fact, the case was a good typical sub-acute one. That the operation performed was a proper one, under the circumstances, no one could doubt. The disease has assumed a marked character ; and he thought that the *stage* of the disease, and not *time* merely should indicate the need of operative interference. He could not understand how Mr. Croft could describe his operation as a sub-periosteal one, for necrosed bone must be devoid of any membranous covering. In the case under notice, Mr. Croft did wisely in preserving the trochanter, and as much periosteum as possible. It is the imperative duty of the surgeon to save as useful and movable a joint as possible, but this carefulness might be carried to an extreme even. He had never, he said, satisfactorily succeeded in sub-periosteal operations for excision, and regarded the term as a mere ornamental expression to which no actual meaning could be attached. The operation could only be performed on a healthy subject, and therefore it must be an improper one. He strongly dissented from Mr. Croft's opinion that it is right to cut down into a joint, except on the strongest clinical evidence of disease, and the existence of pus. He felt he ought not to enter on the large question of antiseptic surgery, but he could not assent to all urged on its behalf. He thought excision should be done where necrosis was quite certain, but as long as the head of the femur is in the acetabulum, it is not possible to tell with certainty if dead bone

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exists. But with indubitable proof of this, it is right to cut into the joint, and follow with resection. He would like to know more concerning the *early* incision mentioned in the paper. He doubted its propriety, and furthered questioned the accuracy of arranging hip-disease into *stages*. He had been disappointed with the results of resection in his own practice. There were but a few really excellent endings, the majority of limbs resected being only poor substitutes for a perfect one. In a very large number of cases, he admitted, no good result ensued, in consequence of delayed treatment, and this might be urged in defence of *early* operation. Alluding to antiseptic surgery, he feared that its introduction has induced the undertaking of operations not sanctioned by every experience; joints for instance being too freely opened, because of the confidence felt in the protective spray and dressings. In many instances those had been undoubtedly interfered with, which might have been pemanently cured by time and rest. As a surgeon of the pre-antiseptic period, he did not like to witness the readiness with which action was taken under the new system. He wished to hear more from Mr. Croft in reference to *early* interference.

Mr. HULKE congratulated Mr. Croft on the brilliant result he had attained. The history of the case proved that unfavourable conditions had existed, the child not having had the advantage, for one thing, of perfect rest. Operation, he said, should be resorted to as soon as possible when it is evident that necrosis is established in the joint. The determination of this time is, however, a very difficult matter, and he felt convinced that unless there be a conviction that the fluid collected is really pus, no interference ought to take place. Even with pus collected free incisions have often been sufficient to ensure a good recovery, so that pus does not of itself indicate the necessity for excision. He agreed with Mr. Bryant that, considering the operation, but a small mortality attended it; but much disappointment must be felt at the dwarfed nature of the limb that is the usual result of it. He endorsed the remarks made by Mr. Bryant concerning subperiosteal excisions, and had listened with much interest to Prof. Sayre's defence of the method some time since, when that surgeon was in England. But he did not feel satisfied that the periosteum was thereby preserved to an extent commensurate with the expectations to be formed from descriptions of the operation. All cases of this disease, even acute ones, would, he considered, eventually recover if submitted sufficiently early to treatment. In extreme cases he advocated free incision, but had never seen anything but harm follow the employment of the aspirator in hip-joint disease.

Mr. PARKER did not think the case could be rightly described as an *early* one. He noticed that on the charts exhibited, the temperature was recorded once as 100°, and varied for some time from 99°·4 to 100°. He was of opinion that a better classification of hip diseases was desirable in the interest of young surgeons, to guide them in the treatment to be adopted, especially since the disease runs very varying courses. Under the most careful treatment he had seen children progress from bad to worse, and in many had observed that the disease attacked also the side opposite to that first implicated. In five out of eight cases in which he had operated, he had removed sequestra of dead bone, and he therefore concluded it is very necessary to be assured of its existence at an early period. He felt uncertain as to the best mode in incision. In his own practice he adopted what he termed the antero-lateral incision. In making it he cut *in the direction of*, and not *across*, the muscular fibres, thus ensuring the best results. Then with a keyhole saw introduced from above, down, and in, he was enabled to separate the head of the femur without disturbing the trochanter, or injuring the periosteum or muscles. In reply to a question from Mr. Hulke, Mr. Parker said that in the five cases he referred to the dead bone was in the form of loose sequestra, and further confirmed his statement by producing the fragments for the inspection of those present.

Mr. BRYANT remarked on the unusually frequent occurrence of necrosed bone in Mr. Parker's practice. In his own experience of about fifty cases he had not so many. He hoped Mr. Parker would bring forward a record of his cases.

Mr. JONATHAN HUTCHINSON said that in his experience the separation of the epiphysis had been a rare event; he had seen it in only four or five instances. He had not noticed much perceptible necrosis in many cases. He agreed that disappointment usually resulted from the operation for excision. He had witnessed many cases in which the most dexterous surgeons had operated, but had never been enthusiastic in favour of the proceeding. Many successful recoveries at the time had succumbed at longer or shorter intervals after, and many had entirely failed of any good at all. These had mostly been cases of late operative interference. He thought they might help to sustain Mr. Croft's dictum that early adoption of radical measures of cure is essential in these cases. The use of plaster-of-Paris dressings to ensure perfect rest, might, he thought, be desirable; but he had seen the most marked benefit occur through the influence of change to seaside places, and, further, placed much reliance on counter-irritation over the seat of the affection in the early condition, which would, nevertheless, not justify the making of an incision into the joint. He recommended the covering of the whole joint in such treatment with tincture of capsicum, over which an oiled silk protective should be laid, and the whole permitted to remain for half-an-hour. He concluded by adding his congratulations on the successful result of Mr. Croft's operation.

Mr. MARSH had seen, he said, many excisions at the Children's and St. Bartholomew's Hospitals. The results were not encouraging. Out of 100 or 120 cases he could only point to six or seven entirely good results. This, he admitted, might be due to late operation and non-antiseptic treatment. His experience was so unsatisfactory that he would only with reluctance resort to the operation. At St. Bartholomew's it was only attempted three or four times a year. He objected that it is not possible to draw any conclusion from a single case as to the wisdom of the proceeding, but willingly admitted that the one brought forward by Mr. Croft was remarkable for the success attending it. He wished that gentleman would show and detail the histories of as many as possible of his forty-five cases. He agreed that necrosis is comparatively rare in hip disease, the condition of the bone noted being generally caries; of this carious material part must remain after operation, as its entire removal would involve the taking away of some three or four inches of the femur. It is certainly true that neglect alone gave a formidable aspect to the disease. In all cases, if resorted to early enough, sea-air and counter-irritation might be expected to work a cure. He knew cases, even, in which recovery had followed the existence of sinuses, the children being now able to walk about freely. He suggested that the child shown by Mr. Croft should be kept in sight, and brought before the Society hereafter. It might then be found that its power of locomotion has suffered. He thought that good *did* follow the use of the aspirator, having seen it employed with advantage. The objection that blocking of the tube frequently occurred might be got over by employing one of sufficient calibre.

Mr. CROFT explained that by *early* operation he meant interference at a stage later than that in which no perceptible effusion into the joint has taken place. This condition he should term the *incipient* stage. If treatment by rest be then adopted a favourable termination is certain. In the case he had recorded, however, the disease had progressed for seventeen months. The division of the disease into stages adopted by Sayre and other surgeons, is useful for descriptive purposes, as in syphilis it is found convenient to speak of various conditions. The first stage in hip disease terminates with effusion into joint; the second extends from the effusion to the opening of the abscess; the third from this point to the end. Thus a child in the second stage is, in a pathological sense, only in an early stage of the disease. He had confidence in the wisdom of incision into the joint, and especially since the splendid results of antiseptic treatment justified such a course. He urged that when the signs observed give evidence of extensive degeneration it is incumbent on the surgeon to make incisions at times, not alone to verify his assumptions, but to afford ease to his patient; and especially so, since the absolute certainty of healing that attends operations performed with minute antiseptic precautions. The term *subperiosteal* he had employed for want of a better to express his meaning. He had used it as explanatory of his method of procedure. The neck of the femur, he continued, can be turned out without the removal of any periosteum, since this is absent from the head of the bone; and hence he could not be said to speak of it in connection with that process. By *the antiseptic method* he meant Listerism pure and simple, and admitted no other system. Unsatisfactory results were all attributable to late operative interference. As to dead bone, he could not say there were any definite signs to indicate its presence, and had referred to it, therefore, in guarded language. He had not

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employed the aspirator to draw off fluid from the capsule of the joint when only serum existed. He thought favourable results might ensue from tapping. That it was unwise to generalise from a single case, he admitted, but had adduced a *number* of cases to sustain the conclusions he had formed. He believed the child exhibited would gradually acquire a new joint, on which it will be able to balance and walk.

On the suggestion of Mr. Hulke and the President, Mr. Croft undertook to bring a record of all his cases before the Society; and Mr. Parker also promised to read reports of the cases to which he had referred in discussion at a future date.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 3, 1879.

POISON-VENDING.

IT is a misfortune that many very excellent substances employed by the physician in his ministrations, and potent to effect good when properly used, are by their nature calculated, in unskilled hands, to produce the direst consequences; occasionally amounting even to destruction of life. Though it is scarcely more than ten years since Dr. Richardson introduced chloral into this country, yet it is possible to count by hundreds the lives that have been sacrificed through the improper, or ignorant administration of the drug. Ignorant, we say, advisedly, for in almost every case of death by overdoses of chloral, the hypnotic has been obtained directly through the agency of an incompetent adviser, usually a chemist. If for this reason alone, we should be justified in demanding a speedy and sweeping reform in the system by which the "chemist and druggist" is empowered, to a great extent, to deal wholesale destruction in the vicinity of his shop. But we have constantly accumulating proof that the entire list of poisonous drugs must be carefully considered in its relation to the mortality of any given district, and more particularly, the larger towns and villages. In the face of the constant evidence that is being adduced in our police courts, and before our coroners, evidence that plainly indicates the immense evil of indiscriminate sales of poisons, we are compelled to raise a protest against the continuance of a system that permits such facilities as are now enjoyed by the incautious and the rash. We are by no means alone in the opinion we entertain, and assured of the support of an influential body, we do not hesitate to insist that the right to sell poisons irresponsibly, be withdrawn from counter-prescribers, and every other unqualified dispenser or vendor of medicines and drugs. The evil that is wrought by chemists in the present, is not calculable from the evident results, large though they are. Many more cases of injury, severe, and even fatal, than are publicly proclaimed, do occur; and it is in the direction of a prevention of these, as much as the more evident instances, that steps must be taken.

We have neither wish nor intention of impugning the capacity, or the integrity, of the chemists and druggists as a body. Only the greatest respect can be entertained for them; they are useful and essential assistants to the medical profession; and the corporation to which they are subject will be the first, we doubt not, to recognise the importance and the justice of the measure we are advocating. But from his position as a salesman, the chemist can exert only so much control over the use of poisonous materials as he is empowered by the Sale of Poisons Act. And the inefficient manner in which this Act is framed leaves much to be desired in the way of further improvement. Its provisions, as they stand, even if rigorously and invariably enforced, and we are sure they are not, are altogether inadequate to prevent the determined suicide from fulfilling his intention. So long as the purchase of poisons is possible, so long will the legitimate use of them be subverted to improper purposes.

One very valuable suggestion has been made in reference to the body which should regulate this particular traffic. It is to the effect that the power be vested in one of the three great corporations whose duty it naturally seems to be, viz., either the Colleges of Physicians, the Colleges of Surgeons, or the General Medical Council, the latter as being the responsible registering body for all practitioners. Held, as at present, by the ones directly interested in the *sale* of the articles, it is impossible for them to eliminate from their administration every irregularity attendant on the carrying out of specific rules for safety. Entirely unintentional, we gladly avow, these irregularities are; but from the nature of the connection existing between licensers and licensees, and the complicated questions of relationship and mutual obligation these involve, it is only to be anticipated that they will arise. That they have arisen, and been followed with most disastrous results in the past, needs no enforcing now.

In rare cases it undoubtedly happens that the claims of society, and of humanity, are subordinated to the sordid desire of gain entertained by the vendor. Though, however, the consideration of these is an important factor that will affect the whole question, we do not desire to

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deal with it in this place. Apart from them, the most honourable and well-intentioned chemist may be morally guilty, any moment of his service, of the destruction of a life. Undesignedly he supplies an applicant with what may appear to him no more than a usual dose of a poisonous drug; and the next that he hears of his customer is a summons to give evidence touching his concern with his death. The occurrence is no rare one, and is a perfectly natural consequence of the present law. A patient has been given on one or two occasions, a sleeping draught by his regular medical attendant. He has procured it at the nearest chemist. He knows it by its name, chloral, and derives comfort from its use. By-and-by he returns to it without advice, and has no difficulty in obtaining his needs from the chemist at hand, who is at once satisfied by the production of the original prescription, even if he raises any objection on the first application. The customer continues his dosing, and, possibly, in a state eminently unfitted to take the drug, so that eventually he sinks under its effects, to the verdict of sudden death; generally attributed by an enlightened twelve to "natural causes." We repeat that the chemist shares no direct blame under such conditions; but if the sale of the drug were not thus loosely conducted; if, that is, it were obtainable only when specifically ordered, and sold on the authority of a practitioner's signature purposely given for that, and only that purchase, then we should hear less frequently the tale of death by inadvertence to which we have become so familiarised by repetition.

The licensing of the vendor is a matter of greater difficulty. How the system in use is to be modified to secure the safety we claim in the public behalf, it is not easy to see at once. It is not possible to employ as yet that "intellectual test" for which Professor Rolleston eloquently appeals; there can be resorted to, only the rough and ready practical gauge of an inefficient examination; and so long as this remains what it is, there is but little to be hoped for from it.

The General Medical Council has, however, a great power in the matter. It can "recommend" that no unqualified man shall have the power of supplying poisonous drugs to an applicant; and it can enforce by its authority the necessity of every individual dose of a poisonous material being directly prescribed by one of its own registered constituency. It is unreasonable that what is essentially a medicine should be ready to the inexperienced hand to deal with as may seem fitting to it; the restrictions sought to be imposed on the freedom of acquirement of dangerous articles are not destructive of the "liberty of the subject" so dear to sensation-mongers, for under the most irritating *espionage* there must always remain paths of destruction open to the one whose first intent is death.

The loose character of the legislation on the drug question is a blot on our internal government. We feel the time has come to alter it in the most radical fashion, and if proof were wanting yet, we need only point to the lists of drugs legally deemed poisonous, and to the other list on which no restrictions as to sale are placed, to establish our assumptions. Reform is necessary here, and should be immediate.

POOR-LAW MEDICAL SUPERANNUATION.—I.

THE letter from Mr. Dolan, F.R.C.S., in our issue of Nov. 26th, cannot be passed over without comment by us, as we some years back originated a similar scheme for the profession in Ireland, and we are therefore able to speak with some experience, both on the practicability of such a venture, and still more we are in a position to furnish facts and data, which must be of the greatest use to the Poor-law medical officers of England if they think well of drawing up a draft scheme.

In 1873 we addressed the Irish Medical Association upon the subject of a Poor-law Widow and Orphan Fund, but our data were imperfect, and we endeavoured to remedy this by collecting information from the Poor-law medical officers of Ireland. For this purposes a circular was issued to 1,019 medical officers, 218 of whom were connected with workhouses, the remainder with dispensaries. The question which we put was plain:—"Supposing that an annuity of £10 yearly for your widow, and £10 for each child surviving you, could be secured by a quarterly deduction of (say) 15s. from your salary, would you as far as you can at present judge, be disposed to consent to such deduction?"

To this inquiry we received 410 replies, and we have no doubt the responses would have been higher but for the action taken by a member of the Poor-law service. We need not now dwell upon this subject. Out of the 418 replies only 52 were in the negative, so that we fairly concluded, that if the details of a mature and approved scheme were laid before Poor-law medical officers, it would meet with almost universal acceptance. We obtained other information, which we will now *seriatim* examine.

Average Age of the Poor-law Medical Officers of Ireland.—We collected statistics on this point, and we have arranged

TABLE I.

AGE.	No. of Medical Officers at each age.	No. of their Wives.	Relative No. of Medical Officers for all Ireland.
25 to 35	176	107	450
35 to 45	65	46	166
45 to 55	49	55	125
55 to 65	75	34	192
65 and upwards	33	5	85
Age not given.	20	—	51
Total ...	418	247	1,019

our results in tabular form, from which some simple conclusions will be at once drawn, as that a considerable number of Poor-law medical officers retain their offices up to an advanced age, 70 to 80; from which it is reasonable to suppose, that if it were the right of medical officers to

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claim superannuation after certain years of service, few would be disposed to retain, beyond sixty-five, the physically arduous duties of a dispensary.

We must now more minutely analyse the figures in this table.

Matrimonial and Paternal Conditions of Medical Officers.—Of the 418 medical officers who made returns, 252 had living wives, representing for all Ireland 614; 13 were married a second time, representing 31; and 127 were bachelors, representing 309. So that from the law of average we framed the matrimonial and paternal conditions of the whole Poor-law medical service of Ireland.

Number of Children.—The children, living or dead, of the 418 who replied, who had been married at any time, numbered 1,026, being for each man 2·45 children; but this cannot be taken to represent all the children who might come within the scope of the fund. The average number would be about 4·37 children.

Survivorship of Children.—On this point—a most important one in our scheme—we concluded that, for each subscriber who dies, an average of 1·50 children would fall on the fund. In the few special cases where the subscriber marries again, with a chance of a second family, provision will have to be made for such special cases, by requiring the subscriber to pay such a sum as would cover the risk. Such cases are few, viz., 31 for all Ireland.

Age at which Poor-law Medical Officers join the Service.—As it was part of our proposition that the medical officer shall commence his subscription to the fund immediately on his joining the service, whether he be married or not, it was essential to ascertain with accuracy the dates of first appointments. The average age of the medical officer at first joining we found to be 28·46 years. This number expressed the average of the whole number, but not the average of the great majority who join at a much earlier period. We consider it should be the great object of the administration of such a fund to induce medical officers to subscribe from the first day of their initiation to office. By doing so they would secure much greater advantages for themselves and their families, and be better able to afford the deductions from salary, which should be on a sliding scale—small for the medical officer who joins the fund on his entry to office, and large for the one who waits until he has already encumbered the fund with a wife and children. It would appear, however, that most medical men marry about the same time, for we found that while the average age at entering office was 28·46 years, the average age at marriage was 31·17.

Provisions already made by Poor-law Medical Officers for their Families.—In order to ascertain whether anything like an adequate provision for their families was possible or usual for Poor-law medical officers, and whether, therefore, a further provision for their wives and children was necessary, we requested each informant to state the amount of insurance effected on his life. We learned that 235 out of the whole number who made returns—nearly two-thirds of all—had effected no insurance whatever, and very many of these had wives and considerable families dependent on them. The average insurance on the lives of those who had insured was nominally £614. We imagine that this is greatly in excess of the sum available for the benefit of their families at their death, because it probably includes insurances effected as security for debts, to cover life interests in land, and various other legal purposes. A review of the returns which we have received makes this obvious, for we observed that while some few insurances were as high as £3,000, the vast majority were for insignicant sums, 90, or nearly one-half, being for £500 or less. It is unnecessary, therefore, to say that the widows and orphans of Poor-law medical officers in Ireland are to all intents without any dependence, in the way of insurance, in case of the death of the father of the family. It appears plain that Poor-law medical officers who possess no private property are, as a rule, compelled by the *res angusta domi to run their lives against their responsibilities*, and live in hope that they may survive, long enough, to rear their children to full age, and to make some little provision for their wives. The melancholy records of the Royal Medical Benevolent Fund Society show us how often this hope is unfulfilled, and how frequently the medical man, who has been unable to spare a yearly insurance premium from his narrow income, is taken by an early death from his helpless and dependent family. Perhaps some of the most distressing cases we never hear of, for there are sensitive natures who shrink from revealing, even to the eyes of their professional brethren, their poverty, and who become absorbed in the great ocean of life, living, or rather existing, in a manner inexplicable by our ordinary rules of political economy.

We have too many sad appeals for help in our medical journals—we will not say a word as to who is to blame for this—but we may point to the sad fact, as a stern proof of the necessity of providing while there is time.

We intend thoroughly to investigate the subject, and to present our readers with all our data, and we invite our Poor-law medical brethren to favour us with their opinions, and to offer us any suggestions they may think desirable. We have no direct personal interest in the question, and our sole desire is to fulfil the purposes, always kept in view by the *Medical Press and Circular*, of assisting in the elevation of the profession in all its branches, both in its moral, scientific, and pecuniary aspects.

RATIONAL CHEAP DIETARIES.—III.

After the foregoing considerations as to different foods and dietaries, it may be as well to review the present position of our food supplies. We shall, on looking over current prices, see that as of old, so now, the staple of the poor man's food must be bacon and cheese. But our modern physiological knowledge tells us how they must be prepared, and with what other articles combined. In Staffordshire bacon is fried in a pan, and then cheese is fried in the fat, and the whole eaten together with bread. This is far from an unpalatable dish, and has a high food value; but it is not likely to become fashionable even at the present prices of these two foods. But by combining fat bacon with some of the pulse tribe, and adding onions, a complete dietary is attained. Of course it is economical and agreeable to eat potatoes with such dishes. On the other hand, cooked combinations of cheese and farinaceous matters should be preceded by a vegetable soup, so as to provide the anti-scorbutic element. The use of hominy

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must spread in this country, even if there exist prejudices against Indian corn. It is usually supposed that Indian corn is a pure starch almost; but this is a mistake. Reference to Pavy's well-known work on "Food," or to other like authorities, tells us that maize contains an amount of nitrogen equal to that in the best wheaten flour; while in fat it is richer even than oatmeal. Consequently as a cereal maize stands highest for actual food value. It is not adapted for making raised bread; but mixed with an equal quantity of wheat flour it can be so used economically. For pastry of all kinds, and indeed for anything for which wheat flour is used, except raised bread, maize may be substituted with advantage. Not only has it a higher food value than wheat flour, but Indian corn is at least 25 per cent. cheaper to buy. We are gradually losing our old prejudices against food of foreign origin, and the home wheat crop affects but little the price of bread; and as we have accustomed ourselves to the use of foreign flour, so, in time, we shall begin to use maize. The habit of having porridge to breakfast, especially for children, is returning to popularity, and for those with whom oatmeal disagrees hominy may be substituted. Especially is such form of breakfast to be indicated in the manufacturing districts, where the deterioration of the physique is so marked in consequence of the dietary adopted, of which tea and bread is the staple. Idleness on the part of housewives on the one hand, and the high wages women can earn in mills and other industries on the other, have led to a most vicious system of preparing food; and if the English race has to hold its own, a totally different plan must be adopted to that at present in vogue. Simple dishes, easily prepared, and which cannot readily be utterly spoiled by a little carelessness in their preparation, or ruined if the meal has to wait some time, alone are likely to meet with acceptance from the working classes. Dishes that require many culinary apparatuses are on the face of things not likely to be adopted. Then, for those somewhat above the artisan classes, but to whom cost is still an important consideration, the preparation of simple economical dishes is a matter of much interest. Men are much influenced by the preparation of their food, a remark which lays no claim to novelty; but the fact is often overlooked by women. The use of pudding is declining, whether because the fashion amongst men is to deride them, or because housewives will not take the trouble to prepare them properly, may not be affirmed. But puddings which contain quantities of fat finely divided may with advantage be re-introduced on our tables. The milk pudding made with tapioca, rice, hominy, or sago, and served up with stewed fruit, ought to be much more commonly in use than it is. Especially is this desirable for that unfortunate class of beings, viz., dyspeptics. These, whether "hand-workers" or "head-workers," are heavily handicapped in the struggle for existence. More money is required for their food; they can earn less with which to purchase it. In the readily digestible pulses they will find dishes they can eat; while the milk pudding and stewed fruit form a very suitable dietary for them. What is left of the milk pudding and stewed fruit from the dinner, may be eaten cold at breakfast; and many a dyspeptic who come down to the conventional fried bacon and eggs to breakfast with loathing rather than with appetite, will find in this cold food something at once attractive and digestible. We suffer terribly from our devotion to conventionality, and our food ceremoniousness is very trying to many. Why in the name of reason can we not have stewed or plain fruit on our breakfast tables in this country as is the custom elsewhere. It is pleasant to the palate, it is anti-scorbutic—an element usually wanting at the breakfast table—while it usually regulates the bowels. And now we can find fruits all the year round, thanks to the improved methods of tinning fruits. A look around Messrs. Thurber's, of New York, great wholesale store in London, is very comforting; the invalid and the dyspeptic would alike be gratified. Peaches, apricots, apples, grapes, &c., &c., are all there, with olives, tomatoes, capers, asparagus, &c.; there need be no lack of fruits and vegetables all the year round for those who desire them. With the increase of physiological knowledge on the one hand, and unlimited supplies of food at a low price coming in from abroad on the other, the dietary of the inhabitants of Great Britain may be profoundly modified, made at once attractive and nutritive; money may be saved, appetites and digestions improved, tempers sweetened, and tissues better nourished, if the housewife would only be induced to lend her ear to the charmer.

The season for evening readings is now upon us, and we conceive that many of the members of our profession, alike in towns and villages, might profitably deliver short lectures on the different articles of our food. The line adopted here might be utilised and developed. By doing so medical men might interest their wives in the subject and so improve their own dietaries; they might give much information which will be very acceptable to their neighbours. As a body the profession has taken the lead in calling attention to sanitary matters; we think they might add to their public usefulness by taking up the subject of cheap and rational dietaries, and so be of still further use to their fellow-creatures.

Notes on Current Topics.

The Army Medical Warrant.

We printed the week before last the revised scale of pay and pensions of army medical officers which the War Office has thought it wise to issue in anticipation of the competitive (?) examination announced simultaneously.

The military authorities have, however, kept back all that part of the new warrant which is conversant with the social and regimental position of the medical officer, and with the disabilities of which he has complained so loudly.

The scale of pay and emoluments is, we are glad to admit, a distinct amendment on the previous warrant, and *pro tanto* it will make the Queen's service more acceptable than it has recently been. But we beg to assure our military masters that they cannot buy the profession at this or any other money price which the nation would be content to pay.

Medical men have not held back from Her Majesty's Service because of insufficient payment, but because of

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insufficient consideration for them in their position of officers. Indeed the pay receivable by a young surgeon on entering the service was always, if not liberal, at least moderately sufficient and quite tempting enough to have attracted candidates if there were nothing else to consider The profession has stood aloof because it would not be content with treatment less considerate than that accorded to its nominal equals in regimental status. The jealous unwillingness to accord to them their fair position in the regiment, has for years shown itself in small matters and from day to day we regret to say that we fear it still exists as strong as ever. The fact that the part of the new warrant which deals with this matter is now withheld, must, we fear, be interpreted as meaning that, even now, the combatant authorities cannot bring themselves to do the needed justice with a good grace, but are just as anxious to snub the doctor as ever they were. We hope we may be wrong in thus interpreting the suppression of one-half the warrant, but at least we shall not believe that the past policy is going to be reversed until we see Her Majesty's signature to a document which frees the medical officer from the liability to perennial snubbing.

We earnestly counsel students and surgeons to put no trust in promises of the faithlessness of which they have already had experience—to keep clear of the service until they know the whole of their bargain with the authorities—to examine every word of the contract before they make themselves liable to it. We can confidently assure students and surgeons that if the Army Medical Department can only charm a sufficient number of them into their net, the pen will, most probably, be drawn through all the concessions which we hear have been wrung from the department by the wise refusal of the profession to have anything to do with it. Let our profession only wait patiently a little longer, and they cannot fail to secure terms much more advantageous than have yet been conceded. It is only a question of a few months, a trial of strength between the jealousy of the combatants and the self-respect of the doctors, and we shall indeed feel humiliated if that self-respect gives way before the money bribe which the War Office has just promulgated.

Health of Dublin.

The deaths registered in the Dublin district during the week ending the 22nd represent an annual mortality of 38·0 in every 1,000 of the population. The average annual death-rate for the week in eight large town districts of Ireland (including Dublin), last week was 32·5. In London the death-rate was 25·4; in Glasgow, 20·7; and in Edinburgh, 16·8. In the Dublin district the deaths were 230. Forty-seven deaths from zymotic diseases were registered, being 11 over the average number for the corresponding week of the last ten years, and 4 more than in the week ending 15th inst.: they include 7 from small-pox, 2 from measles, 15 from scarlatina, 1 from croup, 2 from whooping-cough, 9 from fever (8 typhoid, and 1 simple continued fever), 1 from dysentery, 5 from diarrhœa, &c. The registered deaths from small-pox are 3 over the number for the week ending 15th inst., and are equal to the average number for five antecedent weeks. There were 26 new cases of this disease admitted into the Dublin hospitals last week, being 14 more than in the preceding week, and slightly in excess of the average weekly number for the current quarter; 12 patients were discharged during the week, 2 died, and 79 remained under treatment on Saturday last, against 67 on the previous Saturday. It will be seen that scarlatina continues prevalent, but the deaths are 4 under the high number in the week ending 15th inst. Sixteen new cases were received in the principal hospitals, being 2 over the average number in previous weeks of this quarter. Compared with the preceding week there was an increase in the number of typhoid fever cases admitted into the principal hospitals, and a decrease in cases of typhus and pneumonia.

The Ipswich Murder.

The convict Bedingfield, under sentence of death for murdering a woman at Ipswich, is exciting the interest of a number of people who are not satisfied that the evidence of guilt adduced at the trial is convincing of his having done the deed. In a recent letter the Vicar of St. Margaret's, Ipswich, makes a strong appeal on behalf of the accused man, and brings prominently forward the assertion made by a surgeon that the wound inflicted on the deceased woman is such as to make it impossible she could have spoken after its infliction. The larynx having been divided, speech would be no longer possible, as any one may prove who watches the endeavours to speak made by a patient on whom the operation for tracheotomy has been performed. If, as is asserted, the evidence to the effect that the woman had accused the prisoner was refused at the trial, and thus the refutation of the charge by the medical officer's evidence also rendered impossible, there would seem some reason sufficient to induce the reconsideration of the facts of the case. In a case of this kind the medical testimony has the most important bearings, and ought always to be received in detail, even though much of it may seem to have no direct bearing on the issue. In this instance it might have very materially modified the conclusions of the jury.

The Question of Antiseptics.

A paper read before the Clinical Society of London, last Friday, on a case of double hip-joint excision, and reported on another page, afforded an opportunity for the expression of some opinion on the value of antiseptic surgery. Mr. Bryant commenting on the paper read, implied that far too much was claimed on behalf of the antiseptic method, by its adherents; and he further charged the system with being blameable for instigating surgeons to the performance of operations which are intrinsically unjustifiable. The confidence felt in antiseptic dressings, he alleged, led many men to make incisions and exploratory operations in situations where, under the older *régime*, they would not dare to use the knife. He could not, either, sanction the assumption that antiseptic surgery was a modern invention, and thereby drew forth an indignant remonstrance from Mr. Croft, the author of the paper which was the basis of the discussion. This gentleman demanded to know if dipping a lump of cotton wool into an antiseptic solution, and swabbing a surface with it could be rightly termed "antiseptic treatment," and eloquently denounced those who would endeavour to detract in the least from the ternal claims of the founder of "Lis-

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terism" on the gratitude of mankind. This, and this only, he declared could be held to deserve the confidence of the operator; and then only when every minute detail of treatment as set forth by its originator was scrupulously carried out. It is the glory of the system, he added, that it *does* permit the safe performance of operations impracticable except under its conditions; and far from being chargeable with evil results, or as inciting to needless interference, it had rendered the alleviation of suffering possible in innumerable instances where, without its aid, pain and suffering must have been permanently endured. It must be admitted that the weight of evidence adduced on this occasion did not tend to prove the unreality of the results attributed to antiseptic surgery, and some surprise may be excused on the part of those who regard the obstinate refusal of some surgeons to accept the apparent force of the arguments deducible from facts. One thing especially this discussion made clear; that, namely, the time has fully arrived when it is the imperative duty of Professor Lister to enforce in his own name the absolute certainty of his method, and add the weight of his personal testimony to the mass of evidence that has within the last few months been laboriously collected by a host of observers, to prove the incontestible nature of the truth he has disseminated. We have before had occasion to make this suggestion, and we insist yet more strongly that it is the duty of the eminent professor, who has given his name to the greatest surgical improvement of the century, to vindicate the association, and to silence the opposition that is being continually raised against the universal introduction of the antiseptic treatment of wounds.

English Winter Health Resorts.

In connection with our recent remarks on residence abroad in lung consolidation, a few remarks on one of our principal English winter resorts—Bournemouth—may not be out of place. Last winter was exceptional in severity and duration in all parts of Europe, if not of the world, and even at Cannes, Mentone, Nice, &c., it was severely felt. The cold period of December was the coldest but three which has been known at Greenwich for 107 years. Some particulars of the lowest temperature experienced at Bournemouth during this severe period, and a comparison of that with forty-five other English stations in given in a pamphlet by Dr. Compton, of Bournemouth, now before us. From this we learn that as regards mean lowest temperature on the eleven coldest days of December Ventnor stands first with 27·2°; Bournemouth second, 25·6°; Torquay third, 25·4°; Llandudno fourth, 25·1°. With respect to the actual minimum reached on any one of the days, Ventnor still comes first with 23·7°; Bournemouth second, 22 3°; Brighton third, 21·0°; Llandudno fourth, 20·7; Torquay comes sixth. For comparative winter warmth therefore, so far as it can be judged of from these statistics, Ventnor occupies the highest place, Bournemouth a very good second, and Torquay comes in a somewhat doubtful third.

There is another point, however, which is of great importance with respect to an invalid's residence, viz., dryness. In the second part of his paper Dr. Compton gives some remarks on the rain and snow fali of the last three months of last year. During that period in some parts of England snow fell on no less than fifty days. The smallest amount of rain and melted snow during the period was registered at Bournemouth, viz, 5·32 inches on 38 days, Liverpool comes next with 5·94 inches on 49 days. Truro suffered the greatest amount of rainfall, viz., 17·28 inches on 60 days. Ventnor, which stood first in the list as to warmth, comes 25th with respect to rain and snow fall—having had 8 99 inches on 53 days. Torquay which comes 31st, had 9·90 inches on 52 days. At Cannes 16·48 inches fell on 35 days, an amount greater than at any of the English stations but one. Bournemouth then seems to enjoy a considerably less rainfall than any of the other health resorts which at all approach it in temperature, and it has another advantage in the peculiar nature of its soil, by which the rain dries away almost as fast as it falls, so that exercise with dry feet is possible immediately after even heavy showers. Another important point respecting Bournemouth is its low death-rate, and its immunity from infectious or contagious disease. From the report of the medical officer of health it appears that during the whole of 1878 the number of adult deaths from infectious or contagious disease was *nil*. We shall hope to have the opportunity of publishing statistics of other home health resorts, and of drawing some definite conclusions from them.

Defibrinated Blood for Rectal Alimentation.

At a late meeting of the Therapeutical Society of New York, Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, presented a report (*New York Medical Journal*, April, 1879) on this subject. From the facts before them the committee felt warranted in drawing the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation.

2. That is doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.

3. That administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.

4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.

5. That in a small percentage of cases irritability of the bowels attends its protracted use.

6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.

7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.

8. That in favourable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies.

9. That its use is wholly unattended by danger.

The statistics of suicides in France, just issued, show nearly six thousand persons committed suicide last year.

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The Abbey of Thelema and Salutland.

RABELAIS, whose book Voltaire called "un ramas des plus grossières ordures qu'un moine ivre puisse vomir," is read with profit in our days, and a higher appreciation shown of his writings than in the days of the philosopher of Ferney, and, as Walter Besant says, "Coleridge, Victor Hugo, Michelet, Kingsley—a whole chorus of noble voices has been raised in defence and praise of the man and his book." See "Foreign Classics for English Readers." We have heard lately of Salutland. How many have heard of the Abbey of Thelema—the prototype of the dream of Dr. Richardson? Rabelais was not all buffoon. The following description of his abbey proves this:—

Mr. Besant tells us that the Abbey of Thelema is one of the most graceful and most noble fancies that ever entered into the soul of man. It forms a fit pendant to the scheme of education which its founder drew up for a young prince. The Order of Thelema is a society composed entirely of young people, living together in the freedom of gentlehood, unrestricted by any conventional and useless rules. They are to learn, by watching the wishes and wants of each other, how to live; they are to be occupied all day in study, in manly exercises, or in the acquirement of womanly accomplishments; they are to be entirely free from the petty cares and anxieties of the ignoble life; they are to live in accordance with the laws of nature, and *are therefore to be exempt from disease.* The abbey itself is to be a miracle of architecture. It is to be the home of the highest expressions of art, refinement, and luxury, When the monks and sisters have learnt all that the society is able to teach, they may leave it, two by two, and go forth into the world, examples for all men and women to follow.

Land was given by Gargantua to Friar John to establish this monastery. The preliminaries being agreed upon, the building was at once commenced. In the description of the building Rabelais, who, like Victor Hugo, never touches a subject of which he is not master, has given so minute an account of a great and magnificent building, that architects have succeeded in reproducing the plans and elevations Rabelais had in his head.

Greater descriptive power has never been shown than so to set forth a building as to enable a draughtsman nearly three hundred and fifty years later, to represent on paper exactly such a building as the author pictured. Suffice it to say, that the abbey was conceived in the spirit of the greatest luxury and magnificence. Stately fountains, spacious galleries, tiltyards, riding-courts, theatres, swimming-baths, the garden of retreat or delight by the river side—a labyrinth, tennis and ball courts, orchards planted with fruit trees, a park filled with deer, butts for guns, crossbow and archery, stables, a falconry, a "venery"—where beagles and hounds were kept—and outside the abbey rows of houses in which dwelt, for the convenience of the fraternity, all sorts of handicraftsmen, such as goldsmiths, lapidaries, jewellers, embroiderers, tailors, gold drawers, velvet-weavers, tapestry-makers, upholsterers, and others who worked for the monks and nuns of the new order.

Cæsarian Section, with Removal of the Uterus and Ovaries.

IN the hope of diminishing the mortality after Cæsarian section, Parro, of Pavia, in May, 1876, proposed and practised successfully the ablation of the uterus and ovaries after the removal of the child. According to our contemporary, *La France Médicale*, the operation was favourably received by the Continental gynecologists; and Fovier, of Paris, in a recent article, stated that it had been, as far as he had been able to learn, performed thirty-three times, with the result of saving more than half the mothers. To these cases may now be added two more, which were reported to the Académie de Médecine on July 29 by M. Tarnier.

In the first case the operation was performed seven days after premature rupture of the membranes, at the eighth month, and four days after the death of the child. The child and the placenta were putrid, and the mother died three days afrer the operation of putrid infection. Delivery *per vias naturales* had been rendered impossible by the presence of a fibrous tumour, which filled the excavation. The second case was successful, and M. Tarnier, in presenting the patient to the Academy, remarked that the case was especially interesting, because the Cæsarian operation had not been successfully performed in Paris since 1787. In this case the operation was rendered necessary by rachitic deformity of the pelvis, which was so marked that cephalotripsy was impossible. The operation was performed the day the patient entered the maternity, but the membranes had ruptured three days before, and the child had been dead two days. The cervix was not dilated. After incision of the abdominal walls and uterus, and the removal of the child, the uterus and ovaries were drawn out of the wound, and a Cintrac's serre-nœud was applied at the junction of the body with the cervix. Above this serre-nœud, after the uterus and ovaries had been cut off, a transverse pin was placed, which was itself secured by a second wire ligature. The patient made an excellent recovery, the maximum temperature in the axilla being only 101 2 5th° Fahr. The wound was treated on the strictest antiseptic plan, and M. Tarnier is inclined to ascribe the successful result largely to this fact. He believes that the operation is not only justifiable, but that it is destined to take a front rank in surgery. It seems to him superior to simple Cæsarian section, because it does away with two of the dangers of the latter, viz., uterine hæmorrhage and peritonitis from escape of the lochia into the peritoneum. These elements of increased safety will more than counterbalance the objection, that the operation entails sterility on the patients. M. Tarnier dwelt urgently on the importance of having recourse to the operation early in appropriate cases, for the sake both of the child and the mother. He believed he was the first surgeon to perform Porro's operation in France, but this claim has been challenged by M. A. Fochier, Surgeon-in-Chief of the Charité, who states that he performed the operation in that hospital three weeks before the date of M. Tarnier's first operation. Dr. Storer, an American surgeon, is credited with having performed the first operation of this kind in 1868.

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The Great Unpaid.

MAGISTRATES, or rather honorary justices of the peace, were called by the above name. We think doctors come under this heading, for they are to an enormous extent robbed of the value of their advice by the customs of society, by which they are expected to give gratuitous services.

There is a very sensible and straightforward letter in our Canadian contemporary, the *Lancet*, from which we shall make a short extract. An old and eminent surgeon writes to a young practitioner and gives him the following advice :—

"Having in a long time of practice, both from choice and necessity, done a good deal of gratuitous service, amounting to thousands of dollars, I have yet to find a single case where my charity work was appreciated. Those who pay nothing, always offset it by liberal abuse, which keeps away those who would pay.

"The man you write about may be a very worthy man; but if you were making a struggle to build a house, would he or anyone else work for you at reduced rates. It is the doctors themselves who allow their kind feelings to overrun their judgment, that are responsible for wholesale robbery, to which every doctor in the land is subjected. We deal with the afflicted, so does the undertaker; yet he is not expected to work for nothing. . .

"The people who pay are always grateful; the people who do not are, like other dead-heads, abusive, and always the most exacting and querulous. If ——— cannot pay for what might save his life, his friends or the public should. It is easier for the town to shoulder the cost than two or three poor devils, who had the bad luck to study physic.

"Now or never is the time to put ourselves on a par with other business men, and as we have the same losses, we must ask for the same gains."

Though we do not agree entirely with the above, yet we unhesitatingly think that the medical profession is imposed upon to an extent unknown in any other profession, and we consider that practitioners should limit the exercise of gratuitous services to really deserving cases. The working man, as he is represented, is a fraud. He can afford to pay proportionately as well as any other class. We have pauperised him for years, and he now looks upon our public hospitals as his own property, and gratuitous medical advice as a birthright.

Surgeon-Major Reynolds, V.C.

A REVOLVER and case, bearing the following inscription, will be presented to Surgeon-Major James Henry Reynolds, V.C., by his fellow-students and other friends in Trinity College, on the 17th December, 1879, when the degree of LL.D. (*honoris causa*) will be conferred on him by the University of Dublin :—"Presented to Surgeon-Major James Henry Reynolds, V.C., L.L.D., by his fellow-students and other friends in Trinity College, Dublin, at the Winter Commencement, 17th December, 1879, when the degree of LL.D. (*honoris causa*) was conferred on him by the University of Dublin."

International Congress of Hygiene.

THE third International Congress of Hygiene will take place at Turin, in April, 1880, under the patronage of the Italian Government. As at Brussels, in 1876, and at Paris, in 1878, the Congress will avoid political and religious discussions. At the Paris Congress last year there were eighteen nationalities represented, the Russian, German, and other governments appointing special delegates. It is anticipated that the forthcoming Congress will be equally well attended. Medical men will, of course, form the majority of the Congress, but chemists and veterinary surgeons are to have a place reserved for them. Architects and engineers are also invited, as with them to a large extent rests the application of the principles which men of science have discovered.

Dublin Pathological Society.

AT the inaugural meeting of the session, held on last Saturday week, the election of office bearers took place. The outgoing President, Mr. Edward Hamilton, was succeeded by Dr. E. H. Bennett, who, since the death of Dr. Robert Smith, has acted as secretary, in which office he is now succeeded by Dr. John William More, physician to the Meath Hospital. The following gentlemen were elected Vice-Presidents :—J. T. Banks, Samuel Gordon, Thomas Hayden, H. H. Head, George H. Kidd, T. Jolliffe Tufnell. In addition to outgoing Council, Drs. Barton, Reuben Harvey, Finney, and C. Nixon offered themselves for election, of whom the two first were elected, Dr. C. E. Fitzgerald being thus displaced. The Council now stands as follows :—John Kellock Barton, Anthony H. Corley, George F. Duffey, Arthur Wynne Foot, Reuben J. Harvey, Edward Hamilton, James Little, Thomas Evelyn Little, Robert M'Donnell, William Moore, John M. Purser, and William Stokes.

The Professorship of Practice of Medicine in Galway College.

DR. COLOHAN, the recently resigned professor, has been succeeded, after a very long interregnum, by Dr. John Isaac Lynham, who had been acting as *locum tenens* during the Professor's illness. Dr. Lynham is an M.Ch. of the Queen's University (1875), and formerly occupied the Chairs of Midwifery and Materia Medica.

Arsenical Poisoning.

WE have heard a great deal of late of the increasing dangers to health and life arising out of a more extensive use of arsenic in very many of our domestic manufactures. Horses and cattle have also, from recklessness and carelessness, been frequent sufferers from the same or similar deleterious agents. Last week a meeting was held of farmers and others interested in this question, in the Lincoln Corn Exchange, for the purpose of forming an association for preventing the administration of arsenic and other poisonous drugs to horses. This has been chiefly brought about by farmers in the district who have recently suffered very serious losses of horses and cattle. Several of the speakers mentioned cases in which horses had been killed by the administration of arsenic by their grooms and waggoners. The general conclusion came to was that chemists and druggists sold poisons recklessly, and therefore it was time some stringent measures with regard to their sale should be adopted. It was also said that much mischief was done by hawkers going into stables and offering poisonous drugs for sale to those in charge of horses.

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Surely if this is so the Drugging of Animals Act, 1876, should be put in force, and a severe example made on conviction of the offender. It is quite evident, however, that some action must soon be taken to protect the public against the consequences arising from the use of arsenic and other poisonous agents ignorantly administered or recklessly employed in trade.

Dublin Obstetrical Society.

The first meeting of the 42nd session of the above Society took place on Saturday week in the College of Physicians, Kildare Street. There was a large attendance of members. Dr. Sinclair, Regius Professor of Midwifery, T.C.D., occupied the chair. Dr. Roe, Hon. Sec., read the annual report of the council, which was of a favourable character. The President then delivered the inaugural address, which dealt with the work of the Society and the history of the progress of obstetric medicine in Dublin. The following officers of the Society were elected for the session :—President, Dr. Sinclair ; Vice-Presidents, Dr. Churchill, Dr. Dill ; Treasurer, Dr. Cranny ; Secretary, Dr. Roe ; Committee, Dr. Denham, Dr. Johnson, Dr. Kidd, Dr. M'Clintock, Dr. J. R. Kirkpatrick. A vote of thanks to the President for his address brought the proceedings to a close.

In the *Deutsch Med. Woch.*, No. 34, Dr. Auerbach, of Berlin, recommends the use of balsam of Peru for pruritus as well as for itch, having found its use attended with the greatest success.

The forthcoming lectures in connection with the Brown Institution will be delivered by Dr. Greenfield at the University of London on December 17th, 18th, 19th, 22nd, 23rd, at 5.30 p.m. The subject will be "Recent Investigations on the Pathology of Infective and Contagious Diseases."

The Medical Society of the College of Physicians of Ireland will meet on Wednesday next at 8 o'clock at the College Hall, Kildare, when the following communications are set down for reading :—1. Dr. Purser : "Observations on the Occurrence of Indican in the Urine." 2. Dr. Walter Smith : To exhibit a specimen of Carcinoma of the Œsophagus.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Portsmouth 15, Sheffield 17, Edinburgh 17, Hull 18, Glasgow, 21, Oldham 21, Brighton 21, Newcastle-upon-Tyne 22, Plymouth 22, Leicester 22, Bradford 23, Bristol 23, Wolverhampton 24, Sunderland 24, Salford 24, Birmingham 25, Nottingham 25, London 25, Leeds 25, Norwich 26, Manchester 27, Liverpool 31, and the highest rate, Dublin, 38.

The Evening Meeting of the Pharmaceutical Society of Great Britain will be held on this day (Wednesday, December 3rd) at half-past eight precisely. Dr. Paul will call attention to, and exhibit, Standards to be used in verifying the Apothecaries' Weights and Measures used in trade. The following papers will be read :—"Tincture of Senega as an Emulsifying Agent," by Mr. H. Collier ; "A Method for the Volumetric Estimation of Arsenic Acid," by Mr. W. H. Naylor, F.C.S.

In the principal foreign cities the rates of mortality according to the most recent weekly returns were—in Bombay 33, Madras 40 ; Paris 25 ; Geneva 19 ; Brussels 23 ; Amsterdam 25, Rotterdam 21 ; The Hague 22 ; Copenhagen 35 ; Stockholm 24 ; Christiania 18 ; St. Petersburgh 30 ; Berlin 22, Hamburg 28, Dresden 18, Breslau 25, Munich 32 ; Vienna 24 ; Buda-Pesth 28 ; Rome 32, Naples 28, Turin 30 ; Alexandria 31 ; and New York 24 per 1,000 of the various populations. Small-pox caused 19 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The Grierson Medical Bursary.—This bursary, given to the student who stands highest in the examination to be passed before entering the first winter session in medicine at the University of Edinburgh, has been awarded to Mr. Alexander Ferguson, M.C.S., Invergordon, who highly distinguished himself during his Arts curriculum.

Dumfries—Crichton Royal Institution.—Dr. Adam, late of the Middlesex County Asylum, has been appointed Medical Superintendent of this Institution, out of a large number of applicants, in room of Dr. Gilchrist, who recently resigned in consequence of the state of his health.

Health of Edinburgh.—During the week ending with Saturday, the 22nd November, there were 72 deaths registered in Edinburgh, and the rate of mortality was 17 per 1,000. No death from measles, diphtheria, or small-pox was recorded.

Edinburgh University Court.—At a meeting of the University Court held on the 24th November, *inter alia* arrangements under which Dr. Alleyne Nicholson acted as examiner in natural history for Professor Sir C. Wyville Thomson, and Dr. Cleghorn as examiner in botany for Professor Bayley Balfour, of Glasgow, at the October examinations, were reported by the Senatus and approved. The following gentlemen were recognised as teachers of medicine whose courses of instruction should qualify for graduation in medicine in the University, in terms of Ordinance No. 8, Sec. vi. :—Charles Bell, M.D., Lecturer on Midwifery, Edinburgh ; J. B. Buist, M.D., Lecturer on Pathology, Edinburgh ; and H. Aubery Husband, M.B., Lecturer on Medical Jurisprudence, Edinburgh.

Royal Edinburgh Hospital for Sick Children.—At a meeting of the directors of this hospital, held on the 24th November, Dr. R. J. Blair Cunninghame was elected one of the ordinary physicians to the hospital, in room of Dr. Linton, whose term of office has expired ; and Dr. John Playfair was appointed an extra-physician, to fill the vacancy caused by Dr. Cunninghame's promotion.

Death-rate in Glasgow.—The deaths in Glasgow for the week ending the 22nd November were at the rate of 21 per 1,000 per annum, against 19 in the preceding week, and 23, 21, and 29 in the corresponding periods of 1876, 1877, and 1878.

Glasgow Maternity Hospital.—The annual meeting of

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the subscribers to this institution took place in the Religious Institution rooms on the 25th ult., Mr. Richard Grant, chairman, presiding. Mr. Arthur Forbes, Secretary, read the 45th annual report, which principally referred to the building of the new hospital, now being pushed forward with all rapidity. Though some handsome subscriptions had been given, the directors begged to remind the public of the great amount that was necessary to furnish the buildings, and they hoped they would give as liberally as they could. Dr. Tannahill read the annual medical report, which showed that 170 women had availed themselves of the benefits of the hospital during the past year, 78 of these being confined for the first time; and that 1,118 women had been attended at their own homes by the students and nurses presently training in the hospital. As compared with last year's numbers, this showed a decrease of 23 in the in-door patients, and an increase of 164 in the out-door.

Sermon to Medical Students.—The annual sermon under the auspices of the Edinburgh Medical Students' Christian Association was preached on the 23rd Nov. by the Rev. Professor Flint in St. George's Church. Dr. Flint maintained that it was clearly not generally desirable that the offices of preacher and physician should be confined in one person. The work of either a Minister of the Word or a healer of disease was certainly more than enough for any ordinary man in ordinary circumstances thoroughly to learn and efficiently to perform. The physician without benevolence and compassion was the same sort of anomaly as a minister without faith or piety; he was not a true member of the brotherhood to which he belonged, but was as much out of place there as would have been a coward at Sparta. He alluded to the narrowness chargeable to clergymen and physicians; and referring to the fact that the healing of disease was the only kind of operation in which Christ habitually displayed his miraculous power, the learned Professor said that had the Lord satisfied hunger as freely and on as large a scale. his miracles would really have tended on the whole to augment poverty and hunger, by leading the people to neglect to exert their faculties and to depend on charity (!) Reverentially carried to its legitimate conclusion, we may be permitted to inquire how a struggling, overcrowded, and consequently not over-scrupulous profession of physicians, would regard the indiscriminate curing of disease, either in India or elsewhere? If a man continued, said the Professor, to bestow alms on every beggar who applied to him, obviously be encouraged those whom he relieved to continue in the trade of begging, and others to enter it. Perfectly so, the grotesqueness of the reference to Christ by a Professor of Divinity notwithstanding—if any individual or institution afford *medical* relief "to every beggar" who applies, does he or it encourage those who are relieved thereby to "continue in the trade of begging," "and others equally to become beggars?' Dr. Flint then alluded to spurious charity, making an exception, however, in the case of Christ, whose charity "was not only a sincere charity, but did not defeat its own end!" Dealing with the alleged prevalence of materialism and atheism amongst medical men, it was contended that the chief cause was to be found in the physician's own mind and heart, and not in the subjects with which his profession compelled him to be conversant.

Registrar-General's Returns.—According to the Registrar-General's returns, the death-rate in the eight principal towns during the week ending with Saturday, the 22nd Nov., 1879, was 19·8 per 1,000 of the estimated population. This rate is 6·8 under that for the corresponding week of last year, but 1·1 above that for the previous week of the present year. The lowest mortality was recorded in Perth, viz., 13·7, and the highest in Aberdeen, viz., 26·1. The mortality from the seven most familiar zymotic diseases continues moderate, being at the rate of 3·3 per 1,000 of estimated population. There was an increase of deaths from scarlatina and whooping-cough in Glasgow.

Special.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, 26th Nov., 1879.—The series of surgical operations performed by the anæsthetic of M. Paul Bert (protoxyde of azote mixed with oxygen employed under pressure), interrupted by the vacation, have just been recommenced. In the first fortnight of November eight operations were performed by M. Labbé, surgeon to the Lariboisière in the theatre constructed by Dr. Fontaine for the employment (surgical and medical) of compressed air. In each case the success was complete. The advantages claimed for this new agent of M. Paul Bert are complete *innocuité*, dosage uniform, suppression of the period of excitement during the operation and vomiting after, rapid return to sensibility, &c.

At the meeting of the Medical Society of the 6th Arrondissement, Paris, Dr. Polaillon remarked *à propos* of the radical cure of hydrocele, that the tincture of iodine causes pain, sometimes very severe, brings on inflammation, often very intense, and requires rest and the employment of antiphlogistic measures in many cases. For the last eighteen months he has abandoned the tincture in favour of a solution of chloride of zinc, which causes but a very slight inflammation, which is followed by a prompt cure. M. Polaillon has employed this mode of treatment already eight times, and this is how he proceeds:—He takes an ordinary Pravaz syringe, containing about fifteen drops, and fills it with a solution of chloride of zinc (1 in 10), he introduces the needle into the scrotum and injects the liquid gently; the pain is trifling; a short time after the injection the scrotum retracts; the tumour seems to diminish in volume. The following three or four days there is a slight inflammation, but the patient may get up. The sub-inflammatory state lasts about ten days, and then diminishes; at the end of three weeks the cure is complete.

The Paris Society of Anthropology has just discerned the Godard prize, founded to reward the best work on Anthropology. The first prize (500 frs. and a gold medal) was awarded to Dr. Gustave Le Bon, for his memoire upon *Variations de Volume du Crane*. The conclusions he arrived at are, that the mean capacity of the skulls of the higher races exceed notably that of the lower, but that which constitutes really the superiority of one race over the other is the fact that the higher race contains a great many more voluminous skulls than the lower. The difference in volume increases as the race rises in the scale of civilisation.

For several years (says the *France Medicale*) Dr. Gourot uses with success the heat of the sun as a caustic for the destruction of nævus, warts, and other excrescences of the epidermis, and lately this mode of cauterising has been applied to ulcers and syphilitic condylomata. This method is distinguished by the absence of hæmorrhage, the slight pain, and the perfect limitation of the cicatrix. The instrument employed consists of a biconcave lens of two inches and a-half in diameter. As soon as the solar rays passing through the lens penetrated the skin the characteristic crisping of the burning could be heard, and the blood was seen to coagulate, and the vessels contract under its influence. This solar cauterisation has also been employed with success against palpebral granulations that had resisted every other means.

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Correspondence.

THE INVENTION OF THE IMMERSION PARABOLOID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of November 26th Dr. James Edmunds has chosen to disclose my name in connection with a confidential memorandum I wrote for him, and which he made use of in a communication to the *Quekett Journal* of April, 1878.

The purpose of this questionable act is evidently to screen himself from the charge of plagiarising Mr. Wenham's invention of the immersion paraboloid by making it appear that he had my declared support of his own claim to the invention at that date.

The origin of the memorandum can be told in a few words:—Dr. Edmunds appealed to me for a short paragraph in which to assert his right to the invention in opposition to Mr. Wenham. At the moment I knew nothing personally of either's claim; but, having Dr. Edmunds's assurance that he could substantiate his position, I jotted down a few words for his consideration. In so doing I took no responsibility on myself for the justice of his claim, but merely gave a rough draft of what I thought might be said on the supposition that he could prove his case.

As to the real question of priority in the invention. When, in July following, my attention was specially called to the matter, I examined the evidence, and concluded Dr. Edmunds to have been in error. I lost no time in communicating with him; and he then published in *Nature*, July 9, the letter quoted in your editorial note (*M. P. & C.* 19th inst., p. 448). That letter was understood by all immediately concerned as a distinct admission of Mr. Wenham's priority in the invention, and I think it will be so understood by every candid reader. It is, therefore, surprising to me that, after its publication, Dr. Edmunds should have again sought to affix his name in any shape or form to the apparatus. I can only regard his attempt to renew his claim as evidence of his radical want of candour.

Yours, &c., JOHN MAYALL, Jun.

224 Regent Street, W., 28th Nov., 1879.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Edmunds's letter in your last issue contains mis-statements disparaging both to others and myself, and I most strongly object to his malevolent interpretation of my short note in the previous number. That note was very hastily written. I much regret that anything from me should have appeared to cast a slur on the Royal Microscopical Society or its officers. When I said that "pirated inventions are constantly served up as something new, and that this is done in so barefaced a manner that I have been driven to send in my resignation," in this sentence I meant the term "barefaced" to apply to the *pirates* only. I most willingly endorse my opponent's remark concerning the President. We have been members of the Society for thirty years, and have seen nearly all the original pioneers of the science pass away, and there has never been a word of disagreement between us. The enormous amount of good work that the Society has accomplished from an early crude phase of the microscope till now, forbids the slightest imputation against its utility. I say this in all sincerity, because I have never experienced the "rebuffs" that Dr. Edmunds so gratuitously alleges; and no paper of mine has ever been rejected by the Council, and every paper that I have read before the meetings has met with a most cordial reception, certainly not treated as "meanderings." Every member of the Council, past or present, can confirm this, and instead of the mere official acceptance of my resignation that I had been led to expect it would receive, the President and Council unanimously expressed their regret at my determination, and requested that I should reconsider my decision.

As to the personal matter between Dr. Edmunds and myself, he first says my "friends (?) hope that I shall stick to my optical lathe." That I should never appear beyond it is no doubt the wish of persons of Dr. Edmunds's stamp, in order that any perfected ideas of mine may be freely appropriated by them. The sneer intended in this remark is lost upon me, as I happen to be rather proud of the self-acquired mechanical skill that enables me to carry ideas at once into practice. Had Dr. Edmunds learnt a little from the "optical lathe," it might have helped him to a more rational sort of immersion paraboloid than that he has adopted, and though in *Nature* he has accredited me with "a priority which he finds to be due to me," he now altogether ignores this statement, and in bad faith strives to attach his own name exclusively to the immersion paraboloid.

Dr. Edmunds next writes, with great self-assurance, that my experimental paraboloid was so cut off that it never could have done what is done by his own. It is quite impossible that Dr. Edmunds can know what I accomplished practically twenty-three years ago, and yet he continues in the same strain with equal disregard to fact—"Mr. Wenham's paraboloid is about as large as the top of the little finger, while mine is one and a-quarter inch in diameter." I happen still to possess the steel template from which the first flat-topped immersion paraboloid was made. As cut off at .06 inch below the external point of convergence or focus, the flat-top is exactly half-an-inch in diameter, the same as my drawing given in the paper of 1856 (*Q. J. M. S.*). Dr. Edmunds then says that my immersion paraboloid has not even been referred to in the catalogue of particular opticians, where he thinks, of all others, it should appear. I can only say that when I read papers I give a demonstration at the time, and do not seek for notoriety by afterwards exhibiting anywhere and everywhere, and distributing puffing handbills, as Dr. Edmunds describing his plagiarism has done. I have never endeavoured to force my name into opticians' catalogues, or to advertise any particular maker as the only one that constructs any instrument of mine. As the originator of paraboloid illuminators I may be credited with knowing something about them, and I affirm that a diameter of one and a-quarter inch is a most inconvenient and impractical size to adopt for the flat immersion top.

Finally, in order to meet Dr. Edmunds's very presumptuous assertion that my paraboloid of twenty years ago is "absurd," I gladly accept his challenge to a demonstration of what it will accomplish, and I am ready to show before the Quekett Club (where he first introduced the matter) the two forms of immersed paraboloid illustrated in my paper of 1856 (which shall be on the table at the same time), viz., the one now commonly used with a hollow hemispherical top, containing a nearly hemispherical lens, and the other exactly to my drawing of the flat-topped immersion paraboloid proper, to be shown under the same conditions of object and object-glass as that of Dr. Edmunds. I am confident of the general opinion that must be formed of the priority of my own practically realised invention.

Yours, &c.,

29th November, 1879. F. H. WENHAM.

Literature.

ROSCOE AND SCHORLEMMER'S CHEMISTRY. (a)

THIS volume forms the third instalment of a work on chemistry of which we have previously had occasion to speak very highly. Having at that time alluded to the special features of Messrs. Roscoe and Schorlemmer's method of treating the metals and non-metals, it is not necessary to touch on that point in noticing the present volume. Suffice it to say that those metals not described in the first part of Vol. II., viz., the metals of the iron, chromium, tin, antimony, and gold groups, are in the present part described in a manner in no way inferior to their predecessors, whilst the hundred pages devoted to "iron" contain, we believe, more recent and reliable information than has been heretofore gathered into so small a compass, or rendered clear by equally good engravings.

On page 465 of this volume the last of the metals is described, and with it the task of writing the chemical history of some sixty elements comes to an end. To say all that is important concerning so many substances, and yet maintain the work within reasonable limits, called for

(a) "A Treatise on Chemistry." Vol. II. Metals, Part II, By Professors Roscoe and Schorlemmer. Macmillan and Co., London.

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a terse and concise style of writing, and a great power of condensation; and these have not been wanted. The volume is completed by chapters on Spectrum Analysis, the natural arrangements of the elements, and the condensation of gases, finishing with an index with more than a thousand references.

In the chapter on Spectrum Analysis we have conciseness carried to excess. As would be expected from so eminent a spectroscopist as Professor Roscoe, that which is written is good and practical, but it does not go far enough. It is scarcely fair to so important a subject to "shelve" it with one-third the space allotted to the single metal "iron." Condensation, which is so admirable a quality when applied to the routine work of describing chemical substances, has a double disadvantage when applied to so novel and so extended a subject as Spectrum Analysis, as the writer has both to cut down the explanatory matter and leave out the details. The first renders the subject difficult to follow by those previously ignorant, and the second renders the account too elementary for such as are already initiated. The first class of students, for example, would perhaps have been better for some intelligible maps of spectra (of which there are many, coloured and otherwise, to be found in Professor Roscoe's special work on this subject), while the advanced reader would think that an appliance like Rutherford's "Diffraction Grating," which, as a substitute for a series of expensive prisms, has proved so serviceable, should at least have been mentioned, and that the paragraph 678 on Variation in Spectra should have been amplified fourfold. In our opinion ten to twenty more pages of matter which Dr. Roscoe knows so well how to write would have more than doubled the value of this article.

Before quitting spectroscopy it may be desirable to draw attention to the discrepancy between the following extracts, the first from page 490 of the book, the second from Mr. Lockyer's paper to the Royal Society in March last.

Dr. Roscoe writes:—"Lockyer has come to the conclusion that most, if not all, of the cases of supposed coincidences between the lines of different metals are to be explained by the presence of an impurity common to both."

Mr. Lockyer says he has in an appended table "discussed in each case the possibility or impossibility of such coincidences having arisen from the presence of an impurity. In *a large number of cases the coincidences cannot be ascribed to the existence of impurities.* In many cases, it is true, the coincidences *may* arise from the presence of impurities, but this is by no means a proof that they do so. Indeed, it does not appear to have struck all who have considered this question that, as I have before shown, the presence of B existing with A as an impurity, and in A as a *base*, will, up to a certain point, give the same results; and the ascribing of lines, therefore, to impurities without a demonstration of the impurity, is an unscientific proceeding."

The following paragraph is, we think, sufficiently interesting to bear extraction, the metal referred to being that for which M. Lecocq de Boisbaudran receives this year the Davy Medal of the Royal Society:—

"Mendelejeff, a Russian chemist, has from certain theoretical consideration prophesied the existence of certain elementary substances at present unknown. Of one of these, 'ekaluminium,' as he calls it, Mendelejeff says:—

"'In its properties it stands between zinc and ekaillicon on the one hand, and between aluminium and indium on the other. Like the latter, it forms a sesquioxide; its atomic weight is about 68, its specific gravity about 6·0, and its atomic volume approaches 11·5.'

"These predictions have been verified in a most remarkable manner. Ekaluminium turns out to be Lecocq de Boisbaudran's gallium, which has an atomic weight of 69·8, a specific gravity of 5·9, and an atomic volume of 11·8. Whether the other predictions will prove equally successful time alone can show."

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for diploma, were admitted members of the College at a meeting of the Court of Examiners on Nov. 20th.

Allen, T. W. James, Louth.
Bulteel, Marcus Henry.
Cock, John.
Jones, Arthur Henry.
King, David Alexander.
Lukis, Charles Pardey.
Maclean, Caird R.
Marsh, Charles James.
Morse, Thomas Herbert.
Pepler, W. H. O., Cadmey.
Pilkington, Francis Sergeant.
Rake, Beaven Neave.
Rice, Edward.
Bolton, J. Rosatrick.
Thomas, Walter Duncan.
Townsend, Knowlton.
Webster, Ridley Manning.
Wooldridge, Leonard Charles

Extracts of Meat and Chemical Analyses.—Not only Liebig Company's, but most other extracts, have been subjected to chemical analysis, and it has been found that, the exception of a considerable difference in concentration consequent contents of water—the main component part all were more or less similar, but the main feature of the Bentos extract, according to Baron Liebig's own judgment its fine flavour and perfect clearness when dissolved in w as compared with an unpleasant flavour, either burnt or o wise, and a want of clearness, which tell against so m other extracts. Chemical analysis is entirely insufficien prove the superior flavour and virtue of wine, and it is equ impossible by it to establish a similar comparison between "extracts of meat." The fact that Fray Bentos extract almost the monopoly of the market clearly shows that public are convinced of its superiority, and this is still m apparent when we state that other meat extracts are below the Company's price, and yet meet but a limited s The Liebig Company's Extract is tested by the chemist a establishment at Fray Bentos, and again on its arrival in A werp, and should it contain more than twenty-one per cent water it is not allowed to be sent away from the Compan depôt. As a rule it is found to have less than seventeen cent. of water and more than sixty per cent. of matter solu in alcohol of eighty degrees of strength.—*Land and Wate*

Royal Warrant.—The Army Medical Department. Warrant on the subject of the Army Medical Departm reached us yesterday from the War Office, of which we now only give the following brief summary. It divides officers into two classes, those who entered before the 29th April, 1876, and those who have joined after that date. specifies the daily rate of pay which each class is to receiv the various ranks from surgeon to surgeon-general, and s the charge pay. In future every candidate for appointm in the Army Medical Department must possess two diplom or licences recognised by the General Medical Council, one practise medicine and the other surgery, and must be reg tered under the Medical Act in force in the United Kingd at the time of his appointment. A candidate must not exce the age of 28 years on appointment as a surgeon on probati A public and open competition will be held twice in the ye for the admission of qualified candidates as probationers. surgeon on probation will, on appointment, be sent to soc large station for instruction in Ambulance and Hospital Cor duties until the commencement of the next course of study the Army Medical School. A medical officer, after completi ten years' service, may be permitted to retire on a gratuity pension. Any officer of class A who shall voluntarily reti before the age of 55 years shall be liable to be called upo to serve, in a case of national emergency, in a rank not low than that from which he shall retire, until he shall complet the age of 55. On the completion of ten years' commis sioned service, unless he be specially selected for further em ployment in the Army Medical Department, or if he be un willing to continue to serve therein, the services of a surgeo of class B shall be dispensed with, and he shall be entitled t receive in lieu of all pension or retirement, pension for wounds excepted, the sum of £1,000.

NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 2 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The post regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and fit after it has passed through the post.

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LUNACY CERTIFICATES.

1. Is it not competent for a *private* medical practitioner—in the case of lunacy of *one of his patients*—to certify as to the state of the person before his removal to the asylum, *without* calling in the aid of the dispensary medical officer, particularly when the friends of the patient wish it?

2. Are the magistrates *bound* to accept his evidence as sufficient, and do they run *any risk* by accepting the evidence of the private practitioner?

3. If they accept the evidence of the private practitioner, are they justified in refusing to certify for his fee, even though he might be paid by the friends of the patient?

4. I assume in the above case that a dispensary medical officer *could* have been procured. AN INTERESTED ONE.

[1. Perfectly competent. The dispensary medical officer is only indicated as to be sent for by the magistrates in case of a dangerous lunatic; but if the case is one coming under sec. 10 of the Dangerous Lunatics Act, the patient being apprehended by the police and brought before the magistrate, then the dispensary doctor is the only recognised certifier. 2. The magistrate is not *bound* to accept the evidence of the dispensary medical officer, or of any other practitioner; but the patient would be illegally confined if sent to an asylum without that evidence. 3. Quite justified in refusing to certify for a dispensary medical officer, but he can recognise no other.—ED.]

MR. CROFT.—Your note has been handed to the gentleman named.

SURGEON-MAJOR CURRAN, Warrington.—Your letter on "Some Quasi-Medical Popular Fallacies and Beliefs" shall appear, if possible, in our next.

ERRATUM.—In Mr. Dolan's paper, "On Pauperism and Drink," last number, bottom of page 453, "Dr. Webster's statistics are *reported* by Dr. Orme Dudfield," should read are *disputed* by, &c.

A NEW METHOD OF GETTING CHILDREN VACCINATED.

A CORRESPONDENT writes:—A few days ago I was spending the evening with an hospitable P.P., about eight miles from my residence; in the course of the evening I was handed a red ticket to go and see a child about two miles further on. Arrived there, and asked what was wrong with the child: will you credit it—they simply wanted to get it vaccinated, and thought the present too good an opportunity to be lost.

[The medical officer may refuse to vaccinate under such circumstances, inasmuch as the red ticket requires nothing from him but advice and medicine.—ED.]

G. A. O'C. writes:—I have examined two supposed lunatics within the last three months, and because I could not conscientiously certify them dangerous I received no fee. I have attended at petty sessions for correction of errors, and am barely allowed mileage.

[Under sec. 14 of 38 and 39 Vic., cap. 67 (page 494, "Irish Medical Directory"), "it shall be lawful for any two justices causing any person to be examined by any medical officer, if they think fit to do so, to make an order for 'reasonable remuneration,' and for the payment of all other reasonable expenses not exceeding in the whole £2." Thus it will be seen that (*a*) the medical officer is morally entitled to his fee whether he certifies the lunatic or not; (*b*) that he is also entitled to all other reasonable expenses; but (*c*) that the payment is altogether in the discretion of the magistrates.—ED.]

JUSTITIA.—Our protest lies against abuse of Government patronage, not against medical men who hold more offices than one, of whom we don't complain as long as they can do their work. Therefore we must decline the letter.

DR. PEARSE, Plymouth.—"Case of Scarlet Fever or Diphtheria" received.

DR. HARBINSON, Lancaster County Asylum.—We shall be happy to get the engravings done to illustrate your paper, which is one of rather unusual interest.

FAIR PLAY.—Your note sent for publication mentions no specific grievance or charge; your "private" note accompanying it is more to the point. We think it is a case in which there is no hope of redress, unless you boldly state your complaint and append your name thereto.

LE DR. CORU, Buenos Ayres.—Thanks; we cannot further increase our already large Exchange List.

NE EXEAT.—A correspondent with this signature writes to thank us for the insertion of Dr. Hoggan's letter exposing the St. John's Hospital family party as a warning to the charitably disposed. As our correspondent does not send his name we cannot—in accordance with our rule—insert his communication, which is held over for compliance therewith, not necessarily for publication, but as evidence of good faith.

PSEUDO-MEDICAL DEGREES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Your valued correspondent's anecdote is a really amusing one, but, unfortunately, it is just a little old. I have read it in print before, *verbatim et literatim*. I did not exactly believe it then, nor do I now, although it is semi-seriously reproduced in your columns from a "valued," but, at the same time, anonymous correspondent. As the affairs of the university in question do not concern me in any way I am unable to say whether degrees in theology, law, and medicine were all *distributed* after the same fashion there; but I assume that they were. Truth therefore compels me to say that I have known a few "smart" men in my time who could not obtain the M.D. at that university by the payment of twenty-five or even fifty pounds, because they could not pass the prescribed examination. Nearly twenty years ago I was intimately acquainted with a legally qualified gentleman, whose ambition it was to write M.D. after his name. By men who knew their profession it was admitted that he knew it also; and, moreover, he was moderately well-read in Greek and Latin classics. This gentleman essayed to obtain that Northern M.D. at least three times, and was "plucked" each time. No reason was assigned by the examiners for the "plucking;" but on taking notes between ourselves this gentleman and I agreed that he failed alone in his English spelling. So much for "Saunders's" chance of being made a doctor, if not even for his master's chance too.

I am, Sir, very truly yours,
THE AUTHOR OF "MEDICAL MEN AND MANNERS."

Nov. 28, 1879.

HARVEIAN SOCIETY.—On Thursday, Dec. 4, at 8½ p.m., Harveian Lectures: Mr. Edmund Owen, "On Certain Practical Points in connection with the Surgery of Childhood."

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), Dec. 3, Specimens: Ruptured Fallopian Tube, by Dr. Godson; Menstrual Decidua, &c., by Dr. Galabin; Milk Gelatinous Cord, by Dr. Cleveland; Uterus removed by Hysterotomy, Ovum Forceps, and other Instruments, by Dr. Heywood Smith.—Paper: "Report on Transfusion of Blood," by Prof. Schäfer.

VACANCIES.

Belrothery Union Workhouse.—Medical Officer. Salary, £90, and £10 as Consulting Sanitary Officer. Election, Dec. 15.

Dunfanaghy Union, Cross Roads Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, Dec. 17.

Melton Mowbray Union.—Medical Officer for the Wymond Lane District. Salary, £12, with fees extra. Applications to the Clerk of the Union before Dec. 17.

Monaghan County Fever Hospital.—Medical Officer. Salary, £50. Election, Dec. 3.

Mere Union, Wilts.—Medical Officer of Health. Salary, £45. Also Medical Officer to the Workhouse. Salary, £10. Also Medical Officer for the Second District of the Union. Salary, £105. Applications to the Clerk of the Union.

Nottingham Borough Lunatic Asylum.—Medical Superintendent. Salary, £450. Applications to "The Chairman of the Committee of Visitors" on or before Dec. 16.

Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £100, with fees, and Sanitary Salary. Election not fixed.

Wolverhampton Union.—Medical Officer for the Wednesfield District. Salary, £80. Applications to the Clerk, 49 Snow Hill, Wolverhampton, before Dec. 11.

APPOINTMENTS.

BOOTH, T. C., M.R.C.S.E., L.R.C.P.Ed., House Surgeon to the Oldham Infirmary.

BUTLER, G. H., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Westminster Hospital.

DENNING, F. A., L.R.C.S.I., Apothecary to the Sligo Dispensary, Sligo Union.

GEORGE, A. B., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the District and Workhouse of the Whitchurch Union, Salop.

GRAY, J. A., M.A., M.B., C.M., Assistant to the Professor of Medical Jurisprudence, Edinburgh University.

HAMILTON, S. G., L.R.C.P.Ed., M.R.C.S.E., House Physician to Westminster Hospital.

KERIGAN, L., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Castletown and Streamstown, co. Westmeath.

LUNN, J. R., L.R.C.P., M.R.C.S., Assistant House Physician to St Thomas's Hospital.

LYNHAM, J. I., M.D., M.Ch. Q.U.I., Professor of the Practice of Medicine at Queen's College, Galway.

MYLES, G., L.R.C.P.Ed., L.R.C.S.Ed., a Surgeon to Barrington's Hospital and City of Limerick Infirmary.

O'HAGAN, P. J., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Castlebellingham Dispensary District of the Ardee Union, co. Louth.

RUTHERFORD, R. L., L.K.Q.C.P.I., Assistant Medical Officer to the Durham County Lunatic Asylum.

SHARKEY, S. J., M.B., an Assistant Physician to St. Thomas's Hospital.

SKINNER, C. G. L., M.D., Medical Officer for the Blackley &c. District and the Workhouse of the Prestwich Union, Lancashire.

WARD, W. J. C., L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Harrogate Urban Sanitary District.

WATSON, E. J., L.S.A.L., House Surgeon to the North Shields and Tynemouth Dispensary.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major W. A. White, M.D. lately in medical charge of the Dublin Military Prison at Harbour Hill has retired on half-pay with the honorary rank of Deputy Surgeon General.

Births.

COLLINS.—On Nov. 24, at 72 Cadogan Place, London, the wife of W Maunsell Collins, M.D., Scots Guards, of a son.

KING.—On Nov. 17, at Ambleside, Westmoreland, the wife of W. More King, M.R.C.S., of a son.

MURPHY.—On Nov. 18, at Tranmere, co. Waterford, the wife of Surgeon-Major Murphy, of a son.

Deaths.

BROCK.—On Nov. 27, at 22 Lower Mount Street, Dublin, Edward John Brock, L.A.H.

COATES.—On Nov. 24, at Portumna, co. Galway, Samuel Coates, M.D. late Medical Officer, Portumna Dispensary.

CORRIE.—On Nov. 18, at Grafton House, Leeds, James Johnstone Corrie M.R.C.S.E.

GREALY.—At Carraroe, co. Galway, John Grealy, L.R.C.P.Ed., Medical Officer, Lettermore Dispensary.

HUNT.—On Nov. 26, at Herne Bay, Thomas Hunt, F.R.C.S., aged 81 late of Dorset Square, London.

JESSETT.—On Nov. 11, at Sheffield, George Jessett, Surgeon, aged 63.

ROBERTSON.—On Nov. 10, at Tredegar, Alexander Robertson, M.D.

WALKER.—On Nov. 22, at Holland Road, Kensington, Surgeon-Major George W. Walker, late of the Madras Medical Service.

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IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

Royal College of Surgeons, Dublin.

COLONEL KING HARMAN, M.P., D.L.

SIR,—The attention of the Council of the Irish Medical Association has been directed to a report of the proceedings of the Boyle Board of Guardians contained in the *Roscommon Herald*, in the course of which you, as chairman, are reported to have stated in communicating the result of an interview had by you with the President of the L. G. B. for Ireland, that "the reason" the board of guardians had proposed a reduction of the salaries of their medical officers of health, was that these officers "were not doing any work for the money." You are also reported to have stated your opinion that the dispensary medical officers "cannot do the duty. It is a work that should never have been thrown on them," because they "might have to report their own patients;" and finally you are set down as having stated that "all the authorities of the L. G. B. were then called out, and they all agreed" in that opinion.

The Council of the Irish Medical Association, upon the assumption that your remarks have been correctly reported, learn with much regret that a gentleman occupying your legislative and administrative position and possessing so much personal influence, should entertain a view so prejudicial to the interests of the poor-law medical officers of Ireland, and should express those views in public, and in your official capacity, without—as the Council believe—a full knowledge of the facts. The Council, moreover, desire me to express their great surprise that the authorities of the L. G. B., if they have spoken as reported, should think it consistent with their duty to depreciate the administrative efficiency of the large and important body of medical officers who act under their control, and for whose unsatisfactory performance of duty (if such existed), the board itself would be directly responsible.

The Council consider it necessary, in the interests of the Poor-law medical officers of Ireland, to meet at once the statements to which I have referred with a direct and emphatic impeachment; and they propose to show, *First*, that the medical sanitary officers have always been fully competent for the efficient discharge of their duty, and anxious to be permitted to do their work honestly, and without regard to their personal interests, and—as a matter of fact—did perform their part of the sanitary duty with great energy until compelled to cease from their zeal by the hindrances and discouragements offered to them by the boards of guardians, and by the L. G. B. *Secondly*, That the decadence of the Irish Public Health System has been the natural result of the course adopted by both these authorities, and is, in no respect, chargeable against the medical officers, upon whom the guardians now propose to visit their own *laches*.

It may be well, at the outset, to remind you that the sanitary office was not sought for by the medical profession; that it was forced upon them without a question asked as to their disposition for it; and that, as a fact, the imposition of its duties was most irksome to many medical officers, and was loudly complained of; and you will probably concur that when unsought-for functions are arbitrarily put upon any class of persons, it is at least reasonable that they should be liberally remunerated. The first step, however, in the series which has now culminated in the second breakdown of the Public Health System, was the order issued by the L. G. B. to the sanitary authorities not to pay to any dispensary medical officer for sanitary duty more than one-fourth of his dispensary salary, a suggestion of which those authorities availed themselves by voting remuneration, which the Council can only characterise as ridiculous. The average salary of all the medical officers of health in Ireland in 1876, two years after the passing of the Act, was under £18 a-year for the performance of duties analogous to those for which English medical health officers received a much larger sum. But this refusal of reasonable payments was not the only discouragement with which the medical officers of health had to contend, for they were met, as a general rule, with the open or covert hostility of the sanitary authorities who had been trusted by Parliament to promote sanitation, and by the coldness of the L. G. B. to all their complaints. Their reports and suggestions as to sanitary improvements, drawn up at much trouble and after unpleasant inspections, were, in a great majority of instances, wholly disregarded, marked "read," or indefinitely postponed, while the L. G. B., in consequence of its own refusal to provide inspectorial sanitary supervision, was completely in the dark as to the existence of the nuisances in question, and the attitude of the individual Sanitary Authority respecting those nuisances, and, therefore, was unable and unwilling to aid the medical officer in his efforts for improvement. The complaints and remonstrances of many of the medical officers of health, then and since, found their expression in the quarterly returns made by them to the Registrar-General, from which excerpts are regularly published, and you will there find abundant proof that medical officers were not backward in bringing the shortcomings of the public health system and the deplorable sanitary state of Ireland under official notice, although the great majority of such officers did not feel it their duty to express their views on the subject to any department other than the sanitary authority. If those representations were, as they unquestionably were, utterly ignored by the L. G. B. and the Sanitary Authorities, the fault lies with those bodies. If, under these circumstances, the activity of the medical officers was relaxed, who is to blame? That these officers are not responsible, that in spite of all impediments they did their duty cheerfully and jealously, is proved beyond doubt by the Parliamentary return made on the motion of Dr. O'Leary,

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M.P., on the 21st of March, 1878. By reference to which you will find that, in the first year of the operation of the Act of 1874, the medical officers made nearly 26,000 reports, or 32 reports per man. In the next year there was, in consequence of the way these reports were treated, a falling off of 56 per cent. in the number, which dropped to about 11,000, or 14 reports per man, and, in the third year, from similar causes, a further reduction to 9,000, or 11 reports per man. It should be remembered that the number of reports bears no proportion to the sanitary work done, inasmuch as all medical officers effect their object as much as possible by remonstrance and threats, and do not report the nuisances to the guardians until they cannot help doing so.

The Council have thus endeavoured to show the injustice and inaccuracy of your statement that the sanitary medical officers were not "doing any work for the money," and "could not do the work," in which view it is said the L. G. B. concurs. In conclusion, they desire to point out that the course now proposed by the Boyle guardians and other sanitary authorities can have but one effect, *i.e.*, to make the sanitary organisation of Ireland less and less efficient, and the public health of the country worse and worse. No employer of labour in any walk of life can get more work than he pays for, and it may be safely assumed that the less the medical officers are paid the less energy they will expend on their duties, and the greater the proportion of the work which will remain undone. If it be ever really desired that the sanitation of Ireland shall be improved, it can be readily done. Let the L. G. B. provide itself with the means (which it has never pretended to possess) of knowing which sanitary authorities and which medical officers are honestly doing their duty. Those means this Association has, in vain, exercised all its influence to procure, while the Government has resisted every such proposition. When such proper and essential supervision is provided, then let the medical officers of health be impelled to energetic action by the L. G. B., *and be paid what is reasonable and fair, and no more*, for their work, and let the Sanitary Authorities be so stimulated to work, and held accountable for disregard of their part of the duty.

If this be ever done, and if afterwards, it appears that the medical officers cannot or will not work, they will then, and not until then, deserve to be held responsible for failure.

I am, yours, &c., J. W. M.

CORRESPONDENCE.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just read the letter of "One who receives, &c," and I imagine the grim smile with which the respected secretary of the Irish Medical Association must peruse one sentence in it—"I don't think there would be any difficulty in getting every Poor-law medical officer to sign this and subscribe at the same time half-a-guinea to the Association." No doubt "the best hurler is the man on the ditch!" and it is just possible that, notwithstanding the confident tone of the writer of this letter, the "proper way to set to work" to make "every man in Ireland a subscriber to the Association" is awaiting the Greek Kalends for its discovery. However that may be, the Association is at present entering with earnestness on a very important work—that of obtaining compulsory superannuation and the payment of half the amount of the retiring allowances out of the Treasury funds. The matter is such an important one that I must crave a little space to put forward the claims of medical officers to early superannuation, leaving it to another occasion to point out the importance to guardians to have half the superannuations paid by the Treasury.

The two reasons which ought to ensure superannuation are age and ill-health. The amount of it ought to be determined by length of service. Ill-health from any cause except a man's own fault ought to secure superannuation, but that this may be fairly administered it can hardly be questioned that a medical board ought to be constituted in Dublin for the purpose of examination. The question of the age at which superannuation ought to take place is one open to more discussion. In Government offices sixty years of age is the earliest period for retirement if the health is good. But the case of a Government clerk, who can go quietly to his office at ten, and return at four, and who can take tram or cab if the weather is unfavourable, is not comparable to that of a Poor-law medical officer, who must pursue his work in all weathers, and at all hours of the night and day, and who must, in many districts, make great physical exertion in crossing mountains and bogs, where no conveyance can travel. There is an amount of physical exertion demanded of medical men which falls to the lot of none other of the educated classes of the community. They must exercise their muscles after the fashion of farmers, shepherds, and the constabulary. Now a shepherd is pretty much past his work at 55, and is either pensioned by his employer with a free house and a bit of ground, or he has to get relief from the workhouse; the farmer can hand over the heavy work to servants or grown-up sons; and the police-constable is sure to get put on pension at 55. I contend that it is only reasonable that the medical officer should have an opportunity of getting rest too when he reaches that age. While he is in harness he must be at his post; he cannot do his work by deputy. No doubt a substitute will be found for him if he is suffering from severe and prolonged illness, but it is just about the age of 55 that a man begins to suffer from these beginnings of failing health, which are not great enough in themselves to admit of asking for a substitute, and yet, if aggravated by some severe wetting, or by the exposure incurred during some sudden night call, lay the foundation of permanent disease. There need be the less hesitation in conceding this boon, because no man will take advantage of it who feels himself still able for his work: resignation implies the loss of attendance on police and of registration and vaccination fees; his income will therefore certainly be reduced very considerably. Moreover, he of necessity brings a rival to compete with him for any private practice that may be to be had. It may therefore be safely assumed that no one will avail himself of it unless he feels those premonitions of old age which warn him that he is not the man he once was, and that unless he gets some relief from labour his days are numbered.

Reasonable as it appears that superannuation should be equable in its distribution, there is no doubt that any attempt to grant it as a right will meet with the most determined opposition. I believe that one essential condition of success is that every Poor-law medical officer should at once become a member of the Irish Medical Association. I became a member about a year ago from a lively sense of favours I had received through the Association in the shape of increase of salary, &c., my conscience not allowing me to accept of benefits procured by the money and labours of others to which I contributed nothing. But in the present instance there is room for the working of that yet more potent form of gratitude which some one has defined to be a lively sense of favours *to be* received. I would therefore urge, with all the energy in my power, on every medical officer to become a member of the Association.

I am, &c.,

ALEX. W. WALLACE, M.D.

Parsonstown, November, 1879.

NORTH DUBLIN UNION.

LETTER read from Dr. Kirkpatrick, medical officer of the union, regretting that he had to tender his resignation, owing to ill-health, and thanking the guardians for the courtesy and consideration which he had received for a number of years from them.

Mr. Kennedy regretted the resignation of Dr. Kirkpatrick, and alluded to his eminent services, and hoped the guardians would give Dr. Kirkpatrick the highest superannuation in their power (hear, hear).

Alderman Meagher also exceedingly regretted to hear of the resignation of Dr. Kirkpatrick, who had for forty-

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seven years transacted his duties in a most efficient and admirable manner. He thought the consideration of the resignation should be postponed for five weeks, with a view of allowing them to see what was the largest superannuation they could give (hear, hear). He moved a resolution to this effect, which was unanimously adopted.

LIMERICK UNION.

THE following letter was read :—

SIR,—The L. G. B. for Ireland have had under consideration the proceedings of the Board of Guardians of Limerick Union, on the 15th ultimo, in reference to the reported failure of the medical officers of the workhouse to comply with a code of rules drawn up by the guardians for their guidance ; and in reference to the resolution on the subject, the L. G. B. desired to state that they have framed rules for the guidance of the medical officers of the workhouse, which have been in operation for many years, and have been regarded as sufficiently effective and comprehensive for all practical purposes, and then do not consider it desirable to sanction exceptional rules which would be in application to the majority of workhouses. At the same time, the L. G. B. presume that the medical officers of the Limerick workhouse will comply with a reasonable recommendation of the guardians as to their attendance and the discharge of their duties.—By Order of the Board,

B. BANKS, Sec.

Alderman Phillips asked if some of the officers at present in the house were appointed when the rule referred to by the L. G. B. was made.

Chairman—I do not think so.

Alderman Phillips did not at all know the reason of the L. G. B. acting in such a way. They now say that they have rules of their own which they suggest to the guardians to put in force. These rules were in force before they had resident medical officers. He suggested to have the matter left in the hands of the Hospital Committee.

Lord Clarina concurred.

Mr. J. M'Donnell said it was not the duty of the guardians to interfere with the medical officers in the discharge of their duty.

The guardians adopted the suggestion of Alderman Phillips.

ABBEYLEIX UNION.

VACCINATION DEFAULTERS.

An application was received from the relieving officer for remuneration for his trouble for hunting up defaulters under the Vaccination Act.

The Clerk said the local government had authorised the guardians to give the relieving officers some suitable remuneration for their trouble.

Mr. Owen—Is it not part of the relieving officer's duty to look after this matter? Well, if he allows a number of cases to accumulate in this way, why should we remunerate him for his trouble in looking after them?

The subject dropped.

THE MEDICAL OFFICERS OF HEALTH AND SANITARY PROSECUTIONS.

The following letters were read :—

Durrow, November 17th, 1879.

DEAR SIR,—Yours of the 10th inst. received, with a copy of a resolution passed by the sanitary authority on the 14th ult., viz., "That the salary to be paid each medical officer of health shall include his attendance at petty sessions in sanitary prosecutions."

With great respect I would observe that the terms of this resolution are not in accordance with those of the 258th sec. of the Public Health Act of 1878, which provides that any such arrangement shall be by agreement between the Sanitary Authority and the Medical Officer of Health, and I cannot consent to give my services at sanitary prosecutions without remuneration. I beg respectfully to say that the resolution referred to cannot debar me from claiming the fees to which I am legally entitled under the above-mentioned section.—Yours, &c.

J. R. PALMER.

Castletown, Mountrath, 11th November.

DEAR SIR,—I received your circular, with a copy of a resolution adopted by the board of guardians at its last meeting. I will be obliged by your informing the board that the resolution is in no way binding on me.—Yours truly,

W. HANRAHAN.

The letters excited no discussion.

WE regret to learn that a serious accident has occurred to Dr. Gabriel Stokes, of Mullingar, who, owing to the breaking of the belly-band of his horse, was thrown off his car, and sustained a fracture of the collar-bone. We are glad to learn that he is progressing favourably.

POISONING BY LAUDANUM.

LAST week an inquiry was held at Coagh, in the co. Tyrone, touching the death of a woman named M'Iver, who had come to her death under the following circumstances :—It appeared, from the evidence of a little girl, that the deceased was in the habit of taking laudanum frequently, and that she had sent witness to M'Callen's grocery shop for one halfpennyworth of laudanum. The witness brought a cup with her for the laudanum, and was attended to by Bella M'Callen, the grocer's sister, who poured it into the cup without measuring it. When the little girl returned, deceased drank up all the contents. Witness thought there was a teaspoonful and a half in the cup when she reached it to deceased, who remarked that it was a good halfpennyworth.

Dr. Burges in his evidence animadverted at length on the manner in which laudanum and other poisonous drugs are sold in grocery shops, and remarked that it would be more safe to the public if the sale in such shops of these dangerous drugs were prohibited.

The verdict was as follows :—"That the deceased came to her death by an overdose of laudanum, taken by her on the 21st November, 1879, without any intention of destroying herself—the laudanum being incautiously supplied by a local grocer, and we believe sufficient vigilance was not used in procuring medical aid sooner."

SLIGO UNION.

THE PAYMENT OF MEDICAL OFFICERS' SALARIES.

A CIRCULAR was received from the Mountmellick Guardians forwarding a copy of a resolution passed at their meeting with reference to what they called the "arbitrary" conduct of the Local Government Board in fixing, by sealed order, the salaries of the sanitary officers. They wanted to know what salaries the doctors got under the Sanitary Acts of 1874 and 1878, and if the salaries proposed by the guardians were objected to by the Local Government Board.

The chairman said he saw by the proceedings at a late meeting of the Boyle Board of Guardians that Colonel King-Harman, as chairman of that Board, had an interview with the Local Government Board because that Board refused to sanction a reduction of the salaries of the medical officers of the union.

Mr. O'Brien—Have they got any increase lately?

Chairman—They have a shilling additional for every

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person vaccinated, and other things. I think we may let it stand for the six months.

Letter marked read.

COLLOONEY DISPENSARY DISTRICT.

The L. G. B. forwarded to the guardians the following extracts from a return furnished by the doctor of the Collooney district, and they requested that the guardians should furnish their observations thereon:—

I believe there are a number of children in the district above six months old not vaccinated. I have done everything I can think of to try and make the parents bring their children to be vaccinated without little success. The number of children vaccinated this year under 6 months old was 5; over 6 months and under 12, 46; 1 year old and under two years, 60; 2 years old and upwards, 23—total, 134. The above figures speak for themselves. I consider the Vaccination Act, so far as this district is concerned, to be a complete farce. A long list of defaulters is sent in twice a year to the guardians. The relieving officer warns the people to comply who have not done so. About half of these come in, and then the matter rests.

The chairman and guardians seemed to think this a serious matter.

The Clerk said that there was a return called "Form P" which the doctor was bound to supply. It would be well to call on him for that, and then they could proceed against the defaulters.

This was ordered to be sent in.

WEXFORD UNION.

A LETTER from the Local Government Board on the proposed reduction of the salaries of the medical officers of health, desiring to express a hope that the guardians will consider the subject again, as the board are unwilling to resort to a sealed order for the purpose of regulating the additional salaries of the medical officers. If the guardians will fix them at the present rate the Local Government Board will consent to their being revised at the end of six months if it should appear meanwhile that the officers do not perform any additional duties under the recent Act and Order.

Captain Hamilton—I would ask you to assent to the terms of that letter, particularly as they offered at the end of six months—in the event of its being shown that no additional duties have been performed—to consider the matter. You are aware that all you are asked to do is to fix the salaries as they were under the Act of 1874. You are not asked to give an increased salary, although the officers of health have additional duties to perform under the Act of 1878. The Local Government Board, under the 11th section of the Act, is made a party to it, and are obliged to comply with it. Mr. Murphy said on the promise contained in the letter, though in justice to themselves he should say £10 was quite sufficient, still he would propose that the salaries remain as they were under the Act of 1874. Adopted.

OMAGH GUARDIANS.—OMAGH DISPENSARY POSTAGES.

THE letter of the hon. sec. of the Dispensary Committee, showing that he had been to the expense of 2s. 1d. in providing postage stamps for circulars summoning a special meeting of the Committee was read. The meeting had been convened on the written requisition of two members of the committee, to consider Dr. Fleming's application to be allowed to continue the services of an assistant doctor.

The Chairman could not see how the Guardians should object to the payment.

Mr. Moore said when the meeting was convened solely for the benefit of the dispensary doctor, he *thought the doctor, and not the Guardians, should pay the account for postage*. Another objection he had to the payment of the item consisted in the fact that the names of the members of the Committee requesting the meeting were not given in the circulars.

Mr. Greer said this was a quarrel about a shilling and a halfpenny (for the Local Government Board would refund half of the whole amount). It was the first time he had ever heard of the secretary of a Dispensary Committee being refused the amount he had spent in the postage of circulars. Dr. Fleming did his duty as well as any doctor in the union. Mr. Moore, in some cases, was not so chary about the rates of the union as he was at present. He moved that the postage account of 2s. 1d. be paid.

Mr. Moore said he believed that this "letting in the thin end of the wedge" would result in an endeavour on the part of some to have two doctors appointed to the Omagh district. Dr. Fleming took the post with his eyes open, and he should be able to do what Dr. Love did for twenty years, without ever applying for an assistant. He proposed that the postage account be not paid, as the meeting had been solely for Dr. Fleming's benefit.

Mr. Clements said he had no vindictive feeling towards Dr. Fleming, yet was inclined to Mr. Moore's view of the matter.

The question was put to the meeting, and payment of the postage account was passed by a large majority.

[It does not seem to have occurred to anyone that the Board of Guardians has no power whatever to refuse payment of such a charge, and if they did refuse, the hon. sec. might "decree" them for the amount on the first opportunity.—ED. M. P.]

REMUNERATION TO RELIEVING OFFICER FOR SERVING VACCINATION NOTICES.

The next special business was the consideration of Mr. Joseph Beattie's motion "That Mr. Cochrane, Relieving Officer, be paid at the rate of £5 per annum for the last four years, for serving notices under the Vaccination Act."

The motion was seconded by Mr. Hugh Gasham.

By a recent resolution of the Board Mr. Cochrane's duties in this respect had ceased, the Guardians ruling that the notice emanating from the doctor should be deemed sufficient, and the motion was for a remuneration of Mr. Cochrane's past services which had not been paid for by the Board.

After a considerable amount of discussion, on the amendment of Mr. A. C. Buchanan, seconded by Mr. Claudius Martin, Mr. Cochrane was awarded the sum of £5.

ACCORDING to the *Apotheker-Zeitung*, of 118 samples of children's toys officially examined in 1878, 53, or nearly one-half, were adorned with poisonous colours. At least 50 per cent. of these German toys are made for the English market.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and address to Dr. JACOB, at the Dublin office of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 10, 1879.

CONTENTS.

Original Communications.

DIPHTHERIA.

By W. H. DAY, M.D.,

Physician to the Samaritan Hospital for Women and Children.

(*Continued from page 475.*)

Causes.—A specific poison, either generated within the body, or external to it, is the cause of diphtheria, which spreads by contagion and infection. Sir W. Jenner traces "diphtheria (like erysipelas) to cold when the exposed person is depressed from fatigue, mental or moral causes, &c."(*a*) It spares no class of the community, affecting the poor as well as the rich when an epidemic prevails; but it is probable that, notwithstanding the evidence that has been brought forward to the contrary, defective drainage, debility, and exhaustion favour its development. The disease is not peculiar to any particular locality; it has been as prevalent in high and exposed situations as in low and sheltered places; on clay and damp soil, and on dry and light soil; on richly cultivated soil, and on barren moorland; in the open country and in the densest towns.(*b*) It does not, however, appear to be so frequent in dry districts, where the drainage is good and the soil permeable, as in damp marshy districts in the vicinity of water. Still, this does not clear up the cause of the epidemic, for dry places have been severely visited, and damp places have escaped. "Indeed, it is evident that some other factor besides damp is required for the causation of this disease, seeing that humidity in every conceivable form and degree always exists in one place or another; whereas diphtheria had been unknown as an epidemic in this country for three-quarters of a century previous to its recent invasion. Dampness must, therefore, be regarded rather as an auxiliary than as a principal cause of the disease." (*c*)

As to the outbreak in North London, in 1878, Mr. W. H. Power found that, with regard to time, the customers of milk retailers who bought their milk of the same proprietor, possessing a farm at Muswell Hill, as well as cowsheds at Kilburn, bore almost the whole of the brunt of the outburst, which first attracted attention to the district, and which was referred to sewer causation. It seems probable that Mr. Power's observations must be regarded, in the present state of our knowledge, as rather suggestive and incitive than conclusive.

What the exact nature or essence of the disease is we do not at present know. How the germs of the disease are first developed, whether they ever arise *de novo* (which is not improbable), or whether the soil into which they have been introduced is peculiarly adapted for their growth, are questions which the science of medicine has still to deal with, but certain it is that when a person is struck down with the disease, he is capable of contaminating the surrounding air and drinking water, and so of communicating the disorder to others.

Bretonneau held the view that the atmosphere could not transmit the contagion of diphtheria. He taught that the only way in which it can be contracted is by inoculation—that the diphtheritic secretion must come in contact with "a soft or softened mucous membrane or with the skin, on a point denuded of epidermis." (*a*) This is a subject still open to discussion, but most authorities agree that the disease is contagious, and can be conveyed by the atmosphere, invisible emanations from the sick, or even from sewer gas.

Family susceptibility is sometimes very great. All the members of one family may be attacked, whilst those of another family living under the same roof may escape. Some may have the disease slightly, and others severely; the delicate succumb more readily than the strong.

A correspondent throws out the hypothesis that as the disease often spreads in a family, and does not extend to other persons going freely about the patients, "the poison germ of diphtheria is modified by its habitat, becomes, in fact, a new variety growing out of, and specially adapted to, the constitution in which it has developed, and that

(*a*) Introductory Address before the Clinical Society, 1875.
(*b*) Dr. Greenhow on Diphtheria, p. 124.
(*c*) *Ibid.*, p. 125.

(*a*) New Syd. Soc. Trans.

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this contagion finds in the kindred constitutions of brothers and sisters fit soil for its growth, while it is thrown off by stranger organisms to which it is unadapted." (*a*) Dr. Alfred Carpenter also supposes "that diphtheria is dependent upon a germ of living matter, which is capable of reproducing itself when it meets with a congenial soil." He considers that there is a close analogy between it and potato blight, the conditions which promote the one have also an influence upon the other. He adds that sulphurous acid, locally and generally applied, is the best application, and that the germs cannot grow in a creosote atmosphere. (*b*)

The clothes of a person may be infected with the poison, and he may thus transmit the disease to others, though he is not labouring under it himself.

An instance came under my notice in November, 1878, where a little boy in health called at a house in which a child was lying ill of the disease; he returned home, was struck down with the disease within forty-eight hours, and died on the seventh day. He conveyed it to two brothers and a sister. The little girl, eight years of age, walked eight miles one day, was prostrate with the disease on the next day, and expected to die on the third or fourth day, but eventually recovered.

Sequelæ.—The heart is prone to become enfeebled, notwithstanding the free exhibition of stimulants and the progress towards recovery. Sudden failure of the pulse and circulation now and then comes on, and the weakness continues till death. Valvular disease of the heart has been known to result from diphtheria. The processes involved in this disease may bring about morbid changes of the endocardium affecting the valves. Dr. Burdon Sanderson (*c*) has shown the identity of the valvular lesions after diphtheria with the ulcerative endocarditis of Kirkes, well known to result from several acute specific diseases. Sanderson continues by demonstrating what he happily terms the "doubly infective character" of those forms of endocarditis after acute diseases. They result from specific infection, and in turn produce morbid changes in the organs. Infective material becomes detached from the diseased valves, and distributed to the kidneys, liver, and lungs. (*d*) Heiberg and Weigert go further, and pretend to have discovered the very *fons et origo mali* in colonies of micrococci which they believe produce the endocardial disease.

Sometimes the muscular system is fearfully depressed, and the patient loses all power over his limbs, so that he cannot support himself or put on his clothes. More frequently the muscles of deglutition are seriously involved, and the sensibility of the fauces is so affected that fluids return through the nose, whilst solids cannot be swallowed, and the voice is weak and nasal.

Dr. Greenhow has recorded a most instructive case of diphtherial paralysis (*e*) in a young woman, aged twenty-one, which followed sore-throat said to be diphtheritic; the left side was most affected. There were cough, much expectoration, and loss of voice, so that she could only speak in a whisper. As the throat improved "her voice became snuffling and indistinct, and she had difficulty in swallowing liquids. A few days later she had begun to experience a sense of numbness, and of tingling and pricking, as if of 'pins and needles,' in the tongue, palate, and lips, attended by loss of taste." A month before Dr. Greenhow saw her (June 29, 1869) she lost all these symptoms, and considered herself convalescent, when suddenly, whilst walking a short distance, "she felt a pricking and tingling in the feet and lower limbs, with loss of power, as if her feet and limbs would give way under her." To this succeeded pricking and numbness in the tips of the fingers and wrists, and she did not know when she held an object unless she also saw it. Her sight now became impaired, and it grew so bad that she could only just see to move about the room. On July 2, when admitted into the Middlesex Hospital, among the paralytic symptoms of impaired motion and sensation, she could not tell whether the object she held was hard or soft, hot or cold. The fauces were red, and the left side of the soft palate and the muscles of the left cheek moved less freely than the right. There was a soft systolic blowing murmur at the base of the heart; the urine was free from albumen, but deposited a cloud of phosphates. Under the use of iron, strychnia, and a full diet, with a pint of bitter ale daily, she was discharged convalescent on August the 7th.

(To be continued.)

(*a*) On the Contagiousness of Diphtheria. The *Lancet*, Jan. 4, 1879, p. 34.

(*b*) A possible predisposing cause of Diphtheria. *Brit. Med. Jour.*, Jan. 4, 1879, p. 8.

(*c*) Lectures on the Infective Processes of Disease. Lect. IV. —*Brit. Med. Jour.*, Feb. 9, 1878. P. 179.

(*d*) See Chap. on Ulcerative Endocarditis.

(*e*) Clinical Transactions, Vol. 3, 1870, p. 22.

ON SHOCK. (*a*)

By E. D. MAPOTHER, M.D. Qu. Univ.,
President of the Royal College of Surgeons, Ireland.

Gentlemen,—In opening the Forty-ninth Session of your Society a difficult duty devolves upon me, that of offering to an assemblage of educated and experienced practitioners any general remarks of interest or value. Addresses in this and similar places have exhausted biographical, historical, and medico-political topics, and I find that already sound practical papers crowd our programme for this and subsequent meetings. I therefore, crave your indulgence whilst detailing some physiological and surgical reflections which have occurred to me. They relate to Shock, its nature, endurance by certain races, and treatment.

That the vaso-motor nervous system is profoundly engaged in shock, such as that from great burns, appears in the weakened heart, contracted arterioles, lowered temperature, and ashy-pale and shrunken skin. Meanwhile, many of the cerebro-spinal functions are unimpaired. Last September, a cook, burned over five-sixths of her surface, was brought to St. Vincent's. Although the body was soon almost that of a corpse, as to pulselessness and coldness, her mind was perfectly clear till within ten minutes of death, which occurred eight hours after the accident. The same may be said of the collapse caused by cholera, or rupture, or gangrene of an abdominal viscus. In 1866, the testamentary capacity of a gentleman, who made his will within half an hour of his death by choleraic collapse, was allowed in the Probate Court on my evidence, and that of others who had attended him.

The cerebro-spinal functions may, therefore, be unconsidered whilst we estimate surgical shock, and it may be taken for granted that the crush of a palsied limb would shock as would the crush of a hardy limb. On the other hand, Sir J. Paget tells us excitable people, with "too great vivacity of the cerebro-spinal system," bear operations well; pain may be loudly complained of, but the circulation is unmoved.

The essential phenomenon of shock, contracted arterioles, can be observed in the rabbit's ear, the bat's wing, or the frog's web, when a remote part of the animal is injured, and it is possible to see the same in man. When strong light is thrown on the mucous surface of the lower lip, everted and steadied in a clamp, the smallest vessels may be watched, no colouring matter intervening, and our expert ophthalmoscopists could readily show us the retinal arterioles in a collapsed patient.

This lessening of calibre could be due to any of four causes—

1st. Lowering of the heart's force, which normally expands the vessels.

2nd. Palsy of the muscle supplied by dilator nerves, which in many parts had been shown to widen by shortening arterioles.

3rd. Spasm of the circular muscles of the vessels themselves.

(*a*) The Inaugural Address read before the Surgical Society of Ireland, Nov. 21st, 1879.

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4th. The arrest of capillary and tissue interchange, the "*vis a fronte.*"

A few points of evidence for and against each possible factor may be adduced, the unsettled question whether the vaso-motor nerves arise in cerebro-spinal or pre-vertebral ganglia being disregarded.

The pulse falls in every form and degree of collapse, including syncope, which Travers laconically called "an epitome of shock."

When death follows instantaneously great injuries to parts other than the brain and upper fifth of the cord, the heart is plainly the prop of life which has given way. Crushing of a testicle, or of a limb, or blows on the epigastrium without visible lesion, have caused instant reflex palsy of the heart. It is noteworthy that deaths by the last-named violence are infrequent, some six being recorded, and that in two homicidally produced, criminal pathology was at fault, for acquittal followed on the grounds that no cause of death was found on the body.

Slighter contusions over the abdomen will slow the pulse for days. Last month I admitted a lad because his pulse was but 44, who, ten days before, had fallen on the pit of his stomach across a bench. There was no lowering of temperature, nor indeed, any other physical symptom, but he had much dread of ill results. In a few days his pulse settled at 80, probably its normal rate.

Wounds of the heart have been always followed by profound shock even before loss of much blood, and section of the cardiac nerves on one side will slow the beat, while stimulation of the distal segment will quicken it. That shock is reflex would appear from its greater intensity and persistence when nerves are crushed, conduction being still possible, than when they are wholly severed. If in shock the heart were but secondarily affected it could only be by want of blood for its own substance, or the pressure on the semi-lunar valves of blood thrown back from the arterioles. It has been well said that the heart lies within a greater heart—the chest—the movements of which urge the blood most powerfully, and we, therefore, seek other explanations of shock, or to put it practically, we do not place all our trust in alcohol and other cardiac stimulants.

It cannot be doubted that there are nerves which, when artificially excited, cause longitudinal muscle in arterioles to widen by shortening those vessels. So widens by shortening, lengthens by narrowing the bowel and the worm from which the movements are termed vermicular. Such nerves have been most plainly demonstrated in the supply of organs of occasional activity, the sub-maxillary gland, intestine, penis, and ovary, wherein secretion, absorption, erection, and turgescence may be respectively promoted by the greater afflux of blood. It is easily conceivable that shock would palsy dilator nerves, and let the contractors gain mastery. From the pelvic and abdominal viscera proceed the profoundest shock impressions, and in them dilator nerves most abound, and cerebro-spinal nerves are fewest. The latter organs have a peculiar circulation controlling absorption and great tissue change, and on it also shock may specially tell.

Ruptures of the alimentary canal and of the uterus, injection of iodine into ovarian cysts, escape of irritants into the peritoneum, are amongst the causes which have killed by direct shock, or to use the words of Paget, "the shock of suddenly ensuing vast local disease."

If there be such dilator nerves in the limbs they do not accompany the great trunks, for section of the sciatic or brachial plexus causes dilated vessels just as occurs in the head when the cervical sympathetic is severed.

That poisons in the blood stream will excite to contraction the circular muscle of the arterioles has been most ably urged by Dr. G. Johnson, the cholera poison, and some morbid state of blood in asthma, on the pulmonary, and urea on the renal and general vessels being his favourite examples of this state in acute, occasional, and chronic forms. So highly do I estimate the powers of observation and of philosophical argument which that great physician possesses, that I confess myself convinced against my will. I mean that surgical collapse could not be accounted for by primary spasm of any muscle, though that of choleraic collapse might be, and I regret that two such similar states cannot be shown to have similar causes. One vegetable poison, tobacco, was shown in 1837, by James Blake, to kill by obstructing the pulmonary circulation, not by directly weakening the heart. The rigor which tells us a morbid poison has hatched points to difficulty of pulmonary circulation, while at the same time the albumen in the urine tells us the blood is not getting freely through the kidneys.

Vaso-motor spasm is usually symmetrical; for instance, the thermometer has fallen to 32° in one hand, while the other was kept in ice, but the coldness following on a crushed limb has not been specially found in its fellow. The spasms might be reflex, the sensory nerves carrying the impression centred, and in this way the main therapeutic effect, contraction of deeper vessels, produced by blisters, has been accounted for. The intensity of shock caused by extensive burns, especially those exposing the papillæ, supports this idea of reflex spasm.

Sedatives, opium, chloral, and the like, we should use if we saw we had to deal with pure muscular spasm excited by pain.

The rise of temperature after death by choleraic and some cases of surgical collapse could be explained by the relaxation of arterial spasm, tissue oxidation being for a while resumed. The axilla has given 110° fifteen minutes after death by a crush of the cervical cord. In support of the theory that in collapse death is by apnœa, it may be stated that in carriage accidents the danger by shock is in inverse ratio to the amount of air in each victim's lungs, the greater amount drawing forward the blood for aeration the longer.

The gaseous, liquid and solid contents of capillaries pass every instant of our life outwards, and inwards proceed at least gases and liquids. These interchanges resulting in the building of tissues and the removal of their ruins when oxidised, set free the heat which marks the being from the thing. Such is a potent, perhaps universal force in plants and in the humblest animals, although vessels and nerves may be unseen. In shock at once fatal, such changes cease, and molecular quickly follows on somatic death, a necromia or necrobiosis occurring.

Animals are the more easily killed by shock, the higher their temperature—the whaler's harpoon and the fowler's shot quickly kill beings whose calorific power mounts to 110°. When, by want of food, their temperature falls, the slightest injuries prove fatal. The Greeks fed on meat before battle were heroic, and many a poor fellow in our hospitals bears an operation the better for a week's good diet. The hybernated mammal is like a man in shock—food, tissue-change, temperature, breathing, pulse, all lowered, and the restorative for each is the same, heat. Men habitually in air heated up to 120°, and sweating 3 lbs. per hour, such as steamer and gas stokers, fall from slight chills into collapse approaching that of cholera.

Nerves may exist in the humblest animals, although from transparency and minuteness our microscopes do not show them, and capillaries may have muscles and nerves controlling them. Indeed, Stricker has, in young tadpoles, contracted capillaries by electricity. It is, however, probable, that in shock the veins throw back blood to the capillaries, and that therein it may clot and stop tissue change. The blood cells are mainly formed in the abdominal organs, and the membrane which envelopes them, and the vast shock following injuries of these parts may be explained under the head we are now discussing. People with slow circulation and cold extremities bear shocks ill, but other surgical processes favourably.

Here I may note that temperature is the main guide in the diagnosis and prognosis of obscure internal injuries attended with shock. In a large series of observations in St. Thomas's, Mr. Wagstaffe found the mean fall of the thermometer in injuries of the brain and cord to be 5·8°, and in peritoneal injuries 4°. Among great falls, in

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fatal cases, may be noted ovariotomy, just after operation, 90°, fatal in 12 hours; fractured skull, 87·4°, fatal in 9 hours; fracture at 6th cervical spine, 81·7°, fatal in 48 hours. In spine cases the coldness is always proportional to the height of the lesion of the cord. The lowest temperature ever recorded where recovery ensued, 91·2°, was a case of cut-throat, mental depression having probably much to do with that result.

The violence of shock in infants is due to the great inhibitory power of the sympathetic; the heart and tissue change are active, yet calorific power is low. Pain is, in them, probably the excitant of the shock, and with no patients are anæsthetics greater blessings. However, very slight operations on children will shock fatally. Thus died, in 34 hours, a boy, æt. 3, whom I circumcised in St. Vincent's, in 1860.

The intense shock from injuries to the skin may be due to the extent of its sentient surface, or to the arrest of its blood-making and blood-aerating functions in the lymphatics and capillaries. If the blood be arrested near the surface radiation and evaporation will quickly rob heat. On the whole, although I prefer the palpable to the occult, I think that the extinction of the *vis a fronte* best explains the phenomena of shock.

I remember being much struck on reading the remark of Velpeau when the greater mortality of the operations in French than in English hospitals was being debated in the Academy. He exclaimed, "I admit a sort of immunity in favour of the English flesh which, by a kind of physiological privilege, proves more refractory than French flesh to the accidents which ensue on great operations."

A few words, therefore, as to the physiological characters of the races which most concern us. Of the points Tacitus assigned to the Saxon, "Cœrulei oculi, rutilæ comæ, magna corpora," the last most endures—plentiful animal food having kept up visceral strength. Captain Ross chose for Arctic voyagers those sailors whom he knew to be great eaters. Saxons, cradled in an Asiatic climate where the summer is for two months only, and made hardy in the north of Europe, bear residential changes best of all men.

The pure Celtic Irish showed Aryan origin more plainly, as Strabo calls them poephagi—vegetable feeders. He and subsequent writers, friendly and hostile, point to their cerebro-spinal activity—shown by muscularity and mental endowments, but also to their want of self-reliance, causing them to follow and expect much from leaders, self-elected and self-serving. At no time more fitly than the present may it be said that history repeats itself.

The vaso-motor and visceral strength of the Celts have, during many centuries, fallen with scanty food, and their weak endurance of climatic changes raises the death-rate of New York and other ports where emigrants arrive. It is certainly hard to tell the proportion of Saxon to Celt in Ireland. In 1760 it was said to be in Connaught 1-10th, in Munster 1-6th, in Leinster 1-3rd, and in Ulster 3-5ths; but now the proportions are much less. As Saxon immigrants have been in greatest proportion males, the visceral characteristics of the Celtic mothers have prevailed in their descendants. Dr. Beddoe found out of 1,300 Dubliners, 54 per cent. had fair hair, and Wilde, of 1,200 other Irish, discovered the iris to be per cent. blue in 24, brown in 9, and dark in 66.

Thus far had I written when I sought for statistics of the relative shock-endurance of the Saxon and the Celt. Time only allowed me to search as to the first in the London hospitals' reports, and I carried away the impression that after great injuries and capital operations, the deaths by secondary causes, uræmia, septicæmia, sloughing, lung complications, and exhaustion, are greater than ours, but that deaths by shock are proportionally vastly less.

Take ovariotomy, shock does not cause half the deaths in London, as in Dublin, judging of our city by Mr. O'Grady's reliable statistics. I feel bound to say that the principles and practices which should guide us in this and other great operations are not systematised with us city. Our hospitals are numerous, but small—one-sixth the average London size—hence large data can be only collected by their being formulated for all in common. This Society appears to me capable of affording such organisation—the more so as its secretaries never seem tired of work.

Although ovariotomy in Germany has a high mortality, shock is a rarely assigned cause. Mr. Wells last week stated that, since he began thorough antiseptic practice he had 6 deaths in 81 cases, the last 36 operations having all survived. The latest example of Saxon endurance of shock was that of 35 German cases of Battey's operation, not one killed by shock; the 9 deaths were by septicæmia.

The French statistics of ovariotomy show a very high mortality by shock, and in the Crimean and Franco-Prussian campaigns, gunshot wounds and operations on that side were far more fatal than on the sides of the Saxon nations—English and German. For example, MacCormac tells us that among the French, after Sedan, 19 of 27 gunshot fractures of the thigh were fatal; while Stromeyer reported from the German side only 6 deaths in 34 like cases.

A French soldier frets unceasingly if a ball remains in, or if he bears a shattered limb, hence the pressing need for primary operations. Malgaigne allowed that the mortality in Paris hospitals after thigh amputations was 62 per cent., while at the same time, according to Sir J. Simpson, it was in British hospitals only 38. The Saxon's calm endurance, and the Celt's over-sensitive and excitable temperament, go far to explain these striking differences.

No disease ever differentiated race so remarkably as the sweating sickness in Ireland in 1492—the English being exclusively attacked, owing probably to their grosser food.

Sir J. Simpson assures us the potato-fed Irish, the oat-fed Scotch, the rice-fed Hindoo bear operations wonderfully; but this I am sure is because secondary evils more rarely come on, not that their shock endurance is greater. The often-quoted constitution of the brewery workman is just the antithesis.

The East Indian tribes are usually believed to bear injuries and operations with wonderful immunity; but I think this refers to their not suffering such secondary ills as sloughing, pyæmia, and the like, and their freedom from visceral disease, because of temperance in food and abstinence from alcohol. Such operations as herniotomy, and such diseases as cholera, great producers of shock, kill them more easily and rapidly than European residents. Much the same is true of the American Indian tribes, who spread from them along Behring's Straits, notwithstanding Humboldt's belief in the Irish and Welsh traditions which assign these Celts as the immigrants to America before Columbus. One tribe of them, the Mandans, was blotted out for ever in a few days by small-pox often in its incubative stage.

The black races, African and Australasian, are wonderfully insusceptible of pain, and it was often recorded in pre-anæsthetic times that negroes held the upper part of their limbs while the lower parts were being amputated. The venous system and right heart in this race is greatly in excess; the lungs small. We may thus physiologically account for the above described *sang froid*. In the same races ovariotomy has had slight fatality, and parturition causes little shock, and very few hours' confinement; while negro blood boils up with small-pox, the poisons of yellow fever and ague almost fail to disturb it.

Now a very few final words as to what we can do for those with a great shock. Spasmodic contraction of the minute arteries is certainly the condition, and external heat most certainly relaxes such spasm. No means can equal a hot-air bath; the temperature can be graduated in two or three chambers; complete recumbency can aid the weakened heart's force, and air heated and vapoured to any degree can be inspired. I never saw a man who could more truly have been said to have been revivified than was a bronchitis patient in St. Vincent's,

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just admitted last Friday night. From one of my surgical wards, I was called to see him dying, as it was believed, in a sudden fit of dyspnœa. Breathing the hottest possible steam, within half-an-hour his respirations became easy, and all traces of non-aeration vanished. How much of the effects of smokes of all kinds in asthma may be due to temperature and moisture. In no other bath than that of hot-air will the sweat forcibly spring from its glands and burst off the coating which covers our unwashed poor almost as continuously and impermeably as the serpent's slough, and if lung aeration be hindered the skin is the great auxiliary. Water baths, or clothing which only retains heat already set free, and in many shock cases scarcely any is set free, cannot act in the above ways. Frictions with turpentine and other rubefacients, and enemata of water at 120°, or of stimulating mixtures, can be readily used in the heated chamber. The drug I have just mentioned seems most suitable for combating shock; it is quickly diffusible and diuretic. Now if morbid poisons will contract the general, pulmonary, and renal arterioles, as rigor, dyspnœa, scanty and albuminous urine seem to show, turpentine must be useful by promoting the passage of the blood through the kidneys. In hysteria vaso-motor irritation there is and turpentine often allays it by diuresis. Nitre by its diuretic, oxygenating, and fibrin-dissolving actions may be also useful.

Expansion of the chest by Sylvester's, the best mode, can be most advantageously used in a hot-air bath, as the inspired amount will give, not rob heat. In shock the blood urged from the surface congests the viscera, and artificial respiration must therefore give relief in the renewal of the fit distribution of the blood. We should remember that the whole of the blood would scarcely half distend all the vessels at once, and it is therefore that arterial muscularity, the great distributor, is so powerful, so vital. In the interest of the shocked, the shivering and the starving, I think there should be in every hospital, near the entrance, a hot-air bath. Its use in many forms of disease is becoming more widely known. The fulness of the right heart, and of the unvalved veins above it in man and other animals under shock and dyspnœa, has tempted Mr. Savory to advise jugular venesection in severe—apparently hopeless—cases. The milder expedient of leeching over the mastoids will as directly, if not as rapidly, drain this dammed back blood.

ON SCLEROTOMY IN GLAUCOMA. (a)

By H. R. SWANZY, M.B., F.R.C.S.I.,

Professor of Ophthalmic and Aural Surgery, Royal College of Surgeons in Ireland; Ophthalmic Surgeon, Dr. Steevens' Hospital; Surgeon to the National Eye and Ear Infirmary.

You are aware that twenty-two years ago the cure for the disease called Glaucoma was discovered by my lamented master, Albrecht von Graefe. Until then this disease was absolutely incurable, and if Von Graefe had not contributed in any other way to the progress of ophthalmology, this discovery alone would have immortalized his name. By means of it hundreds, nay thousands, are annually relieved of a disease which otherwise leads with certainty to complete blindness, attended in many cases with violent and protracted pain. You also know that the cure which Von Graefe discovered for glaucoma is iridectomy. An incision is made in the corneo-sclerotic margin, opening the anterior chamber; through this incision a small portion of the iris is drawn out and abscised. The prominent symptom in glaucoma is increased tension or hardness of the eyeball, due to its being over-full; and this it is which causes the blindness and pain by pressure upon the optic nerve and ciliary nerves respectively. After a properly-performed iridectomy the tension of the globe is permanently reduced to the normal standard in a large number of cases, the pain relieved, and the sight preserved. What causes glaucoma? How does increased tension of the eyeball arise? How does iridectomy cure this disease? To these questions the great author of the cure himself failed to find satisfactory answers. Besides him many physiologists and ophthalmologists have endeavoured to solve these problems, but it is only within the last two or three years that the true light seems to be breaking through the cloud. It does not come within the scope of this paper to give even a cursory view of the various doctrines of glaucoma which have been held from time to time. I shall merely mention that these theories followed in one or other of two chief lines, one which regarded glaucoma as a disease caused by hypersecretion of the intra-ocular fluids, the other which regarded it as caused by retention of those fluids, or obstruction to their passage out of the eyeball. Evidence has of late been running very strongly in favour of the latter view. Now, amongst those who long ago declared themselves as supporters of the theory of retention was De Wecker, of Paris, and not only did he support this view, but he also declared that in his opinion the iridectomy acted in the cure of glaucoma, not by virtue of the bit of iris excised, but by virtue of the cicatrix in the corneo-sclerotic margin. The microscope shows that this wound does not heal by the immediate approximation of its lips, but that a semi-transparent substance is interposed. De Wecker believed that this substance admitted of a freer transudation of the intra-ocular fluids, and thus the cure. Since De Wecker put forward this view, which for many years he defended single-handed, my friend, Prof. Theodore Leber, of Göttingen, has made his famous investigations with regard to the "Interchange of Fluids in the Eyeball." By these he has shown that the point at which the effete intra-ocular fluids chiefly escape is at the angle of the anterior chamber, passing outwards through the ligamentum pectinatum, or space of Fontana into the canal of Schlemm. Pathological researches (Adolf Weber, Knies, &c.) of a still later date have shown that in glaucoma this way of exit becomes obstructed by the adhesion of the periphery of the iris to the periphery of the cornea. These investigations combined now to make De Wecker's theory of the action of the corneo-sclerotic cicatrix seem very plausible, and it remained only for him to establish his position by an operation which would enable him to produce this cicatrix without an iridectomy. The great difficulty to be contended with was the tendency of the iris to prolapse and become incarcerated in the incision, a circumstance which would of course completely nullify the desired effect. Fortunately eserine, the active principle of the Calabar bean, was isolated just at the time, and is now an article of commerce. A drop or two of a 1 per cent. solution of eserine produces an active contraction of the pupil, so that when the incison in the corneo-sclerotic margin is completed no prolapse of the iris takes place. In order the more completely to guard against this occurrence, De Wecker performs the operation which he calls sclerotomy in the following way: With Von Graefe's cataract knife a flap of from three to four millimetres high is formed in the upper portion of the corneo-sclerotic margin, the line of incision lying one millimetre distant from the clear cornea. The flap, however, is not completed, but about one-third of it is allowed to remain undivided, and the knife is then slowly and carefully removed from the eye. During the performance of the operation the aqueous humour escapes, but, thanks to the violent contraction of the pupil from the eserine previously instilled, and to the bridge left standing, prolapse of the iris does not take place. In a paper by Dr. de Wecker, read in the Ophthalmological Section of the late meeting of the British Medical Association at Cork, he reports that he had performed forty-eight sclerotomies, all with good result, since the commencement of the year. The cases upon which he had operated were all cases of simple chronic glaucoma. This is the most insidious form of the disease. Exteriorly the eyes seem, for the most part, quite healthy, there are no so-called inflammatory symptoms, no

(a) Read before the Surgical Society of Ireland. The discussion will be found at page 501.

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pain or injection of the eyeball. The chief—indeed, I may say the only—objective symptom is gradually progressive blindness. Upon examination, the surgeon finds increased intra-ocular tension, a deeply excavated optic disc, diminished central vision, and contraction of the field of vision. Now in this form of the disease iridectomy has not proved so successful as in the more acute or inflammatory forms, and of this Von Graefe himself was well aware. While many cases of simple chronic glaucoma are arrested in their progress by iridectomy, still there is a considerable percentage of cases in which beyond doubt the downward progress is even more rapid after the operation than before it.

These are some of the most anxious cases with which the ophthalmic surgeon has to deal. The very worst cases of simple chronic glaucoma are those in which the contraction of the field of vision approaches very close to the fixation point, while perhaps the power of central vision may be fairly normal. Let such a case alone, and the central vision will ere long become involved, and absolute blindness rapidly ensue, whilst if an iridectomy be performed the prognosis still is doubtful, and great is the disappointment if soon after the operation the vision deteriorates at a more rapid rate than before. My experience with iridectomy in such cases would make me very satisfied if I succeeded in securing for the patients the poor bit of sight they may have prior to the iridectomy—for an improvement in it I have never looked.

In June last I performed an iridectomy upon a case of this kind in the National Eye and Ear Infirmary. Vision gradually and steadily deteriorated after the iridectomy, although the tension of the eyeball had become normal, and I greatly fear by this time the eye will have become completely blind. At the same time I admitted a patient from North Wales, in whose right eye the sight was completely lost from glaucoma, while, in the left eye, there was simple chronic glaucoma, but the vision was still such that he could count fingers at three feet distance. The patient could not speak nor understand English, so that his examination gave great difficulty, but as well as could be made out the contraction of his field of vision approached very close to the fixation point. The case, then, was very similar to the first one I mentioned. On the 10th June I performed sclerotomy on this eye; on the day after the tension was normal. On the 16th he could count fingers at five feet, and on the 21st at fourteen feet. His vision was probably even more than this, but as he could not spell I was unable to gauge it better. He was evidently very much elated with the improvement in his vision. He returned to Wales, and I have not seen him nor heard of him since. Shortly afterwards I admitted a poor woman from Kingstown whose left eye was almost stone-blind from glaucoma. Her right eye was affected with simple chronic glaucoma, and fingers could be counted with it at twelve feet. The contraction of the field of vision approached close to the point of fixation on all sides, leaving a very small central field free. The stroma of the iris was somewhat indistinct, showing some degeneration of its tissue, and eserine did not produce as active a contraction of the pupil as I would have wished. The periphery of the iris prolapsed somewhat into the wound, but I deposed it with a spatula. After healing a little distortion of the pupil showed that a slight amount of incarceration of the periphery of the iris in a limited part of the scar had taken place. Nevertheless, the reduction in the intra-ocular tension was quite satisfactory, and vision improved to 14-ll. I had this patient at the Infirmary a few days ago for the purpose of examining the operated eye, and found that its condition was in all respects as satisfactory as when she returned home five months ago.

The next case of simple chronic glaucoma with which I had to deal was that of a cabbage-garden proprietor on the north side of the city. When he consulted me, he had nearly lost the sight of his left eye, being able to count fingers with it at three feet only, while its field of vision was greatly contracted. Of the sight of the right eye he had only lately begun to complain, and it amounted at the consultation to 20-lxxx of the normal degree, while there was no contraction of the field of vision. In each eye the intra-ocular tension was considerably increased (T + 2). On the 30th September I performed sclerotomy on the worst eye with the object of observing its effect before applying it to the other and more valuable organ. The result was most satisfactory, the tension being reduced to the normal, while the vision continued as good as before the operation. One circumstance in connection with this eye is to be noted, namely, that about a week after the sclerotomy a slight iritis showed itself. I do not in the least refer this to the operative proceeding, but rather to the fact that I continued the instillation of eserine too long after the operation. Notwithstanding the iritis, the result of the operation continued good. I then performed the operation on his better eye with even a more satisfactory result, inasmuch as a manifest improvement in the vision took place, namely, from 20-lxx to 20-l. I have seen this man within the last ten days, and found his eyes in the same satisfactory state. On 26th September I was consulted by a very well-known and most respected practitioner in one of our suburbs. He came to me with one eye completely blind from an attack of acute glaucoma which had occurred some months previously. I found the sight of his right eye in a very precarious state, owing to simple chronic glaucoma. Its central vision was unusually acute, amounting to 20-xxx, and he could read small print. But there was a complete defect in the field of vision to the inside and below approaching close to the fixation point, there was a deep glaucomatous excavation of the optic nerve, and the tension of the eyeball was greatly increased (T + 2). On the 6th October I performed sclerotomy on this eye. It was the most difficult of these operations which I have performed, owing to a very shallow anterior chamber. The result, however, has been most satisfactory, for the vision is now as good as it was before the operation, while the tension of the eyeball is quite normal; and I have, therefore, every hope that this gentleman will continue to enjoy his practice, and be a useful member of the profession for many years to come. No change in the defect of the field of vision has taken place.

Thus the whole number of the sclerotomies which I have as yet performed has been five. This may seem to be a very small number, but chronic simple glaucoma is not a very common disease. So far as it is possible to judge, all these operations have been successful. Of course the great question is, will the effect which has lasted some months or weeks continue for years? and the answer can only be given after years. As yet I have not employed sclerotomy for any more acute forms of glaucoma, not but that it would in all likelihood be as useful there as in the chronic simple form, but because iridectomy is a most admirable remedy for the acute form, and it is not good to forsake an old ally who has always been faithful, and also because the anterior chamber in cases of acute glaucoma is often very shallow, and would make sclerotomy impossible. I do not think sclerotomy is an easy operation to perform accurately; it is without doubt a much more difficult one than iridectomy. It is well, therefore, that each one who ventures an opinion upon it should make sure that he performs it rightly. From the descriptions I have read I have no doubt but that some operators have done the proceeding scant justice in this particular. One surgeon habitually passes his knife through the iris and ciliary body; others find it almost impossible to avoid extensive prolapse of the iris. Every case of chronic glaucoma is not suited to the operation. I would not, so far as I can see, perform it in any case in which eserine did not act well upon the pupil. In none of my cases was there any inflammatory reaction after the operation, nor any irritation of the eyeball. A slight vascular injection in the neighbourhood of the wound was the most that was ever present.

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Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

Session 1879-80.—Opening Meeting.

The opening meeting of the Surgical Society of Ireland for the session of 1879-80 was held on Friday evening, Nov. 21st, in the Albert Hall, Royal College of Surgeons, Dr. Mapother, President of the College, in the chair.

Mr. B. Wills Richardson, Hon. Sec., having read the minutes of the previous meeting, which were signed,

Dr. Mapother then delivered the

INAUGURAL ADDRESS,

which will be found at page 496.

Mr. H. P. Swanzy on

SCLEROTOMY IN GLAUCOMA,

which will be found at page 499.

Mr. Storey.—When I heard that Mr. Swanzy was to read this paper I looked over the statistics of St. Mark's for the last two years. For nearly three years past we have been doing sclerotomy generally in cases of glaucoma. I find only two cases of iridectomy, while there are eleven of sclerotomy. From April 1877 to April 1879 there have been in the house thirteen in the first and twelve in the second year with glaucoma. I had not time to examine the cases sufficiently minutely to separate them into acute and chronic. In the case of those patients sclerotomy has been performed eleven times, the result entered being four times "improved," but the cases are not selected—the chronic separated from the acute. Of these four the record in the case of one is "temporary improvement." In another of those cases in which improvement was recorded iridectomy had to be performed about a fortnight afterwards, the symptoms occurring in all their seriousness. This was a case of chronic glaucoma. There was limitation of the field of vision with very slight exacerbations. The third case was one of absolute glaucoma, in which vision was entirely absent, and the patient was merely relieved from pain. In my own experience I have performed sclerotomy seven times altogether, and only in two instances has there been improvement. In one of those cases I subsequently performed iridectomy, and in the other Mr. Swanzy performed it. The patient left the hospital better. I asked the patient to come back as soon as he could. He came back after three months with iridectomy performed, but it was only after a long time with my friend Dr. Fitzgerald going through the books at the Eye and Ear Infirmary I arrived at the truth—that he had had iridectomy performed. In all the cases in which I did it the pupil acted, and there was never any inflammation after it, or prolapse of the iris, or trouble at all. The operation in some cases was difficult, in others not so difficult. I have a patient on whom I intended to perform iridectomy, but I delayed it, and, after hearing Mr. Swanzy's paper I feel more inclined to perform sclerotomy.

Mr. Fitzgerald.—The cases referred to by Mr. Storey lose a good deal of interest from its not having been reported as to whether they were acute or chronic. Mr. Swanzy's paper referred entirely to simple chronic glaucoma, and it is for that that those who are in favour of sclerotomy maintain that it should alone be performed. My own experience of it is very small. Certainly it is over a year ago since I performed the operation in the case of a patient that was admitted into the National Eye and Ear Infirmary. This was a typical case of simple chronic glaucoma. In one eye the vision was *nil*; in the other perceptibly impaired. Both eyes were stony hard. I first of all performed sclerotomy in the eye in which the vision was lost. I found it had the very good effect of bringing down the tension. On the following day there was some slight perception of motion of the hand. I then performed sclerotomy of the other eye, and although not attended with any marked improvement in the vision up to this date—at least, a short time ago—I found the vision was still holding its own. That, I think, is a very satisfactory result. I have had a somewhat similar one with iridectomy in a case of simple chronic glaucoma in which the defection was kept up, though with slight defection. One of the great advantages sclerotomy has over iridectomy is that from the nature of the wound there is not such danger after the operation, of accidents, such as rupture of the wound. In the case that I have just mentioned the patient was a fidgetty old gentleman, who would not leave his eye alone after the operation, and who managed to run his finger into it in about two days. The result was that he burst open the wound and produced hæmorrhage into the anterior chamber. That subsided after a few days, and he kept his vision tolerably well. I do not think that accident would have happened had the operation been sclerotomy; and we have this advantage in sclerotomy—that if it fails we have iridectomy to fall back upon.

Dr. Jacob.—I am not able to contribute much to the statistical facts laid before you in reference to this operation. I have operated four times by this method within about five months. The first operation was an acute case, the result being entirely unsatisfactory. At the end of ten days I was compelled to iridectomise, the result of the iridectomy, I am bound to say, being equally unsatisfactory. At to the other three cases, I cannot derive from them any conclusion, either *pro* or *con*, in the matter. In two of these there was an undoubted remission of tension and some slight improvement in vision; so much so that I did not feel it necessary to proceed to the reserve procedure of iridectomy to which Mr. Fitzgerald has alluded; and I concur with him that assuming there is nothing better to be said for this operation than that it is at least a tentative measure, we have always a reserve to fall back upon; but I cannot say that from my reading of the subject, or from the observations which have fallen from the speakers to-night, I derive much encouragement to adopt it as a substitute for iridectomy. I would call the attention of the Society to the fact that the adoption of sclerotomy as the procedure of the future is something equivalent to an abandonment of the theory of iridectomy upon which we have up to a few years ago proceeded. Twenty or twenty-five years ago anybody who doubted that the iris was a secreting membrane, that it filled up the eyeball with fluid, and that the removal of a certain portion of its area was an immediate step towards remedying the difficulty, would be considered to know nothing about his business; he would be regarded as utterly heretical. From that time there has been a gradual decadence in the belief of the theories of iridectomy which existed, and we have fallen back upon the theory involved in sclerotomy, that the secreting function of the iris is a myth. I myself think, from a good deal of reading on the subject, that the merit of sclerotomy and a good iridectomy is a good paracentesis. Practically there is nothing gained by one or the other operation than that. I may be heterodox in expressing such an opinion; but bearing in mind the results of a large number of operations I have seen and done, I can arrive at no other conclusion; and that is the conclusion that De Wecker, who has recently written on the subject, indicates. His book on therapeutics was in my hand when I took up the notification for this evening's meeting, and on reading his observations on sclerotomy they appear to me to tend to the belief on his part that whatever procedure may produce a good paracentesis that procedure is theonly known successful procedure at the present time. However there is no doubt the results he gives in his book, and those Mr. Swanzy laid before the Society now, are to a certain extent encouraging; and inasmuch as we are only too happy to adopt any operation which will relieve us from the uncertainties of iridectomy in glaucoma, I think every ophthalmic surgeon will be glad to give sclerotomy a fair trial, and especially glad, considering it has produced such good results in Mr. Swanzy's hands, respecting whose cases in their detail there can be no question.

Mr. Arthur Benson said when at Moorfields Hospital two years ago the operation was frequently performed; but when he was there last year the resident surgeon told him they had completely given it up, its results being only temporary.

Mr. Swanzy, in reply, said.—The chief point which I wished to bring before the Society was the fact that in sclerotomy we had, as it seems to me, a much better remedy for chronic simple glaucoma than in iridectomy; and, as I said, I think it is very probable we might find it useful in acute glaucoma; but inasmuch as iridectomy is such a capital remedy for it, and as it seldom forsakes us, it would be wrong to apply any other. However, for chronic simple glaucoma it certainly seems to me another remedy was very much wanted. We are supplied with it now. I am glad Mr. Storey is going to perform the operation to-morrow with greater confidence than he would have done if he had not come here. Dr. Jacob thinks it is an operation that might be called a paracentesis. After all I think there is no great objection to call it paracentesis; but by that word we mean something with re-

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spect to the eye which has only a temporary effect. We use it very frequently, but it is employed through the cornea, and in this operation the great point is that the incision should lie in the corneo-sclerotic margin, *i.e.*, where the fluids escape out from the eyeball, and where we want to make a way for them artificially to escape whence they are pent up. With regard to what fell from Mr. Benson, and what they do in London, I am not acquainted with the practice there; but I know that one very distinguished ophthalmic surgeon, Mr. Bowman, sent a communication to the Amsterdam meeting lately in which he very decidedly gave his opinion in favour of sclerotomy; but whether it was only in those cases of chronic glaucoma, or he applies it to others also, I am unable to say.

(To be continued.)

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WEDNESDAY, DECEMBER 10, 1879.

PROFESSIONAL MENTAL EPIDEMICS.

THE report of the proceedings of the Surgical Society of Ireland, which we publish to-day, affords us an opportunity of warning medical men, and especially ophthalmologists, against the influence of mental epidemics. The communication of Mr. Swanzy on "Sclerotomy," taken together with the opinions expressed by De Wecker in his recent book on "Ophthalmic Therapeutics," and the consensus of speakers at the Surgical Society and elsewhere, may be accepted as a public recantation of the iridectomy craze, and a distinct abandonment of the theory and the neck-or-nothing practice of that operation, which were, so to speak, forced down the throat of British ophthalmologists fifteen years ago. Based upon a theory which was always improvable, and which now appears to have been simply an imaginative effort to give a reason for a pet operation, iridectomy came to be a perfect craze with the fashionable school of eye-surgeons. It was advocated as the heaven-sent inspiration of an ophthalmological prophet—the certain panacea for all diseases which, according to the notions of the ophthalmologist, might, under any conceivable circumstances, tend towards the development of glaucoma. It was not enough to object that there was no physiological ground for iris excision,—we were told that the stupendous curative results rendered physiological grounds unnecessary. There was no use in objecting that no sign of glaucoma yet existed,—we were met with the assertion that, if it did not, it might probably arise, and that to prevent such a contingency iridectomy was indispensable. It was futile to suggest that the eye was hopeless, and the operation could do no good,—we were reminded that it could do no harm, and that blindness was certain without it. Every eye-surgeon who proved stubborn of belief, and who did not swim with the current, was pooh-poohed by the juvenile Sir Oracles of the ophthalmic epoch—the seniors being sneered at as conservative and musty—the juniors as behind the time, and unread in the class of literature which, in the opinion of the new school, was the only ophthalmological publication worthy of notice. In the exacerbation of the iridectomy mania, we have seen irides cut up for old opacities of cornea, for acute attacks of iritis, for myopia, for phlyctenular conjunctivitis, for nerve, brain, and spine diseases of all sorts, and, we suppose by mistake, for trichiasis. In truth, the operation was a real boon to ophthalmologists, was easily done, did not usually do obvious harm, was paid for at about the same rate as cataract extractions or other serious eye operations, and, lastly, served a good purpose by enabling the surgeon to frighten the patient out of his wits with the phantom of a glaucoma, and then to calm his fears, and acquire a good fee and a valuable accession of *kudos* by the aid of the all-curing operation. What have we come to now? The admission that there is no special advantage at all in excision of the iris; that a simple incision at the sclero-corneal juncture is all that is necessary, and that iridectomy is useful only as involving this method of sclero-corneal tapping of the eyeball.

A less cogent illustration of the mental epidemic was the craze for the modified linear cataract extraction now dying out. The access of this form of delirium was nearly contemporaneous with the declaration of the iridectomy epidemic, and the operation may possibly have gained some of its popularity from the fact that it involved the gratification of clipping an iris. Whether this be so or not, the operation was actually made the first article of belief of the so-called "progressive" ophthalmologist. We were commanded to believe that the sclero-corneal incision was the only incision—that a small peripheric cut obviated, and an iridectomy obviated all dangers of extraction—that delivery of the lens was speedy, easy, and complete;—that we might operate on lenses, ripe or unripe, and that we might reasonably expect from 85 to 94 per cent. of success. (?)

How is it now? We know that the small incision is abandoned, and that the semi-peripheric is substituted—that the sclero-corneal position is given up, and (by Liebreich, De Wecker, and other equally eminent authorities) the incision taken between the pupillary axis and the

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corneal edge;—that the iridectomy is no longer a *sine qua non*, and that lenses can be effectually delivered without it, and better results obtained than with it. This is the reaction in the opinions and in the practice of ophthalmologists!

There is nothing surprising in a change of surgical opinion wrought by experience, nor in the disposition of practitioners who seek after novelties to accept without doubting the over-strained assertions and statistics of ophthalmological inventors. Therefore our comparison of the past and the present of these two operations has little point, except so far as it affords an illustration of the danger of hobby-riding where patients are concerned, and the impropriety of condemning as impracticable and illiterate those who are only cautious in their beliefs and conscientious in their practice. It is easily comprehensible that inexperienced surgeons should seek the credit of being new lights of a new school when they come to see that it takes time to earn a position as new lights of the practical school of experience. We hope, nevertheless, that the rise and fall of iridectomy and the modified linear operation may be useful as an illustrative warning that all is not necessarily true which is new—that novel theories and operations in surgery are nothing the worse for being filtered through a stratum of practical experience, that those who like to see for themselves the facts and the proofs before they adopt new suggestions are not the worse, but the better, surgeons on that account, and, finally, that earnest contributors to our art may be victims of transient mental epidemics which are curable by time.

THE METHODS OF MEDICAL EDUCATION.

The objections which might be raised to the existing methods of medical education may be epitomised in the statement that there is *no* method in medical education, and it will, we think, upon consideration of the facts, be admitted that such an assertion is substantially true.

If we were to take the regulations of the majority of licensing bodies (which are, fortunately for the public, modified by the good sense of teachers and students) as the embodiment of the existing medico-educational system, the method of such education might be arranged in five stages.

1. To receive as student in medicine a boy of undefined age whose mind is a blank in reference to the elementary principles upon which medicine and surgery are built.

2. To leave him to his own devices for two or three years.

3. At the end of that period to demand from him proof that he has paid a large sum of money for fees, and to ask him questions for the purpose of ascertaining that he is master of the whole science and mystery of medicine and all its collateral sciences, saving their practical application.

4. At the end of a few additional months to accredit him as a skilled physician and surgeon upon his giving proof that he has paid another large sum for fees, and upon being satisfied that he has heard and read of sundry manipulative procedures usually adopted for the treatment of the sick.

5. Finally, to exchange with him for a further sum of money, a parchment document to the effect that he is an emporium of experience, enlightenment, and skill, and perfectly capable of treating all diseases.

If this be not in all cases a *précis* of the student's education, it is not that qualifying bodies have enforced any other system, but that the aspirations of the student and the zeal of his teachers have given to his studies in most instances a degree of reality which is more or less voluntary, and which in frequent cases is entirely absent.

If students attend with diligence their hospital practice and their lecture instruction—if they devote themselves systematically and perseveringly to the first years of their course of study, it is not that they would find any insuperable difficulty in "getting up" their business within the walls of a "grind room," and in the last six months of their third year of study, and acquiring without sacrificing their daily amusements, a sufficient acquaintance with the subjects of their examination to pass successively through that ordeal.

It must be confessed that though this statement may not apply to the examinations or the regulations of all qualifying bodies, it is true of the medico-educational system as a whole, for it is notorious that students do frequently pass the scrutiny of qualifying examinations whose personal circumstances render it physically impossible that they should either have fulfilled the "diligent" attendances set forth in their certificates, or studied their profession practically to any extent worthy of regard. In Ireland at least we know that numerous instances may be quoted in which students have presented the usual evidence of having diligently fulfilled the four years of their curriculum of study, and obtained their diplomas almost with honour after the usual examinations, though they had been engaged behind desks in banks or counting-houses for the entire working day during which their lectures and hospital studies were supposed to have been attended; and the career of students thus licensed to kill or cure has sometimes followed to their appointment within a few months as hospital surgeons and clinical teachers, in which capacity they, for the first time, commenced the true study of their profession. It is a well known practice for the needy students to undertake service behind an apothecary's counter, and to continue in that employment steadily and regularly engaged in dispensing and attending to the shop business until within a few months of the time of their examination, at which period, having saved up by their service behind the counter a sum sufficient to pay for their certificates of diligent attendance at hospitals and lectures, and for the services of an experienced "grinder" they leave the service of the apothecary, submit themselves to a hasty "cramming," and are in due time impressed with the stamp of medical competency by a licensing corporation.

These are naked truths which must be told, for they afford the reasons for a proposal of reform in the system of medical education, which, if not justified by such facts, might be considered revolutionary and destructive.

The means at our disposal for ensuring the competency of the medical practitioner are twofold:—

1. To require from him documentary proof that he has

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studied his profession under the instruction of competent teachers, has had ample means of acquiring practical experience, and has availed himself of these opportunities during a sufficiently extended period of time.

2. To satisfy ourselves by examination that he has actually grasped the knowledge thus presented to him to such an amount and in such form as to enable him to treat disease for the public advantage.

The causes, therefore, which must be held responsible for the possibility of such facts as we have stated, and for the insufficiency of our qualifying system are also twofold.

(*a*) The complete insufficiency of the pre-examinational proofs required from the student as to his actual fulfilment of the curriculum of study.

(*b*) The insufficiency of licensing examinations, whether in respect of their frequency, the period at which they are held, or their character as tests of the competency of the student for practice.

Although there exist wide differences of opinion as to the relative value of curriculum and examination as evidences of competency, our system (and in a greater degree the system of all European nations) acknowledges the insufficiency of either form of proof *per se*.

No qualifying diploma is granted in any country upon examination alone, it being felt, no doubt, that the question of the competency or incompetency of a medical practitioner is too grave to stake upon any one item of proof, and that it would be impossible to construct an examination within any reasonble limits of extent or duration which would of itself be enough to guarantee the practical efficiency of the practitioner; moreover the competency of the medical man is in so great a degree arising out of his personal observation, and out of the actual practice of his finger, his eye, his ear, and his mind, that the proofs of such personal observation ought not to be dispensed with, especially as it is hardly within the range of a limited examination, however perfect it may be, to ascertain with certainty that he possesses that quality.

(*To be continued.*)

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION FUND.—II.

We have now to consider the practical working out of a scheme for a superannuation Fund, taking as our basis our returns obtained from the Poor-law medical officers of Ireland; and as we may presume that what is true of a part is true of a whole, our principles may be applied to the united service in Great Britain. From our data it will be seen that the typical Poor-law medical officer receives his first appointment in the service at 28½ years, that in three years' time he marries, and children will be born in the usual rotation, to the number of 4·37, of whom perhaps one will die before attaining the age of 21.

The Poor-law medical officer will die at the age of 61, leaving probably a widow, at the age of 50, and 1·50 children of an average age of 14 years, chargeable to the fund, for a period of 7 years.

What deduction from salary would enable the managers of any fund to grant annuities of £20 and £10 respectively to widow and children?

Government mortality tables give to a man of 30 years of age an expectation of 33·7 years of life, that is, he is not expected to die until he reaches the age of 63·17 years. The average Poor-law medical man is supposed to become a member of the Fund at the age of 28·6 years, at which time his wife would be 27, and her expectation of life would be 38·7 years, or in other words she would be nearly 59 years of age at the death of her husband, and may be expected to live until the age of 66 or 68.

We can purchase for a sum of £184 in a first-class insurance company an annuity of £20 for a widow in her 59th year, and by a further sum of £105 we can provide £15 a year for 7 years for a child at the age of 14. Can we by a small deduction from salary apply it in another way—sufficiently provide an allowance for widows and orphans?

Bearing in mind all the facts and circumstances mentioned previously, we may summarise the account of the responsibilities of such a fund as follows:—

Total number of Poor-law medical officers in Ireland	1,019
Deduct 12 per cent. who will never marry	123
Number who marry	896
Deduct 38 per cent. for those who outlive their wives and leave no widows	387
Number of those who leave widows	509

Mortality of this number, annually, at 1½ per cent. (7·60), say eight.

Mr. Hancock, the secretary and actuary of the Patriotic Insurance Company, has assessed the actual mortality amongst the Poor-law constituency at 1½ per cent., the question being submitted to him by Dr. Darby, though this is a higher rate than that usually estimated for professional men.

Assuming, then, this estimate to be correct, 8 widows will be chargeable to the fund, and from our calculations they will be 59 years of age with an expectancy of life of 7½ years.

They will come upon the fund according as their husbands die off, 8 in each year, until at the end of 7½ years there will be 60 receiving annuities.

At £20 a year each the charge for them therefore will be, for the first year, £160; for the second year, £320; for the third year, £480, and so on, increasing £160 yearly until 7½ years shall have expired, when their numbers will have increased to 60 and their charge £1,200 a-year.

We must now consider the children, and a much larger charge must be calculated for them, because a certain number are expected to survive both father and mother.

As we have previously shown, the married medical men will have on an average 4·37 children, which number will be reduced to 1½ each by early death, and by the elder children passing the limit of 21 years, up to which age the fund is chargeable with them.

From the law of averages, or an annual mortality of 1½ per cent. amongst the 896 medical men who marry, 20 children at the average age of 14 may become chargeable to the fund until they reach the age of 21.

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At £10 a-year each the charge for them will be as follows:—First year, £200; second, £400, and so on until the 7th, when the permanent charge will be £1,400—20 new orphans coming on the fund each year to supply the place of the twenty who reach the age of 21. The permanent account will then stand as follows:—

For allowance to 60 widows . .	£1,200
„ „ 141 children . .	1,410
	2,610
Add working expenses, say . . .	250
	£2,860

If we divide this sum over the 1,019 medical men, it will require a deduction from each salary of £2 16s. 1d. yearly, or 14s. 1d. per quarter.

This sum, then, is the minimum deduction which should be made to meet the demands, but it should be assessed on the sliding scale—least for the medical officer who joins the fund immediately on his appointment, and greatest for him who waits until he has encumbered the fund with liability for his wife and child.

Such a table is easily constructed. Suppose a subscriber to contribute £2 16s. 1d. yearly from his 29th to his 62nd year, he will on his death at the latter age, have paid altogether to the fund £92 10s. 2d. Our tables should be therefore constructed so that all subscribers, no matter what age, would, on reaching their 62nd year, have contributed a similar sum, *i.e.*, a subscriber of 40 must pay a yearly amount which will make up the same sum in 22 years—one of 45 in 17 years, and so on.

TABLE OF DEDUCTION FROM SALARY FOR EACH AGE FROM 29 TO 50.

Years of Age.	Yearly.	Quarterly.
29	£2 16 1	£0 14 1
30	2 19 8	0 14 11
31	3 1 8	0 15 5
32	3 3 10	0 16 0
33	3 6 2	0 16 6½
34	3 8 6	0 17 1
35	3 11 2	0 17 6½
36	3 14 0	0 18 6
37	3 17 1	0 19 3
38	4 0 5	1 0 1
39	4 4 0	1 1 0
40	4 8 1	1 2 0½
45	5 15 9	1 8 11
50	8 8 3	2 2 1

In our next concluding article we shall consider the reserve fund and the difficulties in the way of the realisation of such a scheme, but we must remember that difficulties are only made to be overcome; so we trust that they may not prove insurmountable, and that we may be able to show the way out of them.

Notes on Current Topics.

Expulsion of a Dental Licentiate from the Irish College of Surgeons.

THE Council of the Royal College of Surgeons in Ireland has recently availed itself of the powers granted by its charters to erase from the list of its Licentiates the name of a person who had obtained his licence upon a false statement or wilfully violated the regulations of the College. The section of the charter under which the Council exercised this power runs as follows:—

"And We do hereby, for us our heirs and successors declare and direct that if it shall at any time hereafter appear that any Licentiate or Fellow of the said College shall have obtained his Letters Testimonial, or his Diploma by any fraud, false statement, or imposition, or that either before or after obtaining such his Letters Testimonial or Diploma, he shall have wilfully violated any Bye-law, Rule, or Regulation of the said College, then, and in every such case, and after such previous notice to and such hearing of such Fellow or Licentiate as under the circumstances the Council of the said College shall think proper, it shall be lawful for the Council to pass such judgment or censure upon the person so offending or (in case it should seem expedient) to recall or declare the Letters Testimonial or Diploma respectively of such Fellow or Licentiate to be void, and therefore every such Licentiate or Fellow shall accordingly cease to be Licentiate or Fellow of the said College as the case may be."

The person to whom the operation of this section was applied was a certain John Hamilton, residing at 7 Tavistock Street, Bedford Square, London. He was admitted a Licentiate in Dental Surgery of the College on the 3rd of February last, in the character of a dentist of twenty-six years' standing. That he was of good moral character and that he had not for two years previously "attracted business as a dentist by advertising or other unbecoming practices" was testified (as the regulations require) by two licentiates of a College of Surgeons, Mr. J. H. Bannister, 436 Oxford St., and Mr. F. J. Hammond, M.R.C.S., of 18 The Terrace, Kensington Gardens Square, W., and by "two dentists of repute," who in the present case were Mr. James J. Nottingham and Mr. James Henry Trist, of 82 Judd Street, London.

On receiving the diploma, Mr. John Hamilton made the usual declaration, "that he would not attract business by advertising or any other unbecoming practice," and agreed "that such diploma should be cancelled on it being proven that he had done so." Despite this declaration, it came to the knowledge of the Council that pamphlets and circulars of the character usual with a certain class of practitioners were distributed at Mr. Hamilton's shop, and these pamphlets being before them, together with other evidence of similar import, it was decided, on the recommendation of the Board of Dental Examiners, to call on him to show cause why he should not be struck out of the College books. His explanation being deemed to be altogether unsatisfactory, both by that Board and by the Council, it was formally resolved that Mr. Hamilton's licence be cancelled, and that he be required to return it to the College for such purpose.

This, in spite of his declaration that he would do so, he refused to do; but the Council of the College has officially informed the Medical Council of his amotion. The effect of this proceeding will be, we believe, to strike his dental licence out of the Dental Register, but the removal of his name from the List of Dental Practitioners must be the work of the General Medical Council, which body is empowered, by the 13th section of the Dentists'

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Act, to "erase any entry incorrectly or fraudulently made." It shall also "on the application of any of the medical authorities, cause inquiry to be made into the case,' and, "on proof of such infamous or disgraceful conduct," erase the name.

If the Medical Council, acting upon this authority, should strike Mr. Hamilton's name out of the Register, he will cease to be entitled to practise dentistry, and may be prosecuted if he continues to do so.

A Recurrent Nuisance.

EACH advent of cold weather with frost brings with it a nuisance that is to blame for many of the casualties that crowd the receiving rooms of hospitals in winter. We allude to street sliding, and especially because several severe accidents have, within the last few days, been reported as due to street passengers slipping on slides made along the pavement. How dangerous these are all must be familiarly aware; but how frequently they are met with in some places all do not know. The police should have strict injunctions to take in hand all boys who endanger the public safety by indulging their sliding propensities in the highway.

In the same category may be included the slippery iron traps which cover over the coal-cellar entrances, and occur at frequent intervals along the pavement. We have known several very severe accidents due to falls caused by these traps for the unwary; and they are the more prolific of disaster since a little rain makes them just as slippery as a sharp frost. The grids which replace the smooth plane covers in some districts, though not so likely to produce serious mishap, are yet very unsafe in such weather as the present; and we think it time that some new means of closing the openings in the pavement—a means less likely to provoke danger to life or limb—should be adopted into general use. It is in little things like this that the test of local government is to be found. In this instance we must dub it unsatisfactory.

Home Hospital Association.

THE judgment against the Home Hospital Association, and in favour of Lord Portman, affects the interests of the profession to a considerable extent. By the nature of the lease under which the Association held their tenure of the premises in Manchester Square, no medical man with similar holding could have in his house, even temporarily, a patient from whom he expected to receive a fee for treatment. Apart from the question of the hardship removal must entail on the institution, other considerations are provoked by the recent decision. There seems no other plan open to such an association but the building of premises on land of which they themselves hold possession, unless the appeal now being made proves successful. There can be no reasonable objection raised against the hospital on hygienic grounds. No infectious cases are admitted into it, and greater immunity is therefore secured to the neighbourhood in which it is situate than by the presence merely of private houses, for in any one of them, at any time, fever may break out, and the case can then be nursed, it may be immediately under the shadow of Lord Portman's town residence. We cannot but think the exercise of the undoubted "rights" of the lessor of the ground has been an ill-judged act, and likely to be productive of possibly less good results than was anticipated by the owner of the property in Manchester Square.

The late Mr. Harry Leach.

AN energetic advocate of the importance of a study of public health has lately passed from our midst, in the person of Mr. Harry Leach, M.R.C.P., who died on Wednesday, Nov. 26, at his residence in Albert Mansions. Mr. Leach did eminent service in directing attention to the prevalence of scurvy among sailors, and his untiring efforts resulted in such amendment of the Merchant Shipping Act as has been followed by the most beneficial results. In 1870 Mr. Leach was appointed Chief Medical Officer to the Dreadnought Hospital, he having been principally the means of its removal to Greenwich from the old useless hulk in which it had to that date been located. Resigning this post in 1873, Mr. Leach was chosen to fill the newly-created post of Port Medical Officer to the City of London, and in 1876 he was elected one of the Visiting Physicians of the Seamen's Hospital, which owed so much to his interest in its behalf. The disease to which Mr. Leach succumbed was an old-standing pulmonary affection, and twice he sought the relief afforded by residence for a time in South Africa. He died as so many true, good men have died of late, in harness, intent to the last on extending the usefulness of his days. The amount of service he rendered to the working world will be not soon forgotten, and many will long mourn the honest, ready friend who never refused his aid to an honest and worthy cause.

Poison Vending.

OUR contemporary the *Pharmaceutical Journal*, in an article under the above heading, has, we regret to say, been unwise enough to make a virulent attack on us for bringing to light the great evils that are the natural consequence of the existing law relating to sales of poisons. We can readily understand the unwillingness of the Pharmaceutical Society to resign the authority it has possessed for so long; and we are glad that no attempt has been made in the article referred to to justify the retention of this power in its hands. So forcibly have we exposed the evil that even the writer of the reply has felt constrained to quote largely from our columns to his own destruction. Notwithstanding all this, however, we would caution our contemporary against weakening the cause it must defend by silly ebullitions of splenetic virulence. We are willing to discuss the question calmly and fairly, but we cannot descend to a mere war of words.

The Pauper Poison.

Is pauperism hereditary? or does it depend upon our social surroundings and our customs? or is it a moral poison which we ourselves foster, rendering ourselves responsible for the results over which we have so many complaints, and about which so much has been written? These are very important questions. The profession is painfully interested in pauperism, for it has been publicly declared over and over again that one-fourth, or upwards of 1,000,000, receive gratuitous medical treatment in London (Sir C. Trevelyan), and that our population has

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been pauperised by the medical profession ; for according to the first report of the Medical Committee of the Charity Organisation Society, "there is no one class of charities which is doing so much to pauperise the population, to undermine their independence and self-respect, and to discourage habits of providence, as the medical charities."

The moral poison which leads men and women to our hospitals and charities, is a sure indication of its presence in our social fabric, but it is only one form of it. It may be seen in every part of our social life, and we are afraid we shall see it more in the future, after we have educated our young generation in what are virtually pauper schools, where education is given for nothing, and where what is most valuable is thus lowered, so that by a very easy descent and computation, the receiver of State aid in childhood, will look for further assistance in other things less valuable, and the spirit of pauperism will take such a firm foothold that it will be impossible to eradicate it.

One of the great tendencies of our age is to get something for nothing ; it may be place, power, position, or fame, so that the contaminatiug influence of the social miasma is not confined to one strata of society.

To whom does the Fœtus belong?

Our Parisian contemporary, *Le Praticien*, of Nov. 24th, records an accident, provocative of considerable commotion among the unmarried ladies present. The occasion was a ball given in honour of a wedding at the *mairie* of a small French town. In the middle of the ball, one of the dancers stooped down, and pulled up a strange mass, which on examination by a *sage femme*, who was present, was declared to be a fœtus. There was great emotion, and the question came, whom to suspect and to whom did it belong? There were a number of young ladies, unmarried, and it would be difficult to make a special examination of them all. The difficulty was, however, eventually solved by a newly-married lady who was present, confessing that she was the late proprietress of this veritable apple of discord, and according to *Le Praticien*, it had passed from her without any pain or warning of the occurrence.

On the Transmissibility of Hydrophobia.

At the last monthly meeting of the Academy of Medicine of Paris, M. Maurice Raynaud presented a small *brochure* relative to the transmission of rabies from man to the rabbit. In his service at the Hôpital Lariboisière, Dr. Raynaud had the sad yet good fortune to have a patient suffering from hydrophobia. On the eve of the patient's death, M. Raynaud inoculated some of the blood and saliva of his unfortunate patient into some rabbits. The inoculation of the blood gave rise to negative results, but the inoculation of the saliva produced rabies in a very short time.

Besides this, M. Raynaud extirpated the two submaxillary glands of two of the rabid rabbits, and inoculated them into two other rabbits perfectly healthy ; the results were perfectly positive, and the inoculations were followed a little time afterwards by the manifestation of rabies. Science has not yet registered a single instance of the transmissibility of hydrophobia from man to man, but M. Raynaud, relying on the proofs we have of its transmission from man to animals, believes that if accidental inoculation took place from man to man, hydrophobia would inevitably develop.

In our "Reports on Rabies and Hydrophobia" we have adduced facts somewhat similar to the above.

Guy's Hospital.

We understand that no change for the better has yet taken place at Guy's Hospital. And spite of a contemporary's announcement that the question is a mere students' affair, we can speak decidedly against such a view of the matter. To such an extent is it a question involving the interests of the institution and the relations subsisting between it and the medical and surgical staffs, that very serious indications of a determination to resist the innovations by adopting extreme measures is hinted at on the part of the staff as a whole. It is true that many valuable servants have left the hospital rather than submit to the conditions of service imposed by the new matron. Among these we find that the night nurses are directed to turn out patients at five a.m., in order that the beds may be made before they go to breakfast. Day nurses are required to rise at 5.30 instead of 6.30, and then, instead of immediately getting breakfast, as under the old regulation, they are compelled to wait until eight o'clock for the meal. Also, in place of going out in the evening, the nursing officials are ordered to leave their places only during the afternoon, the effect being that at the busiest time of the day the wards are left most inefficiently provided with attendants. These are only samples of the new orders. Under them an approaching *stasis* at Guy's is imminent.

The Metropolitan Hospital Saturday Fund.

At the final meeting of the Council of this Fund for the present year, held at King's College Hospital on Saturday last, a preliminary discussion was raised on the question of the direct representation of the Society on the Boards of Hospitals and Dispensaries. Ultimately the following motion was agreed to with one dissentient :—"That the Council of the Hospital Saturday Fund, as subscribers to the various hospitals of London, are entitled to all the privileges accorded to other subscribers, and that the necessary steps be taken to secure such privileges." The report of the Council stated that in spite of the depression in trade more than £6,500 had been obtained in subscriptions, and the working expenses had been less than in previous years. The Chairman moved the adoption of the report, and the resolution was adopted. A further report stated that 96 institutions had shared in the benefits of the fund.

The Howard Medal.

This year a lady has carried off the Howard Medal. At the first meeting of the present session of the Statistical Society the Medal and £20 were presented to Miss Beatrice A. Jourdan, as the writer of the best essay "On the Improvements that have taken place in the Education of Children and Young Persons during the Eighteenth and Nineteenth Centuries." The subject of the essay of next year is "The Oriental Plague, in its Social, Economical, Political, and International Relations."

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Healthy Homes.

In a recent issue we drew attention to "The Homes of Medical Men," pointing out that as the public looked to the medical profession for guidance in matters pertaining to health, its members should first show faith in the doctrines they tried to inculcate in others by seeing that their own homes were as healthy as sanitary knowledge could make them; and thus, possessing the force of example as well as precept, they would stand a better chance of winning their patients over to like principles. On Saturday last we, in company with some forty or fifty representatives of the medical, sanitary, and lay press, were invited by Mr. Morris, the owner of the property, to a noble villa in the west-end of Brighton, in which Dr. Hayward, of Liverpool, was to deliver a lecture, on the principles and applications of warming and ventilation of houses, on plans invented by Dr. John Drysdale, of Liverpool, and himself. The villa in question—the first of the kind in Brighton—had been erected with these special appliances, and was opened on Saturday as a test house, prior to the adoption of the system on other parts of the estate. The main essentials of Drs. Drysdale and Hayward's plan may be thus summarised:—The suction power for efficient ventilation must be sufficient to empty the whole house every twenty or thirty minutes; it must be constantly in operation; it must be automatic or self-acting, it must abstract from every room equally; and it must be inexpensive; the fresh air must enter each room in sufficient quantity to fill the room every twenty or thirty minutes, and it must enter imperceptibly and at a temperature not lower than 60 deg. F.; it must therefore enter the house by a special opening, and be warmed as it enters in some central or separate lobby, hall, or other reservoir.

These conditions have been met in the houses these gentlemen have built for themselves in Liverpool, and having stood the test of several years' experience they are naturally desirous of seeing them adopted throughout the country, especially in the homes of their fellow practitioners. The principles are equally applicable to old houses as in the construction of new ones, though in a less perfect sense. One thing, however, is absolute—namely, that the kitchen fire, or rather the waste heat of the kitchen fire, shall be utilised as the suction power, the kitchen fire alone in every house being lighted daily throughout the year, no other means of suction power for house-ventilation being costless and automatic. Of course, it is quite necessary that the suction power shall draw equally from all the rooms at the same time; but in procuring this a mechanical difficulty presents itself—namely, that of the source of the power being single—*i.e.*, the kitchen chimney—whilst the rooms are many, and at different heights and at different distances from it. Of course, if the exit flues of the different rooms entered the upcast at different heights, the suction power would act more strongly on some than others, if not on some to the exclusion of others. This difficulty has been overcome by having a central or intermediate chamber or drum into which all the exit flues terminate, at the same level, and from which one single flue leads into the upcast.

In reply to a question as to cost of maintenance of this system of warming, Dr. Hayward stated that it cost him in his own house but fivepence yer twenty-four hours for coke, which was much more than saved by the need of less firing in the rooms.

To our minds the system is the most perfect yet devised and as we are unable to devote more space to it in our columns, we would refer our readers to a book entitled "Health and Comfort in House Building," published by Messrs. Spon of London, in which they will find the matter fully illustrated and explained.

The lecture over, the company were invited to examine the results of the system throught the house, whilst Dr. Hayward explained the details and answered the many questions put by a severely critical audience. An excellent *déjeuner* at Prince's Club wound up a very pleasant and instructive gathering.

Sanitation in Country Towns.

We recently discussed in a leading article the deficient legislation with respect to the enforcement of sanitary precautions in villages and small towns. A case to point the moral we then drew has just been brought to our notice; and as it applies with much force to the whole question involved, we think is worth re cording here. The refuse from a gas-works at Redruth in Cornwall flows into a small rivulet, or "leat," by which channel it is conveyed through a portion of the town; and as we remember it, the stream flows directly past the backs of a number of cottages, and beneath certain larger houses, one of the latter being occupied by a medical practitioner, Mr. Harris, F.R.C.S. According to this gentleman's statement, the stench from the refuse-charged water is at times unbearable, and as we formerly indicated, in such a case the nature of the effluvium is decidedly injurious to health. Rightly enough, Mr. Harris complains of the nuisance, and demands its abatement through the assistance of the local-authority. The "board," in sympathy apparently with the gas manufacturer, and with the concurrence of the "Inspector," declines to act in the way of suppressing the nuisance, urging as a reason for its course, the fact that, on the occasions of his visits of inspection, their officer failed to distinguish the smell of which complaint had been made. The collective wisdom of this "local board," is not capable of grasping the truth that should be apparent to every rightly educated parochial authority, that, viz. nothing offensive, or capable of generating offensive, or noxious gases, should be permitted to come within a given (wide) distance of any dwelling house. And further, the cumbrous machinery explained to them by their legal adviser is by them deemed the only engine wherewith it is open to them to effect the simple and rational cure of the evil complained of. The deflection of the water-course, if it *must* be the channel of the hurtful products of gas-making, would strike any ordinary observer as the obvious remedy for the nuisance. And were a Government officer appointed to direct the efforts of the parish magnates in the right path, there can be no doubt that one of his first acts would be to effect this very necessary measure of reform in Redruth. This is only one out of a number of serious nuisances of the kind in country places, that we have seen and felt the necessity for the removal of, in the interests of public health. The mortality of Redruth is not ex-

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travagantly high ; but it might be considerably decreased under a proper hygienic *régime*.

Health of Dublin.

THE deaths registered in the Dublin Registration District during the week ending 29th November, represent an annual mortality of 31·2 in every 1,000 of the population. The average of eight large town districts of Ireland (including Dublin), last week was 27·6. In 20 large English towns, inclusive of London (of which the rate was 26·0), the death-rate averaged 25·2 per 1,000 ; in Glasgow, 16·6 ; and in Edinburgh, 20·2.

The number of deaths from zymotic diseases registered is 44, being 13 over the average for the corresponding week of the last ten years, but 3 less than the number for the week ending 22nd ult : they comprise 2 from small-pox, 4 from measles, 15 from scarlatina, 1 from diphtheria, 2 from croup, 3 from whooping-cough, 7 from fever (1 typhus and 6 typhoid), 1 from erysipelas, 5 from diarrhœa, &c.

Fourteen of the 44 deaths from zymotic diseases occurred in Denzille Street district, where the 22 deaths from all causes include 6 from scarlatina, 3 each from fever and measles, and 2 from diarrhœa ; the mortality from these four diseases being equivalent to an annual rate of 17·9 per 1,000 of the district population. Scarlatina has been prevalent in this district for some months—two of the fatal cases recorded last week occurred in the same house in Townsend Street. Fever caused 4 deaths in this district in the preceding week, but for some time previous there had been but few deaths from that disease. It may be added that 19 of the 22 deaths in this district last week were of children under 10 years of age.

The registered deaths from small-pox in Dublin are 5 under the number for the preceding week, and the new cases of the disease admitted into the City hospitals, which in that week amonuted to 26, fell last week to 17. Nineteen patients were discharged during the week, 4 died, and 73 remained under treatment on Saturday last, being 6 under the number in hospital at the close of the previous week. The deaths from scarlatina are similar in number to those for the preceding week, but only 11 new cases were received in the principal hospitals against 16 in that period. Four cases of typhus, 6 of typhoid fever, and 7 of pneumonia, were admitted into the principal hospitals. The respective numbers for the preceding week were 2, 10, 4.

Army Medical Department.

A MEDICAL contemporary says that somewhat more than 80 candidates have presented themselves. As to their nationalities, so far as these may be defined by places of birth, Irish and English (the former slightly preponderating) form the majority ; next, those born in India or British colonies, these being chiefly the sons of officers on duty abroad ; very few are of Scotch birth. Of the London schools, Bartholomew's, St. Thomas's, Guy's, University College, and St. George's furnish the greater number. Of the Irish, the majority are from the Queen's Colleges, Cork and Belfast ; Trinity College, Dublin, and the Royal College of Surgeons School. The colonials were educated and qualified, as a rule, in Edinburgh or London. We understand that the candidates, professionally, socially, and physically, are remarkably good ; several are the sons of officers in the combatant or medical branches of the army. Many have university degrees, and are men of high general culture, and not a few have "smelt powder" in the Cape War. No information has yet been accorded as to the number of vacancies to be submitted for competition. The examination began at 10 a.m. on Monday last, the 8th inst., at the Law Institution, Chancery Lane.

Anuria.

IN the *Union Médicale* for November 4, Dr. Dubuc relates a case of anuria in which the patient lived for seventeen days without having expelled a single drop of urine. He died on the seventeenth day with symptoms of uræmic intoxication, but no autopsy was permitted.

The New Sydenham Society.

THE Council of this Society have resolved to reprint the classical work on "Diseases of the Chest," by the late Dr. William Stokes, of Dublin. The editor of the work will be Dr. Alfred Hudson, Regius Professor of Physic in the University of Dublin.

The Brown Institution Lectures.

THE lectures in connection with the Brown Institution will be delivered by Dr. Greenfield, at the University of London, on December 17, 18, 19, 22, and 23, at 5.30 p.m. The subject of the course will be, "Recent Investigations on the Pathology of Infectious and Contagious Diseases."

SURGEON-MAJOR CUFFE has been commanded to proceed to Windsor, to receive from her Majesty the insignia of a Companion of the Bath, conferred on him for distinguished services with Wood's Flying Column in the late Zulu war.

THE Court of the University of Edinburgh announces that it will, on the 26th of January, proceed to the appointment of the additional Examiners in the University in the Departments of Botany, Natural History, and Practice of Physic.

ROME is at the present time in a most unhealthy state, having the highest death-rate, the notorious fever-den, Alexandria, alone excepted, of any city in the world. A mortality of 40 per 1,000 is likely to deter many from leaving this country to spend the much advertised "Christmas in Rome."

THE will of the late Mr. George William Callender, F.R.S., Surgeon to St. Bartholomew's Hospital, who died on the 20th ult., at sea, on board the steamship *Gallia*, was proved on the 17th Nov. by the Rev. Richard Clement Callender, the brother, the sole executor. The testator leaves all his property to his executor, upon trust for his children.

A SOCIETY has been started in London for the prevention of reckless driving, and for the supply of ambulances at the corners of the streets, so that those who meet with

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accidents may have a comfortable journey to the hospital. We do not like to throw cold water on well-meant efforts, but really philanthropy seems to have outdone itself in th instance; the fact of seeing an ambulance at every corner will not enhance the pleasure of a walk through the streets of London.

In the principal large towns last week the rates of mortality per 1,000 were—Portsmouth 15, Bradford 17, Glasgow 17, Sunderland 20, Edinburgh 20, Newcastle-upon-Tyne 21, Oldham 22, Brighton 22, Norwich 22, Sheffield 22, Leicester 22, Salford 24, Birmingham 25, Manchester 25, Wolverhampton 26, London 26, Bristol 26, Leeds 27, Nottingham 27, Hull 28, Liverpool 29, Dublin 31, and the highest rate in the United Kingdom 34 in Plymouth.

The death-rate from the seven principal zymotic diseases averaged 4·2 per 1,000 in the principal large towns in the United Kingdom, and ranged from 0·5 and 0·7 in Oldham and Wolverhampton, to 5·5 and 5·8 in Leeds and Liverpool, 6·1 in Dublin, and 7·0 in Plymouth. Scarlet fever showed the largest proportional fatality in Leicester, Nottingham, Bristol, Dublin, and Newcastle-upon-Tyne; measles in Liverpool, Plymouth, and Leeds. Diphtheria caused 8 deaths in London and 2 in Birmingham. Four fatal cases of small-pox were recorded in London, 2 in Dublin, but not one in any of the other large towns.

In the principal foreign cities the rates of mortality according to the most recent weekly returns were—in Calcutta 24, Bombay 33, Madras 35; Paris 24; Geneva 16; Brussels 26; Amsterdam 21, Rotterdam 21; The Hague 16; Copenhagen 36; Stockholm 19; Christiania 18; St. Petersburgh 32; Berlin 22, Hamburg 25, Dresden 21, Breslau 19, Munich 33; Vienna 24; Buda-Pesth 30; Rome 40, Naples 27, Turin 30; Alexandria 44; New York 24, Brooklyn 22, Philadelphia 14, and Baltimore 20 per 1,000 of the populations. Small-pox caused 19 deaths in Paris; measles 36 in Copenhagen; and diphtheria 29 in Berlin.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

The deaths in Glasgow for the week ending the 29th ult. were at the rate of 17 per 1,000 per annum, against 21 in the preceding week, and 25, 25, and 27 in the corresponding periods of 1878, 1877, and 1876.

Health of Edinburgh.—There were 85 deaths registered last week in Edinburgh, as against 72 the preceding week. The death-rate is 20 per 1,000. More than half the mortality was due to diseases of the chest. The zymotic deaths amounted to 8, only 1 of which occurred in the New Town, while the southern suburbs were entirely free. Of the persons who died 16 were above 16, and 3 above 80, years of age.

Principal Caird on the Western Infirmary, Glasgow.—The present position of the Western Infirmary, Glasgow, strikingly illustrates the inevitable consequences of indiscriminate medical charity, and the too willing obedience to demands thus made by increasing the facilities of treatment as the applicants for treatment increase. Principal Caird truly remarked that gifts of money may stimulate poverty, but he is not quite so logical or relevant in the statement that "gifts of healing can never stimulate disease." This is true enough in a sense; but unbounded invitation to the general public to be treated at hospitals increases the number of applicants, robs the junior members of the profession, demoralises the public, and, just as "money gifts," stimulate poverty and crime. According to Dr. Caird, the financial position of the infirmary is far from healthy. During the past year the patients treated have increased in number by more than a thousand (944 indoor, 99 outdoor), and the ordinary revenue fails to meet the expenditure by more than £2,000. This renders, says Dr. Caird, the outlook for the future a very anxious one. In the face of all this it is difficult to characterise the conduct of the authorities in adding to the hospital almost double its existing accommodation, and thus entailing an enormously increased cost of maintenance. In this state of things it is suggested that not a few are beginning to ask why such an institution should not be maintained by a public rate, to which all would be compelled to contribute according to their means, rather than be left to precarious charity, a method of support according to which the selfish and stingy escape at the expense of their more benevolent neighbours. We wonder what the humbler class of practitioners would have to say to the prospect of such a tax. It is not to be supposed that they would regard the shutting up of at least the ont-door department of the hospital with any feelings of regret.

Professor McKendrick on Alcohol.—On the evening of the 27th ult. Professor McKendrick delivered the inaugural address on this subject to the Glasgow University Total Abstinence Society, in the Physiology class-room. There was a large attendance of students, and the subject was treated in a very interesting and comprehensive manner.

The Scientific Evidence of Organic Evolution.—On the 28th ult. Mr. G. I. Romanes delivered his second lecture on the above subject at the Edinburgh Philosophical Institution. After describing Dr. Darwin's theory of natural selection, Mr. Romanes said the first thing to be observed with regard to that theory was that it offered a scientific explanation of the numberless cases of apparent design everywhere met with in organic nature, for, as all these cases of apparent design consisted only in the adaptation which was shown by organisms to their environment, it was obvious that the facts were covered by the theory of natural selection no less completely than by the theory of intelligent design. Let them once admit the glaringly illogical principle that the operation of the higher causes might be assumed when the operation of lower ones was sufficient to explain the observed phenomena, and all science and philosophy were scattered to the winds. For the law of logic—which Sir William Hamilton called the law of parsimony—or the law which forbade us to assume the operation of higher causes when lower ones were found sufficient to explain the desired effects, that law constituted the only logical barrier between science and superstition. Having dwelt at length on the evidence in favour of natural selection, dealing with the arguments from classification, morphology, geology, and embryology, the lecturer said the question eventually became narrowed down to "man or monkey," and it was only a few months before birth that an embryologist could pronounce the young animal to be lord of creation. The principal obstacle which the doctrine of evolution encountered in the popular mind was that the conception of man being the lineal descendant of the monkey was a conception degrading to the dignity of the former animal. Now the ob-

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jection was purely a matter of sentiment, and as such he was not able to meet it; but sentiments were quite worthless as arguments or guides to truth. He had yet to learn that the dignity of man was a matter of any concern to Mother Nature, who, in all her dealings appeared, to say the least, to treat us in rather a matter-of-fact sort of way. Those who advanced this preposterous objection from dignity appeared to forget the all important fact that, whether or not the monkey was parent of the man, the man was certainly made in every way to look like a child of the monkey, for it was a matter of anatomical demonstration that in all the features of our bodily structure, even to our brains, we more closely resembled the man-like apes than the latter resembled the lower quadrumana. As reasonable beings we must conclude that there has been some definite cause for this extraordinary imitation by the most highly organised being in Creation of the next most highly organised. And if we rejected the natural explanation of hereditary descent we could only suppose that the Deity, in creating man, took the most scrupulous pains to make him the image of the ape. Why should God have thus conditioned man as an elaborate copy of the ape, when we know from the rest of creation how endless were his resources in the invention of types? To him it appeared that the question was as unanswerable as it was unavoidable. The only other objections to Darwinism that he knew of were those raised by theology. He did not deny that Darwinism, by cutting away the argument from design, had dealt a heavy blow to natural, as distinguished from revealed, theology; but further than this he could not see any reason for the theologians to quarrel with the naturalists. To him it seemed that the first Chapter of Genesis might be made to teach the doctrine of evolution quite as well, if not better, than the doctrine of special creation; and as far as the manufacture of Eve was concerned, he believed that even before Darwin's days enlightened theologians did not care to be very dogmatic about its literal interpretation. It seemed, then, that the only rub between theology and Darwinism consisted in the latter destroying the argument from design. But he should like, in conclusion, to point out that even in this respect theology would not be altogether a loser, for now that the science of biology had made so much progress, it must really, he should think, be a relief to thoughtful and candid theologians that Darwinism had stepped in to remove from them the responsibility of justifying the way of God to man, For the design argument suffered the intelligent contriving of organic structures for the uses to which they were put; and, therefore, how fearful was the unavoidable inference that in thousands of cases the Deity had deliberately planned elaborate mechanisms for the express purpose of inflicting pain and death! He did not know a thought more terrible than this, and in the face of it he should find it impossible to regard the Deity as benificent. The whole creation groaned in pain and travail, but if we saw reason to believe that such a state of things was due to the operation of general principles of government, rather than to special designs of Creation, it seemed to him we had a better basis for the trust of God's love.

A Clerical Parochial Doctor.—The Parochial Board of Holms, Orkney, have appointed the Rev. Daniel McNeill, L.F.P. & S.G., Free Church Minister, Medical Officer, in room of Dr. Bruce, Kirkwall. It was stated that, though a member of the Board, the Rev. gentleman would act for about half the sum paid to the present medical officer!

Glasgow University.—The Lord Rector.—Mr. Gladstone arrived at Glasgow on the evening of Thursday, the 4th inst., and received a right royal welcome from the students of all political shades of opinion. Their torchlight procession was particularly effective, and their conduct altogether exemplary. The day following the right hon. gentleman delivered his rectorial address in the Kibble Palace in the presence of an audience of close upon 6,000 people, chiefly composed of students and members of the University Council. This is not the place to discuss the address, suffice it to say that it was listened to with the utmost attention; that it was brilliant in conception and delivery, though not a little of it—particularly the defiant attitude against science in relation to christianity—was open to the easiest contention. We regret to be obliged to draw attention to the fact that the venerable President of the Faculty of Physicians and Surgeons was seen in the general crowd and crush of the members of Council. If there was no courtesy due to his present office, was there none to be expected from that university which he so long, so lovingly, and so faithfully served?

Jubilee to Dr. Kew, Perth.—On the afternoon of the 5th inst. Dr. Kew, Perth, was entertained to dinner on the occasion of his attaining the 50th year of his practice as a physician. Mr. Robert Martin, solicitor, presided. Dr. Bramwell presented an address from the Perthshire Medical Association to the guest in recognition of his services as President, and the chairman further presented him with a timepiece and purse of sovereigns. He alluded to Dr. Kew's services to the Perth Dispensary and other public institutions for upwards of forty years. Dr. Kew suitably replied.

Correspondence.

THE IMMERSION PARABOLOID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having perused the two letters on this subject in your last issue, I find that I must trouble you with some further observations, and set out evidence which will show the nature and extent of the priority which is due to Mr. Wenham for introducing the immersion paraboloid as an illuminator in practical microscopy.

In writing for your issue of Nov. 26, I could not refer to any communication between Dr. Beale and myself without asking his permission, which I did not then need to do. Dr. Beale has since kindly given me permission to publish his letter in any way that I may think necessary, and it is, therefore, at your service if you call for it. All that I need say, however, is that in April, 1878, Dr. Beale, having obtained a copy of my paraboloid for his own use, wrote to me asking for information as to its working, and for references to my papers on the subject. These, of course, I sent. No communication in reference to this matter has since passed between Dr. Beale and myself. With this simple statement there falls to the ground the whole structure which Mr. John Mayall, jun., has so ingeniously constructed in order to fasten upon me a charge of *mala fides*. Mr. Mayall's conduct in this matter is very natural. Ignorant of the fact that Dr. Beale's great work must have been some two years in the press, he assumes that I have acted as he would have done, and thereupon, by a simple syllogistic process, he demonstrates "my radical want of candour."

It goes without saying that no text-book on the microscope can burden itself with descriptions of impracticable or obsolete contrivances. Mr. Wenham's immersion-paraboloid has never been on sale by his own firm or any other, nor is there any optician's catalogue or English text-book on the microscope which refers either to it or to the much more fully thought out instrument which Dr. Barker subsequently failed in bringing to any practical point. Indeed, had I ever seen either Mr. Wenham's paper or that by Dr. Barker I should never have put upon Messrs. Powell and Lealand the pressure which, as an old client, I was able to do, to induce them to take the matter up.

In August, 1877, my paper appeared in the *Monthly Microscopical Journal*, and soon afterwards my friend,

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Mr. Jabez Hogg, kindly sent me the reference to Mr. Wenham's paper in the old series of the "Microscopical Transactions." Having looked up this paper, I wrote Mr. Wenham an apology for not having cited his paraboloid, and asking him kindly to show me what it would do. His reply, dated August 14, 1879, runs as follows :—

"The paraboloid used with an intermedium under the slide, as well as some other contrivances for the same purpose, was described in a paper read by me before the Microscopical Society, March 25th, 1856, and was published in the "Transactions" at the time. I have sent a short note to the editor of the *Monthly Microscopical Journal* calling attention to this. Of course I have done so with courtesy, as it is simply a matter of re-invention.

"I never now go to the Royal Microspical Society, so I do not know what transpires till I see it in print, else, before your paper was published, I should have wished to have shown you the paroboloids I then made, more than twenty-one years ago."

Mr. Wenham's letter, as published [*M. M. J.*, Oct., 1877, page 206), reads as follows:—

"At the meeting on March 20, 1856, I read a paper on *illumination*, and described a small truncated parabola of crown glass used beneath the stage, on the flat top of which slides were to be laid with an intermedium of high refractive power. Animalcules, or objects in water, or other fluid were placed directly on the flat top and covered with thin glass. *Beyond making two of different sizes for my own use*, and exhibiting the effects on that occasion, *I made no fur her stir in the matter*, and it has since been twice re-invented." (The italics are mine.)

In October, 1877, I prepared and forwarded for publication in the *Monthly Microscopical Journal* a reply to Mr. Wenham's letter, and discussed critically the nature and extent of the priorities due to him and to Dr. Barker. Owing to the sudden death of the editor, my paper was, I believe, impounded by his executors. In January it was returned to me by the Secretary of the Royal Microscopical Society with an expression of regret, and the statement that it could not be published because the journal had stopped. Mr. Wenham never favoured me with an appointment to see his paraboloid, and I could not well write to him again unless he moved in the matter.

On Mr. Wenham raising the question in your columns, I again proposed that I should come and see a demonstration of what his immersion paraboloid would do, and offered to reserve the afternoon of Wednesday, the 3rd inst. for the purpose. On the 4th inst. I received a letter explaining that he had been prevented from answering my letter, and adding, "at the works I can find nothing but the original steel template of the larger size amongst my tools and traps. I have a lot of things in Essex, which will involve a day's journey to get them. I will do this, and then have comparisons made." Thus stands the matter as this issue of the journal goes to press (Dec. 9, 1879).

All the facts were perfectly known to Mr. John Mayall when, in the *Quekett Journal* for April, 1878, he wrote the footnote for me to publish, as follows :—

"As to the question of priority between Mr. Wenham and myself in the design of the immersion paraboloid, it needs only that I observe the paraboloid suggested by Mr. Wenham had not the same purpose in view as that obtained by my device; the construction was not like mine, nor was the adaptation as a piece of useful accessory apparatus in the slightest degree resembling. In fact Mr. Wenham's suggestions came to practically *nil* even in his own hands. I regard Mr. Wenham's device of twenty years ago as of no practical value—a merely empirical experiment having no definite purpose."

The last two sentences I cut out, not because in my judgment they were unsound criticism, but because I had the greatest respect for Mr. Wenham, and I would not consent to publish any sort of sneer at his paraboloid. Mr. Mayall's first statement, *i.e.*, that Mr. Wenham "had not the same purpose in view," I considered unfair. Therefore the footnote, as settled and published by me, runs as follows :—

"As between Mr. Wenham and myself, I need only to observe that the paraboloid described by Mr. Wenham was not like mine, either in its formula or its effects, and that the methods of working and applying the two instruments as accessories to the microscope do not in the least resemble each other."

Now, if Mr. Mayall's account of this footnote be correct, how came I to modify its terms in the direction that I did? Perhaps, however, I ought to throw further light upon the matter, so as to exhibit no more of what Mr. Mayall describes as "evidence of a radical want of candour."

In May, 1878, Mr. Mayall exhibited some photographs and other objects at the *conversazione* of the Royal Society. He asked my permission to allow him to include my paraboloid in his list, and he borrowed the instrument of me for the purpose, as also a large Powell and Lealand stand, with certain almost unique high-power objectives, made by Tolles, of Boston, and Powell and Lealand. Now there can be no pretence that anyone but Mr. Mayall wrote out the description of the list of objects which he exhibited, and the catalogue printed for that *conversazione* contains the words—

"New Immersion Paraboloid. Designed by Dr. James Edmunds; exhibited by Mr. John Mayall, junr."

Recollecting that, Mr. Mayall would also write descriptions of his objects for inclusion in the *Times'* report. I have taken the trouble to look out that report from the *Times* of May 4, 1878, page 13. I cite the following extract :—

"In room 2 Mr. Mayall showed some new microscope arrangements. A new rectangular prism illuminator on the immersion principle gives a wonderful definition used with immersion lenses and balsam, glycerine being spread upon the glass slide. A new immersion paraboloid, used also with glycerine or some similar substance, gives a dark field with a very sharp definition—a great advantage in protracted observations." I see that, unfortunately, Mr. Mayall's photographs did not, after all, get noticed in the *Times*, but as my name does not appear in the report, that fact is obviously not due to any intervention on my part.

In June, 1878, a difference having occurred between Mr. Mayall and myself, Mr. Mayall thought it not unbecoming to change his opinions with regard to the merits of my paraboloid, and, in consequence of some remark which he made, I wrote to *Nature* (July 11, 1878) calling attention to the priorities of Mr. Wenham and Dr. Barker, giving full references to their papers and to my own, so that microscopists might peruse the papers for themselves, and see the nature and extent of the priority which was due to these gentlemen respectively. The "candid reader" to whom Mr. Mayall appeals will see on collating the two documents that my letter to *Nature* (this volume, pages 448 and 469) in no way overrides the propositions contained in the April footnote. On those propositions I still stand, and I have never resiled from anything that I have said or written on the subject.

That Mr. Mayall himself then considered that I had not surrendered my claim is proved by the fact that in *Nature* of July 25 he wrote a further letter saying that his "attention has been directed to evidence establishing Mr. Wenham's claim," a letter which I read with vast surprise, and for which, up to this time, I have seen no justification.

Mr. Mayall is, of course, concerned at the survival and publication of a piece of manuscript which he imagined had been altered, sent to the printer, and destroyed. His attempt to fasten upon me a charge of bad faith made it necessary for me to expose his inconsistency, and it is fortunate I had preserved all the papers on this old controversy. For Mr. John Mayall, jun., whose Fellowship of the Microscopical Society dates back many years longer than mine, to pose as a deluded innocent in this matter, will only amuse those who know him and his many controversies in matters microscopical. Those who have the advantage of not knowing this dexterous gentleman will now be able to judge whether there has been any bad faith in this matter, and with whom.

The late Dr. John Barker, of Dublin, never yielded any substantial priority to Mr. Wenham. He approached the matter as a mathematician. He went to many London opticians—including Mr. Wenham's firm—but, according to his letters to me, none of the paraboloids made for him would answer. He, also writes :—"I made many mathematical trials, but found a modification of the formula $y^2 = ax$, by which most of my paraboloids were made, by Yeates, of Dublin, to be the best." Dr. Barker called upon me several times when in London, and kindly promised to send me his paraboloid, but never could "put his hand

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upon it;" and his recent decease leaves me unable to say more. But being still anxious to test his paraboloid as well as Mr. Wenham's, I wrote to Mr. Yeates for a copy of the instrument, and for any information he could give. Messrs. Yeates and Son, the well-known Dublin opticians, have replied as follows, under date Dec. 3, 1879 :—

"We beg to acknowledge the receipt of your note, and, in reply, to say that we made a number of different parabolic reflectors for the late Dr. J. Barker, but as to which he considered best, or as to whether he had satisfied himself with his experiments, we can give no information."

Mr. Wenham's paper of 1856 was written in order to develope the general principles of immersion illumination, and it only incidentally refers to his truncated paraboloid. What he writes is as follows :—

"Another variation in this [immersion] principle of illuminating opaque objects is a small paraboloid of solid glass with a flat top. A black stop of the same diameter as the apex is fixed at the base of the paraboloid for the purpose of stopping out direct rays. This paraboloid is set in a ring which is screwed underneath a flat brass plate [like a small live-box inverted], so as to bring the upper plane surface of the glass exactly level with that of the plate. The parabola must be sufficiently short to prevent any rays from passing *within* the angle of total reflection relative to the flat top; or the paraboloid may be cut off at the point in the curve intersected by an angle of 45 deg. drawn from the focus." Upon the top of a paraboloid thus cut Mr. Wenham directs the slide to be placed, and he adds—"In using this instrument all that is required is to throw direct light into the parabola by means of the concave mirror."

The carelessness of this description is obvious. The parabola (a mathematical curve) and a paraboloid (a solid of revolution) are spoken of as if identical things. The "apex" of a paraboloid, being a point, can of course have no "diameter." The paraboloid was cut off somewhere—in fact anywhere—between the focus and that point above the focus where the tangent to the curve would not exceed an angle of 41 deg. (the angle of total internal reflection in crown glass) with the plane top. Upon this a film of glycerine and a slide carrying the object was to be placed, raising the object say another 1-12th inch, which, with a paraboloid so small as Mr. Wenham's, would bring the object altogether beyond the focus. Mr. Wenham gives a drawing of his truncated paraboloid, but without saying on what scale, and the drawing of his truncated lens on the opposite page is, by measurement, about eight times the real size.

Passing from the printed text and the paper drawing to "the paraboloid" itself, this instrument was, on March 12, 1879, placed by Mr. Wenham before the Royal Microscopical Society, Dr. Beale in the chair—the brass plate into which it is screwed being engraved by Mr. Wenham as follows:—"Immersion paraboloid made by F. H. Wenham, March, 1856." The radius of its plane top is about 1-7th inch. With the brass screw setting into which it is burred it weighs 5·195 grammes; of this quite half is due to the brass setting, and the lens probably weighs 35 grains. The dimensions of the lens taken approximately are :—axial length, ·3 inch; diameter of base, ·67 inch; diameter of plane top, ·3 inch.

This paraboloid thus identified by Mr. Wenham is now placed in the well-known microscopical collection of Frank Crisp, Esq., and it will always be open to the inspection of anyone who needs to examine it. Whenever the sun shines it may be tested as to its focus. An ordinary glass slide optically connected to the top of the paraboloid by a film of glycerine, and retained in position by two elastic rings, a block of uranium glass connected in the same way above the slide, and the direct rays of the sun entering the base at the normal, will at once display the position of the focus.

As to the truncated lens, in combination with a common paraboloid which Mr. Wenham is adept enough to make answer the same purpose as the immersion paraboloid, that useful device does not come into this issue.

It is to be regretted that Mr. Wenham allowed his claim to slumber until, owing to Dr. Barker's recent decease, the claim of a gentleman who spent so much effort on this subject cannot be properly represented. To Dr. Barker I have already conceded a full priority "in principle and in construction;" and although his paraboloids never came into use, that concession is due to him. Mr. Wenham's "small flat-topped paraboloid" is, in my opinion, accurately adjudicated upon by those last sentences in Mr. Mayall's draft footnote, which, in deference to so able and useful a man as Mr. Wenham, I thought it would not be becoming for me to go out of my way to publish. I submit that the evidence now published justifies the proposition that "Mr. Wenham's paraboloid was not like mine either in its formula or its effects," and that the other proposition is so obvious as not to need proof. It is upon the text of Mr. Wenham's published description that his claim depends, and this text shows that his paraboloid was never cut off below the focus, and that it was far too small to work under any slide of ordinary thickness. Mr. Wenham's charge of "plagiarism" is met by his own letter of August 14, 1877.

Various allegations made by Mr. Wenham in the last part of the third paragraph of his letter (this volume, page 491) have no foundation whatever, and his insinuating that I have some interest in advertising Messrs. Powell and Lealand can only be due to the fact that those who buy Mr. Wenham's high power objectives do not afterwards prove so grateful.

For Mr. Wenham's well-known versatility and skill at the optical lathe I have nothing but admiration and envy, and, in once more urging him to stick to his lathe, I desire only to save Mr. Wenham from ever again stooping to attack "persons of Dr. Edmunds's stamp."

Yours, &c.,

JAMES EDMUNDS, M.D., M.R.C.P., Lond.

8 Grafton Street, Piccadilly, W., Dec. 1879.

[We regret that this correspondence has become personal, and can allow it to proceed no further. To Mr. Wenham should undoubtedly be given the merit of inventing "The Immersion Paraboloid." Indeed, Dr. Edmunds does not deny the prior claim of this gentleman. What he wishes to impress upon Mr. Wenham, and those who have followed this correspondence, is of having re-invented, without a previous knowledge of the originator's idea, and put it into a more practical and workable form. We have examined the paraboloid first invented by Mr. Wenham, together with the improved apparatus known as Edmunds's Paraboloid, and are satisfied that they differ in several essential particulars. We cannot understand the angry feeling and language imported into the discussion, the use of such words as "mendacious," &c., being quite unnecessary.—ED. M. P. & C.]

PRESENTATION TO DR. BENSON, OF DUBLIN.

ON Wednesday last a most interesting ceremonial took place at the City of Dublin Hospital, when the portrait of Dr. Charles Benson, the venerable and revered honorary secretary and consulting physician to the hospital, was presented to the directors for a place in their board room, and an address to Dr. Benson himself. We are reluctantly obliged to exclude a full report of the proceedings. It is sufficient to say that the whole of the medical staff and of the board of Governors who were capable of being present attended, as well as a number of past "Baggot Street" students and many of Dr. Benson's friends and admirers, and that a most enthusiastic spirit of affectionate regard for Dr. Benson as a teacher, a colleague, a physician, and a friend, was evinced by all present. The portrait is a replica by Mr. Clarke of that which hangs in the board room of the Irish College of Surgeons, and is an excellent likeness.

Dr. Benson is, as he himself said, the sole survivor of the original co-partnership of physicians and surgeons, who founded the hospital in 1832, and since that day his relation to it has been one of honour to himself and inestimable value to the institution. It might be said with truth that he was mainly instrumental in making the hospital what it is—one of the first benevolent institutions and clinical

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teaching centres of Ireland. Warm and cordial as were the expressions uttered by the speakers on the occasion, we can say that not a word spoken exceeded Dr. Benson's deserts, and we suffer the same incapacity as those who attempted to do justice to his qualities in that we feel it impossible, in the few words allotted to us, to express our esteem and respect for his professional and personal character. To have occupied a public position in our profession for half a century, and to retain it after such a period with everyone's good-will, is a lot which few share with Dr. Benson, and we can cordially join in the aspiration of the speakers on this occasion, that his years may be prolonged to enjoy the regard of his professional brethren.

A VACANCY in the staff of Jervis Street Hospital, Dublin has been declared in consequence of the resignation of Dr. Edward Wolfenden Collins, who has left Dublin and entered into practice near Sydenham. In Dr. Collins the hospital loses the services of a man of much culture and a most promising surgeon. As a student he gained the high distinctions of Medical Scholar and Senior Medical Exhibitioner in the University of Dublin, in the School of which he filled the office of Demonstrator until his departure from Dublin. It is probable, we understand, that Dr. Collins will be succeeded in the hospital by Dr. Cranny, who will bring to the institution the addition of an obstetric and gynecological department. Dr. Cranny is an M.D. and M.Ch of Trinity College, and has held the position of Assistant-Physician to the Rotundo Hospital.

WE learn with much satisfaction that Dr. Macan, Obstetric Physician to the City of Dublin Hospital, who has for some weeks past been seriously ill from typhoid fever, is at length convalescent, and it may be hoped will soon resume his professional avocations.

ANOTHER successful case of ovariotomy appears in the records of the mastership of Dr. Atthill at the Rotundo Hospital. The operation was performed on Thursday last, and, according to latest reports, the patient is convalescent.

MAJOR STUDDERT, J.P., Fort House, Kilrush, has been appointed to the important office of Poor-law Inspector under the L. G. B. for Ireland.

AMONG the recipients of honours at the distribution by Her Majesty the Queen at Windsor on Monday to the officers now in England who have served in the recent Zulu and Afghan wars, were Deputy Surgeon-General John Hendley and Surgeon-Major Charles McDonough Cuffe, both of whom received the Companionship of the Bath.

NOTICES TO CORRESPONDENTS.

CLINICAL SOCIETY.—On Friday, Dec. 12: Mr. Croft, "Analysis of 45 Cases of Excision of the Hip-joint."—Mr. R. W. Parker, "On a New Method of Excising the Hip-joint."—Mr. Pick, "A Case of Subastragaloid Dislocation."—Dr. Ledlard will show a Case of Excision of the Hip-joint in an Adult two years after the operation.

DR. CHRISTISON is thanked for his note.

DR. J. STEWART.—Yes, a remarkably good book, thoroughly reliable in practice.

F.R.C.S.—If you will send the MS. we will give it the earliest insertion possible.

POLYMORPHISM OF FEVER POISONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to the paper read by me some three weeks ago before the Medico-Chirurgical Society of Sheffield on the "Polymorphism of Fever Poisons," a short account of which is given in your issue of Nov. 26, allow me to make a slight correction. What I said in reference to typhus, typhoid, and yellow fever was this: That I looked upon epidemic and endemic yellow fever of the tropics as polymorphic forms of typhus and typhoid fevers of the temperate zones, the difference in their symptoms being dependent upon the unlike conditions of their development.

I remain, Sir, yours faithfully,
S. M. INKSTER, M.D.

DR. ALEX. STEWART, Aberdeen.—Letter to hand as we were at pres will appear in our next.

DR. YOUNG'S communication "On Bronchitis" received, and will be published when space can be had.

ERRATA.—In Dr. O'Flanagan's "Cases of Tetanus Successfully Treated," last number, a few errors appeared in consequence of the printer not waiting for author's proof, for which we offer our apologies. In line 2, for "course" read "cause;" line 25, for "stopped" read "stoppered;" line 19, page 476, for "lips" read "lip." In the paragraph commencing "Tuesday, 8 p.m.," "prevents" on line 4, should read "smarts." In last par. but one, add "was" after liniment, line 3; line 4, "ad" should be "as;" and in last par. the hyphen is misplaced, its right position being obvious.

VACANCIES.

Belmothery Union Workhouse.—Medical Officer. Salary, £90, and £10 as Consulting Sanitary Officer. Election, Dec. 15.
London Hospital.—Medical and Surgical Registrarships. Salary, £100 attached to each office. Applications to be addressed to be Secretary on or before Dec. 22.
Middlesex Hospital.—Medical and Surgical Registrarships. Applications to the Secretary-Superintendent before Dec. 20.
Nottingham Borough Lunatic Asylum.—Medical Superintendent. Salary, £450. Applications to "The Chairman of the Committee of Visitors" on or before Dec. 16.
Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £110, with fees, and £12 as Medical Officer of Health. Election, Dec. 11.
Portumna Union Workhouse.—Medical Officer. Salary, £60, and £5 10s. as Consulting Sanitary Officer. Election, Dec. 20.
University College, London.—Professorship of Medical Jurisprudence. Applications to the Secretary up to Jan. 7.
Wolverhampton Union.—Medical Officer for the Wednesfield District. Salary, £80. Applications to the Clerk, 49 Snow Hill, Wolverhampton, before Dec. 11.

APPOINTMENTS.

ATKEY, W. T., M.R.C.S.E., L.R.C.P.L., House Surgeon to the West Sussex, East Hants, and Chichester General Infirmary.
BICKERTON, Mr. T. H., House Physician to the Royal Infirmary, Liverpool.
CAMPBELL, P. E., M.B., C.M., Junior Assistant Medical Officer to the Warwick County Lunatic Asylum.
DUIGNNAN, Dr. P. S., Medical Officer and Medical Officer of Health for the Johnstown Dispensary District of the Edenderry Union.
HALL, J. C., M.B., B.Ch. Univ. Dub., Medical Officer to the Monaghan Union Workhouse.
HARRISON, Dr. A. J., Physician to the Bristol General Hospital.
HOULGRAVE, Mr. A., House Surgeon to the Royal Infirmary, Liverpool.
JONES, A. E., M.R.C.S.E., House Surgeon to the London Hospital.
JONES, Mr. G. J., House Surgeon to the Royal Infirmary, Liverpool.
MACBRYAN, H. C., L.R.C.P.Ed., L.R.C.S.Ed., a Clinical Assistant in the West Riding Asylum.
MACINTOSH, H. W., B.A., Registrar of the Medical School, Trinity College, has been appointed to the Professorship of Zoology in the University of Dublin.
PATERSON, A. G., L.R.C.S., L.R.C.P.Ed., Senior House Surgeon to the Carlisle Dispensary, and Medical Officer to the Fever Hospital.
ROWLANDS, W., L.K.Q.C.P.I., a House Surgeon to the Royal Infirmary, Liverpool.
SYKES, Mr. R. P., House Physician to the Royal Infirmary, Liverpool.
TAYLOR, J., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Tandragee, co. Armagh.
WILLETT, A., F.R.C.S.E., Surgeon to St. Bartholomew's Hospital.
WOODS, W., L.R.C.S.Ed., Medical Officer to the Monaghan Fever Hospital.

Deaths.

ADAMS.—On Dec. 1, at 22 Adelaide Street, Kingstown, of congestion of the lungs, William O'Brien Adams, M.A., M.B., F.K.Q.C.P.I., aged 72.
DURRANT.—On Dec. 4, at Eastbourne, Herbert, youngest son of C. M. Durrant, M.D., of Ipswich, aged 23.
HENDERSON.—On Nov. 28, at Pavilion Parade, Brighton, Andrew Henderson, M.D., aged about 40.
MARTIN.—On Nov. 22, at Weymouth, Dr. Edmund Glanville Martin, aged 74.
MOUNTJOY.—On Oct. 28, on the homeward passage to England, John William Mountjoy, M.R.C.S., Indian Medical Service.
ORTON.—On Nov. 29, at Narborough Hall, Leicestershire, Wm. Orton, M.R.C.S.E., aged 69.
SMITH.—On Dec. 3, at Tottenham, Charles Smith, M.R.C.S., late of Kentish Town, aged 75.
STEWART.—On Dec. 3, at 75 Eccles Street, Dublin, Henry Hutchinson Stewart, M.D., at an advanced age.
WELLS.—On Dec. 3, at Cannes, France, J. Soelberg Wells, M.D.Ed., F.R.C.S.Eng., Surgeon to the Royal London Ophthalmic Hospital.

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IRISH POOR-LAW INTELLIGENCE.

THE RESPONSIBILITY FOR THE BREAKDOWN OF THE PUBLIC HEALTH SYSTEM.

In the Supplement to the *Medical Press* the week before last we published a report of the proceedings of the Boyle Guardians, which will well repay perusal by Irish sanitary officers. At the meeting to which we refer Colonel King Harman, M.P. (who, we may remind our readers, was the chief opponent of the Vaccination Act of last session), reported to the guardians his proceedings in the endeavour to induce the Local Government Board to assent to a cutting-down of the sanitary salaries in the Boyle Union. In the course of his remarks he gave expression to views strongly depreciatory of medical officers of health in general, and those of the Boyle Union in particular. The report of these proceedings having been brought to the notice of the Council of the Irish Medical Association, were considered deserving of special notice, and the following letter was addressed to Colonel King Harman.

This letter was inadvertently published in our last issue in an incorrect form, and we think it worthy of re-publication as an effective and truthful vindication the Poor-law medical officers of Ireland from the unmerited and unsustainable aspersions of Colonel King Harman :—

Royal College of Surgeons, Dublin.

Colonel King Harman, M.P., D.L.

Sir,—The attention of the Council of the Irish Medical Association has been directed to a report of the proceedings of the Boyle Board of Guardians contained in the *Roscommon Herald*, in the course of which you, as chairman, are reported to have stated in communicating the result of an interview had by you with the President of the L. G. B. for Ireland, that "the reason" the board of guardians had proposed a reduction of the salaries of their medical officers of health, was that these officers "were not doing any work for the money." You are also reported to have stated your opinion that the dispensary medical officers "cannot do the duty. It is a work that should never have been thrown on them," because they "might have to report their own patients;" and finally you are set down as having stated that "all the authorities of the L. G. B. were then called out, and they all agreed" in that opinion.

The Council of the Irish Medical Association, upon the assumption that your remarks have been correctly reported, learn with much regret that a gentleman occupying your legislative and administrative position and possessing so much personal influence, should entertain a view so prejudicial to the interests of the poor-law medical officers of Ireland, and should express those views in public, and in your official capacity, without—as the Council believe—a full knowledge of the facts. The Council, moreover, desire me to express their great surprise that the authorities of the L. G. B., if they have spoken as reported, should think it consistent with their duty to depreciate the administrative efficiency of the large and important body of medical officers who act under their control, and for whose unsatisfactory performance of duty (if such existed), the board itself would be directly responsible.

The Conncil consider it necessary, in the interests of the Poor-law medical officers of Ireland, to meet at once the statements to which I have referred with a direct and emphatic impeachment; and they propose to show, *First*, that the medical sanitary officers have always been fully competent for the efficient discharge of their duty, and anxious to be permitted to do their work honestly, and without regard to their personal interests, and—as a matter of fact—did perform their part of the sanitary duty with great energy until compelled to cease from their zeal by the hindrances and discouragements offered to them by the boards of guardians, and by the L. G. B. *Secondly*, That the decadence of the Irish Public Health System has been the natural result of the course adopted by both these authorities, and is, in no respect, chargeable against the medical officers, upon whom the guardians now propose to visit their own *laches*.

It may be well, at the outset, to remind you that the sanitary office was not sought for by the medical profession; that it was forced upon them without a question asked as to their disposition for it; and that, as a fact, the imposition of its duties was most irksome to many medical officers, and was loudly complained of; and you will probably concur that when unsought-for functions are arbitrarily put upon any class of persons, it is at least reasonable that they should be liberally remunerated. The first step, however, in the series which has now culminated in the second breakdown of the Public Health System, was the order issued by the L. G. B. to the sanitary authorities not to pay to any dispensary medical officer for sanitary duty more than one-fourth of his dispensary salary, a suggestion of which those authorities availed themselves by voting remuneration, which the Council can only characterise as ridiculous. The average salary of all the medical officers of health in Ireland in 1876, two years after the passing of the Act, was under £18 a-year for the performance of duties analogous to those for which English medical health officers received a much larger sum. But this refusal of reasonable payments was not the only discouragement with which the medical officers of health had to contend, for they were met, as a general rule, with the open or covert hostility of the sanitary authorities who had been trusted by Parliament to promote sanitation, and by the coldness of the L. G. B. to all their complaints. Their reports and suggestions as to sanitary

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improvements, drawn up at much trouble and after unpleasant inspections, were, in a great majority of instances, wholly disregarded, marked "read," or indefinitely postponed, while the L. G. B., in consequence of its own refusal to provide inspectorial sanitary supervision, was completely in the dark as to the existence of the nuisances in question, and the attitude of the individual Sanitary Authority respecting those nuisances, and, therefore, was unable and unwilling to aid the medical officer in his efforts for improvement. The complaints and remonstrances of many of the medical officers of health, then and since, found their expression in the quarterly returns made by them to the Registrar-General, from which excerpts are regularly published, and you will there find abundant proof that medical officers were not backward in bringing the shortcomings of the public health system and the deplorable sanitary state of Ireland under official notice, although the great majority of such officers did not feel it their duty to express their views on the subject to any department other than the sanitary authority. If those representations were, as they unquestionably were, utterly ignored by the L. G. B. and the Sanitary Authorities, the fault lies with those bodies. If, under these circumstances, the activity of the medical officers was relaxed, who is to blame? That these officers are not responsible, that in spite of all impediments they did their duty cheerfully and zealously, is proved beyond doubt by the Parliamentary return made on the motion of Dr. O'Leary, M.P., on the 21st of March, 1878, by reference to which you will find that, in the first year of the operation of the Act of 1874, the medical officers made nearly 26,000 reports, or 32 reports per man. In the next year there was, in consequence of the way these reports were treated, a falling off of 56 per cent. in the number, which dropped to about 11,000, or 14 reports per man, and, in the third year, from similar causes, a further reduction to 9,000, or 11 reports per man. It should be remembered that the number of reports bears no proportion to the sanitary work done, inasmuch as all medical officers effect their object as much as possible by remonstrance and threats, and do not report the nuisances to the guardians until they cannot help doing so.

The Council have thus endeavoured to show the injustice and inaccuracy of your statement that the sanitary medical officers were not "doing any work for the money," and "could not do the work," in which view it is said the L. G. B. concurs. In conclusion, they desire to point out that the course now proposed by the Boyle guardians and other sanitary authorities can have but one effect, *i.e.*, to make the sanitary organisation of Ireland less and less efficient, and the public health of the country worse and worse. No employer of labour in any walk of life can get more work than he pays for, and it may be safely assumed that the less the medical officers are paid the less energy they will expend on their duties, and the greater the proportion of the work which will remain undone. If it be ever really desired that the sanitation of Ireland shall be improved, it can readily be done. Let the L. G. B. provide itself with the means (which it has never pretended to possess) of knowing which sanitary authorities and which medical officers are honestly doing their duty. Those means this Association has, in vain, exercised all its influence to procure, while the Government has resisted every such proposition. When such proper and essential supervision is provided, then let the medical officers of health be impelled to energetic action by the L. G. B., *and be paid what is reasonable and fair, and no more*, for their work, and let the Sanitary Authorities be so stimulated to work, and held accountable for disregard of their part of the duty.

If this be ever done, and if afterwards, it appears that the medical officers cannot or will not work, they will then, and not until then, deserve to be held responsible for failure.

I am, Sir, yours obediently,
JOHN WILLIAM MOORE, M.D., Secretary of Council of Irish Medical Association.

THE SUPPLY OF DRUGS TO IRISH UNIONS.

WITH a choice among 649 preparations of drugs offered by the schedule requisitions for medicines prepared by the Local Government Board, it may seem extraordinary for us to suggest that it would be possible to prepare something which would be more practically adapted to the wants of dispensary and poor-house medical officers.

Those, however, who are acquainted with the schedule, are well aware that it has been prepared by some one who was totally unacquainted with the practical details of dispensary work. It is simply an abstract of the Pharmacopœia, and contains every crude drug which can be required for the preparation of medicines into the usual forms in which they are dispensed—colchicum bulbs and seed, squill bulbs, fluid mercury, ipecacuan root, guaiac wood, &c., &c.—everything is offered in its most elementary form, as well as in its prepared condition, as if dispensaries were to be converted into manufacturing drug mills. Yet all this useless material has to be priced and tendered for from year to year in every union throughout Ireland. Nor is it merely useless trouble which is given by this senseless arrangement. It opens a wide door to contractors to "cook" their tenders. One of these for the year 1878 lies before us at present, and here are some of the prices:—Rhubarb, no quality being specified, is 8d. per lb., the powder 2s.; quina is 4s. an oz.; quina disulph., 4s. 6d.; quina sulph., 11s.; opium is offered at 15s. per lb., opium powder at 30s.; tincture of opium is 2s. 8d., or about 3d. less than the price of the opium and spirit required to make it; pulv. opii. comp. is 2s. 10d. per lb., or 2d. less than the price of the opium powder which ought to be in it, not to mention the ipecacuan powder and sulphate of potash. The prices of the last four articles in the list of a high-class wholesale house are as follows: 23s., 32s., 4s. 6d., and 6s. 6d. It is very evident from these figures that the tenders are arranged with a purpose, and that purpose is to put a low price on articles not likely to be required, and a high one on those which are, unless the article be one which, like laudanum, admits of being easily reduced in strength. It is notorious that drugs of inferior quality are supplied to Irish Unions, but who is to expose the adulteration? The medical officers are supposed to report to their Dispensary Committees if the drugs supplied are not of good quality. But analysis of drugs is no part of the duty of a medical officer, and, besides, if he does complain of the drugs supplied, he is liable to an action at law by the contractor if he should fail to substantiate his charge. There is practically no check on the quality of the drugs supplied.

But besides all this, many of the preparations of the Pharmacopœia are in a condition unsuitable either for keeping or dispensing. Pill masses and powders spoil from damp, and it is tedious and troublesome to divide them into suitable doses. Infusions and decoctions take some hours to make, and when made do not keep.

Modern improvement has removed these difficulties. All important medicines can be made up in pearl-coated pills, in great variety of doses and combination, and concentrated infusions and decoctions can be had which keep, and which are ready for use if diluted with seven times their bulk of water. These preparations may be relied on for their excellence if got direct, or in bottles closed by

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their trade mark, from manufacturers of known character and standing. It would put the dispensaries of Ireland in a very different position of efficiency if they were furnished with a well-selected supply of these pills and concentrated infusions.

The easiest way to attain this would be to revise the tender list, and strike out of it everything that is only required for the drug manufactory. A space should be left for specialities, and the medical men of each union should supply a list of the articles for ready dispensing which they require, and the name of the manufacturer from whom they wish them to be got. These can be offered for contract with the other articles in the list, and when the supplies are sent in the medical officer can see that he gets his supply under the trade mark of the manufacturer he has specified. By this arrangement the system of purchase by contract would not be interfered with, while the medical officer could always assure himself of the goodness of the article.

This plan is so simple that we commend it to the attention of the Local Government Board. It is not very creditable to the government of that body that the scandalous condition of the supply of medicines to Irish Unions should be perpetuated from year to year, merely because their pet scheme of a central drug manufacturing establishment under their control was knocked on the head.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF NOVEMBER, 1879.

NOVEMBER 3rd.—Duigenan, Patrick Samuel; Wellington Lodge, Trim, co. Meath; Lic. R. Coll. Surg. Irel. 1879, Lic. R. Coll. Phys. Edin. 1879.

7th.—Newburgh, Thomas; Beach Cottage, Bantry, co. Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

10th.—Ashe, William Cunningham; 4 Leeson Park, Dublin; Lic. R. Coll. Surg. Irel. 1879.

12th.—Wolseley, William Owen; 2 Montague Terrace, Higher Broughton, Manchester; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

14th.—Esmonde-White, Henry Laurence; Plymouth, Devon; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1878.

15th.—McCaw, John, Dromore, co. Down; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll Surg. Edin. 1879.

15th.—Smythe, George Frederick Alexander; Aldershot, Hants; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Irel. 1879.

18th.—Crimmin, John; Bruff, co. Limerick; Lic. R. Coll. Surg. Irel. 1879.

18th.—Porter, Robert; Mullaney, Burt, Londonderry; M.B. 1879 and M.Ch. 1879 Univ. Glas.

18th.—Strahan, Samuel Alexander Kenny; Greenmount Road, Belfast; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

21st.—Dwyer, Henry Hamilton; Narborough Road, Leicester; Lic. R. Coll. Surg. Irel. 1879.

21st.—Lane, John Ebenezer; Sandbach, Cheshire; M.D. Q. Univ. Irel. 1879.

21st.—Cullin, Richard Blair; 10 Richmond Place North, Dublin; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

22nd.—Maguire, Patrick; Arney, co. Fermanagh; Lic. R. Coll. Surg. Irel. 1879.

24th.—Bolster, James McMullen; Mallow, co. Cork; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

25th.—O'Connor, Arthur Patrick; 5 Russell Place, Dublin; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

25th.—Walsh, Thomas Pakenham; Enniskillen, co. Fermanagh; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

26th.—Doyle, Francis Joseph; 11 Mountjoy Square, Dublin; Lic. 1879 and Lic. Mid. 1879 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

26th.—Hanly, Edward; The Elms, Collegiate Crescent, Sheffield, Yorks; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

27th.—Williams, David Leopold; Dungarvan, co. Waterford; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

27th.—Leonard, John; 4 Grattan Parade, Drumcondra, co. Dublin; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.

29th.—Allport, Henry Kingston; 43 Patrick Street, Cork; M.D. 1879 and M.Ch. 1879 Q. Univ. Irel.

10th.—Morrissy, Edward; Navan, co. Meath; Lic. R. Coll. Surg. Irel. 1878; Lic. K. Q. Coll. Phys. Irel. 1879.

28th.—McMorran, Robert; 1 Richmond Place North, Dublin; M.B. 1868 and M.D. 1868 Univ. Dub.

28th.—Croly, Arthur England Johnson; Greenfield, Rathfarnham, co. Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1879, and Lic. Mid. 1879 K. Q. Coll. Phys. Irel.

MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council, Ireland, during the month of November, 1879, pursuant to the 14th section of the Medical Act, no reply having been received to several letters of application, viz.:—

Sweeny, Austin; Ennistimon, co. Clare.
Stevenson, James; 20 Coleraine Street, Dublin.
Warren, Robert Thomas; Barnabaly Cottage, Ringskiddy, co. Cork.
Wilson, Stewart; Omagh, co. Tyrone.
Weir, Marshall; Dromore, co. Down.
Williams, James E.; Army Medical Staff.
Wilkin, Thomas Henry; Tynemouth, Sunderland.
Vance, John; 3 Merrion Square North, Dublin.
Woodroffe, Richard; 3 Terenure Road, Rathgar, co. Dublin.
Divers, Edward; Queen's College, Galway.
Knox, James; Walshestown, Balbriggan, co. Dublin.

CARRICK-ON-SHANNON UNION.

THE previous board requested a written explanation from Dr. Kiernan in reference to a letter sent in, from which the following is extracted:—

I beg to submit the following facts:—I met Dr. Kiernan and he informed me that three of Morris's children were ill of fever, and that his daughter would call on me the following morning for an order of admission to union hospital. I went to the house. When I arrived there Morris told me some of them were weak, and that another of them became ill that day. I then said that I would make arrangements with the master about sending the van and covering for their removal. The master would not send it without a medical certificate. I then applied to Dr. Kiernan for a certificate, he having visited them as dispensary patients. He refused to give one, saying they are fit. I told him that would not do, that I could not have them removed without a written certificate. He again refused to give one, remarking, "I suppose if anything would occur I would be held responsible." Being anxious to have the children removed, I reported the matter to Mr. Whyte, D.V.C., and he sent me to the master with an order. When they were removed the elder boy of sixteen years fainted. I decided not to remove him until the doctor would examine him, he not having been visited by the doctor for the previous two days, I called in the services of Dr. Bradshaw.

JOSEPH HILL, R.O.

Read the following from Dr. Kiernan:—

GENTLEMEN,—In reference to the case of fever I have to state that I received at 2 o'clock p.m. a ticket to visit O. Morris. I went to the house and found them in the incipient stages of fever. I recommended that they be removed to the union hospital. The mother assented. Having told her what to do, and that to convenience her

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I would call at the residence of the relieving officer and arrange with him for their removal, I went there immediately. On my return home I met the relieving officer on the public road, and having no materials for writing a certifi te, I told him of the children, and advised their mother to send her daughter to him to have them removed next morning. I heard no more from him of them for twenty-five hours, after which time he came to me and asked for a certificate for the Morrisses. I asked are they not in hospital. He replied no. I said more than twenty-four hours elapsed since I visited them. He told me the workhouse master would give the van, but that the man was not able to take the children to the van—the relieving officer would have to do it, and he declined. The van having been offered, I did not consider that I could compel by any certificate of mine either the relieving officer or driver of the van to act. I told relieving officer I considered the children fit to be removed, and if I had a conveyance I would give it to take them. He then left. I was only prevented giving further attention to the children by the impression that they should be and were removed to the hospital.

Chairman—We asked Dr. Kiernan for an explanation, and he has given one. It appears the medical officer is bound to grant a written certificate on every occasion when demanded by the relieving officer. He did not do so, and the consequence was the children were left at their home without medical attendance for a day and a night.

Mr. Kirkwood—I merely asked the question if we would take any action, because it is a curious thing we should pay a doctor and he does not see his business is performed.

Mr. Begg—Sure he did visit the man, and when he met the relieving officer he had no materials for writing. Whether it was the doctor's duty to sign a written certificate to the relieving officer or not, I don't know.

Mr. Bournes—It is beyond all question he is bound to give a written certificate. I may state that the master would not take the relieving officer's verbal order for the van, nor is he called on to do so.

The Chairman quoted the section of the Act showing the doctor was bound to give a written certificate, and his explanation was not satisfactory at all. If he had no writing materials on the road, he had them when the relieving officer called at his house. No one could understand the second last sentence of his letter.

The matter was referred to the Local Government Board.

MONAGHAN GUARDIANS.

A MEETING was held for the purpose of electing a medical officer to the Workhouse, in the room of Dr. Ross, resigned. There were three candidates—Dr. Hall of Scotstown Dispensary, Dr. Adams, and Dr. Reed.

The votes were then taken as follows :—

For Dr. Hall—20 ;

For Dr. Adams—10 ;

For Dr. Reed—9.

Mr. John Woods (Monaghan) demanded a second poll on behalf of Dr. Adams.

Mr. James Mitchell (Clerk of the Union) said he wished on behalf of Dr. Adams to withdraw his name.

However, Dr. Adam's friends insisted on a poll, which, when taken, the voting stood as follows :—

For Dr. Hall—21 ;

For Dr. Adams—17.

LIMERICK UNION.

CAHIRCONLISH DISPENSARY.

MR. J. G. BARRY brought before the Board a communication from the Cahirconlish Dispensary committee in reference to the purchase of a residence and dispensary for the medical officer of the district. He said that about ten or twelve years ago, when a medical officer was appointed for that district, it was made compulsory upon the gentleman appointed to reside in the village, as his predecessor had not resided there, and great inconvenience was caused to the people thereby. There being no available residence, after a time he obtained a site for one from the owner of the soil, Mr. Gabbett, upon which he built one at an expense of about £1,200. But after a time he left, having obtained a better dispensary district and the present medical officer was appointed upon the same conditions as his predecessor, and he had no residence, so he had to rent the one which his predecessor built. Now the house in question was about to be sold by the owner, who laid out £1,200 upon its erection on an acre of land, and rented at 30s. a year upon a lease for ever. There was an Act of Parliament giving power to Boards of Guardians for the purchasing or building of houses for dispensaries and residences for dispensary medical officers. If the Board, under the terms of the Act, purchased the house in question, they would save the rent of a dispensary, which they could add to the house, or convert part of it into a dispensary. They could borrow the money through the Board of Works from the Treasury, and the rent they would charge the doctor would pay the greater part of the interest on the borrowed money. They could borrow the money at five per cent. The £25 a-year would pay three per cent. on the money, and the Board, or rather the divisions comprising the dispensary district, would have to pay the remaining two per cent.

Mr. Studdert—The loan is terminable.

Mr. Barry replied that of course it would be terminable, repaid in thirty years, and then they would have the place rent free. There were three classes of people for whom the Act contemplated the erection of houses, and who required residences—the priest, the dispensary doctor, and the schoolmaster.

The Chairman said it was altogether a matter for the Cahirconlish Dispensary Committee, who would have to pay the money, and he suggested to refer the matter back to them with power to act.

Mr. Meehan recommended the Board to wait for next year, when money could be borrowed from the Board of Works at three and a-half per cent., repayable in fifty years.

The Chairman's suggestion was agreed to.

BURIALS.

BY orders published in Tuesday night's *Dublin Gazette*, with respect to the burial grounds situate in the North Dublin, South Dublin, and Rathdown Unions, the clerk, or secretary, or registrar to every burial board and cemetery company or other authority having charge of any such burial ground as aforesaid, shall make to the Registrar-General of Births and Deaths in Ireland, and with respect to the burial ground in the unions mentioned below, the clerk, secretary, or registrar shall make to the registrar of deaths of the district a return weekly regarding the persons whose bodies have been interred in such burial grounds, and shall be paid by the sanitary authority of the district at the rate of threepence for each separate entry of the required particulars.

TO READERS.

THE Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medical Press*. Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addressed to Dr. JACOB, at the Dublin office of this paper.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 17, 1879.

CONTENTS.

Original Communications.

DIPHTHERIA.

By W. H. DAY, M.D.,
Physician to the Samaritan Hospital for Women and Children.

(*Continued from page 496.*)

THE paralysis following diphtheria is generally curable, and yields to treatment in time. The cases met with are frequently like the one in question, the paralytic symptoms being most severe on that side of the body which corresponds to the severity of the throat disorder. Here the left side of the throat was most affected, and the soft palate, cheeks, and limbs of the same side were also implicated. The paralysis of the lower limbs, according to Trousseau, takes place before the upper extremities, a fact which has not been observed by Dr. Greenhow. The affection appears to bear some resemblance to loco-motor ataxy, but galvanism, which is of no use in this disorder, has considerable power over diphtheritic paralysis.

Paralysis of the lower limbs, and wasting of the extremities, occur in some cases, while paralysis of the upper extremities more rarely happens. Where the muscles of respiration are affected danger is imminent.

The sight is sometimes impaired by diphtheria, as I have pointed out, but the weakness of vision, resulting from paralysis of the ciliary muscles passes off when the health is restored. Loss of taste and smell also occur. Deafness is another consequence of the disease. According to the experience of Dr. Maund, "the frequency of these paralytic affections is in inverse ratio to the severity of the attack of diphtheria." . . . . . out of two hundred cases attended in East Kent in 1858 and 1859, not more than ten exhibited any secondary nervous symptoms. (*a*)

Bronchitis and broncho-pneumonia are common complications of diphtheria, as they are of measles and smallpox.

Albuminuria is one of the most interesting features of the disease. Attention was first drawn to this symptom by Dr. Wade, of Birmingham. (*a*) It generally appears at an early period of the disease. It is a frequent complication of diphtheria, and increases the danger to life. Whether albumen is present in large or in all small quantity, it is a serious symptom. But albumen bears no relation to the other symptoms, as it is equally present in mild as in severe cases. Casts of the urinary tubes do not invariably accompany the most profuse albuminuria (*b*), and the albumen may disappear altogether in the course of a few days, as the approach of convalescence is reached. Greenhow remarks that he has "several times been unable to detect albumen by the proper tests in very malignant cases of diphtheria." (*c*)

Hæmorrhage from the nose and bronchial mucous membrane occurs occasionally in conjunction with diphtheria, and eruptions of the skin resembling typhoid fever and measles are also mentioned by different observers. Erythema, urticaria, and dark claret spots like purpura have also been noticed.

Morbid Anatomy.—On examining the bodies of children and adults who have died of diphtheria, evidences of bronchitis and pneumonia are frequently seen. In the trachea and bronchial tubes the peculiar membranous formation is found, and on the removal of the exudation the mucous membrane is seen congested and excoriated, and there are small bloody points similar to those observed in the faucés. As the disease descends into the larynx and trachea, the false membrane becomes thin, and spread out like a transparent film, or the exudation is converted into a thick creamy fluid, as may be observed in some cases of genuine croup. The false membrane has been found lining the bronchial tubes to the third or

(*a*) *St. And. Grad. Assoc. Journal.* "Diphtheritic Paralysis and its Treatment," 1869, page 89.

(*a*) *Midland Quarterly Journal of the Medical Sciences*, 1858.
(*b*) Greenhow on Diphtheria, page 204.
(*c*) Ibid. page 207.

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fourth bifurcation. It sometimes extends to the œsophagus and stomach, which are found red and covered with exudation. The mucous membrane may be thickened or ulcerated, and the tonsils gangrenous.

The heart has been found small, and its muscular tissue pale; cases, too, of fatty degeneration have been recorded, and the parietes have been studded with black infiltrated patches, and petechial spots from sanguineous extravasation. Fibrinous coagula sometimes occur in the cavities of the heart, as in scarlet fever and the pneumonia of children. They may be seen in the right auricle or ventricle, or in all the four chambers of the heart, of firm consistence, and so adherent to the chordæ tendineæ, that the deposit must have happened during life.

The kidneys have been found quite healthy after death, as may be expected when the urine has been free from albumen during life. They are sometimes congested in simple cases, and where albumen has been a persistent symptom the microscope has revealed fibrinous casts of the tubes, with granules of hæmatine and blood corpuscles.

The sinuses and membranes of the brain and venous system generally have been found remarkably full of blood; and in a fatal case recorded by Sir William Gull, and quoted by Dr. Greenhow, the membranes of the brain and spinal cord were in a state of suppurative inflammation. (*a*)

Diagnosis.—The diagnosis of diphtheria from croup is given in the chapter under the latter heading.

I may here quote an interesting passage from Niemeyer on the anatomical appearance of the exudation when the disease has invaded the larynx and trachea. "If the larynx and trachea participate in the disease, the croupous, not the diphtheritic, form of inflammation of the mucous membrane occurs—that is, the surface of the mucous membrane is covered with a more or less tough and consistent false membrane, which may readily be removed, and leaves no loss of substance after its removal. This circumstance has induced some physicians to identify primary genuine croup, which is due to catching cold, &c., with croupous laryngitis caused by infection with diphtheritic contagion. I consider this a false view. The division of diseases, according to the pathologico-anatomical changes they induce, is only a make-shift. In all cases where, as in genuine and diphtheritic croup, we find that two anatomically similar disturbances of nutrition depend on very different causes, we should consider them as distinct." (*b*) It is this similarity in the character of the exudation between inflammatory croup and diphtheria which has continually led observers to consider them as one and the same disease; but this certainly cannot decide the question.

The throat in malignant scarlet fever and diphtheria is very much the same in appearance, and a mistake may readily be made in attempting to ascertain the source of origin. As regards the diagnosis at the beginning of diphtheria, the more circumscribed redness and the peculiar yellow patch of the exudation is, from an anatomical point of view, so characteristic that it is conclusive evidence of the disease. Yellowish or greyish-brown sloughs of plastic lymph on the tonsils and pharynx, later on leaving a bleeding surface where the membrane is removed, are common in diphtheria; but in severe instances of either disease ashy looking gangrenous deposits may be seen, and from this point of view a diagnosis would be impossible. In scarlatina the constitutional symptoms preceding the throat affection are more marked, the skin is pungent and hot, and the temperature is high, whereas in diphtheria the throat may be severely affected, whilst these symptoms are not present, and the pulse and respiration are low. In both diseases the lymphatic glands are involved. The throat generally presents a more uniform redness, and the tongue is characteristic in scarlet fever. The soft palate and tonsils present a milky or cream-like aspect; there is a thick layer, which soon clears off, leaving the parts beneath angry and red. In diphtheria the exudation is more deeply seated, and it comes off in dense membranous layers, representing a cast of the surface on which they have formed.

At a very early stage it is not easy to distinguish the redness of diphtheria from the inflamed sore throat of inflammatory catarrh, for there the tonsils are tumid, and have a thin layer of lymph upon them. The pharynx is vascular and irritable, and the lymphatic glands are tender and enlarged; but they go down when the cold is relieved. I am bound to admit that in healthy subjects an inflamed state of the cervical glands is exceptional in cases of tonsillitis. I have many times known children with a temperature of 103° or more in this complaint, and the throat so swollen and the fauces narrowed that the swallowing of liquids was most painful, and yet the glands in the neck were not enlarged. When they are swollen there is fear of a strumous taint, and the specific inflammation is often sufficient to excite chronic enlargement, if not suppuration of these glands. Then there is a discharge from the nose, and the fever is considerable, with thirst and difficulty in swallowing.

The diagnosis from tonsillitis can generally be made; the constitutional symptoms are not of the low and adynamic type which belong to diphtheria, and one tonsil is more affected than the other.

Scarlet fever and diphtheria have prevailed altogether the same time and places, and each disease has exhibited the characteristic local symptoms. One member of a family has had the peculiar exudation of the fauces, but no rash or desquamation which occurs in scarlet fever. "Sometimes," says Dr. Greenhow, (*a*) "cases of diphtheria and scarlet fever have even been intermingled in the same family, or diphtheria has appeared in persons who have been in communication with patients suffering from scarlet fever."

Another difference between the two diseases is that the albuminuria of scarlet fever comes on at a late stage, often at the end of a week or month after the eruption has left, during the period of desquamation, and it goes on to dropsy and anasarca, with hæmaturia. In diphtheria, albuminuria is an earlier symptom when it does occur; hæmaturia is rare, and dropsy does not result, nor is the excretion of urea lessened. The urine does not present the smoky appearance which is common in scarlet fever, but casts of the urinary tubules are generally found. (*b*) The presence of albumen in the urine is by no means a constant symptom, even in severe cases, but when it is present in large quantity it is a serious indication. Anasarca is rarely present except in cases complicated with scarlet fever. Uræmia has not been observed in connection with the albuminuria of diphtheria; but excess of phosphates and urates, with high specific gravity of the urine is of common occurrence. (*c*)

It has been asked whether there is any relationship between diphtheria and enteric fever, and it appears certain that the two diseases are not unfrequently associated. Dr. Murchison considers that it is not true diphtheria, the throat complication in enteric fever being frequently found where there is no diphtheria. As the causes of the two diseases are much alike, we should expect them to prevail together, and not look upon their existence as a mere coincidence. Dr. Greenfield brought before the Pathological Society (Nov. 6, 1877) a specimen of diphtheritic membrane from the larynx and pharynx of a child, æt. 5, who had been under the care of Dr. Murchison at St. Thomas's Hospital, suffering from unmistakeable enteric fever. There was ulceration of Peyer's patches, and also swelling and round excavated sloughing ulcers in the lower part of the ileum. In addition there was broncho-

(*a*) On Diphtheria, p. 239.
(*b*) Niemeyer's Practical Medicine, vol. ii., p. 615.

(*a*) On Diphtheria, p. 102.
(*b*) Ibid. p. 205.
(*c*) Ibid. p. 208.

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pneumonia, but no false membrane could be seen on the fauces, or the tonsils, which were red and swollen.

As to the communicability of the disease, it is held to take place through the secretions of the throat by Bretonneau and others; but the experience of many medical men during the recent epidemic, does not concur in the opinion that the disease is communicated in this way. (*a*) In contemplating the record of cases, however, we can hardly fail to observe that the diphtheritic secretions have induced ophthalmia and throat affections in those persons who have been nursing the sick, or seized upon the medical attendants who have been close enough to receive particles of the exudation when the patients have coughed or sneezed during an examination of the throat and fauces, or the application of some local agent. The local character of the disease so induced has been, in a few instances that have come within my knowledge, so precisely like the diphtheritic exudation, that I think the evidence of propagation by contact with the secretion cannot be set aside. The disease has spread with rapidity in the cottages of the poor, where the appliances of the sick are scanty, and cleanliness is disregarded. Then, again, a child labouring under diphtheria has been brought from a distance to its own home, and soon afterwards the disease has attacked other members of the family, when previously to its return not a single case had happened in the house, or the surrounding district for many miles. Dr. Squire notices that the more abundant the secretion in particular cases of diphtheria, the greater the danger of infection. (*b*)

I think we shall be forced to admit that diphtheria, like typhoid fever, has sometimes a spontaneous origin, when soil and season, temperature, filth and uncleanliness combine to lower the general health, and contaminate the blood. If it were not so, how shall we explain the alarming outbreaks of these diseases in schools and isolated homes, and their tendency to remain within a limited area, and not to spread in an epidemic form?

The infection of the atmosphere by the exhaled air of the sick patient, leaves no room for doubt that this is another mode by which the disease is propagated. Children who have been in the same house with diphtheritic patients have contracted the disease, when they have not ventured near the sufferer, and there are no doubt other vehicles for the transmission of the poison, subtle, tenacious, mysterious, ever ready to seize upon the young. "The greater frequency of the disease among children than adults does not seem to me due to greater predisposition of the former, but to their being more exposed to infection than adults are." (*c*)

(To be continued.)

ON A SUCCESSFUL CASE OF TREPHINING OF THE SKULL. (*d*)

By WILLIAM THOMSON, F.R.C.S.,

Surgeon to the Richmond Hospital, Dublin.

On the 13th of last May I was hurriedly called to the hospital to see a little girl aged five years, who had just been admitted. She had been playing about the stairs, and had fallen upon her head to the hall below, a distance of 12 feet. She was picked up, somewhat stunned, but she recovered consciousness speedily. Only a short time elapsed, however, until she became convulsed on the left side, and she was brought to the hospital. When I saw her she was lying in a semi-unconscious state, the whole of the left side twitching. The side of the face, the mouth, the left arm and leg, were jerking, almost without intermission. The pupils were widely dilated, and the pulse was slow. On the right side, somewhat below the parietal eminence, was a scalp tumour, but without any wound, and I thought I could detect a line of depression running antero-posteriorly under it. I believed that a fracture of the skull had taken place in this region, and I accordingly had my colleagues summoned at once. Before they arrived, however, a more decided change had taken place in the patient. The convulsions had ceased, and were succeeded by complete hemiplegia of the left side, and complete unconsciousness had followed. With the concurrence of my colleagues I proceeded to divide the scalp tumour so as to expose the parts beneath. I made a single free incision from a point corresponding to the meeting of the upper and posterior margins of the right ear upwards to the parietal eminence. The periosteum was divided in the same line, and at once a linear fracture was revealed, running from before backwards, at right angles to the line of incision, and intersecting it at about the middle point. The soft parts were carefully retracted, but the line of fracture reached beyond the portions of bone that I could expose. There was no appreciable depression, but through the fissure blood flowed very freely, and the struggles of the patient, who up to this had been insensible, showed that some relief was already given. I determined, however, to go further, and I applied a medium-sized trephine. A circular piece of bone, which included part of the fracture, was removed. The blood flowed freely for a few moments and then ceased. A small clot was revealed, and taken away. Then I passed a probe between the bone and the dura mater for some distance round the opening, removing several other small clots.

The parts had now been cleaned of all substance likely to produce pressure, and we had the great gratification of seeing our diagnosis and our treatment justified. The little patient was crying lustily; her consciousness was almost complete, and there was an attempt to move the hand. The question, however, still presented itself, had we got at the whole cause of the symptoms. The dura mater bulged into the opening in the bone, and was rather blue, and a suspicion existed that the hæmorrhage was not confined to the outer surface of the dura mater, but that it was beneath it as well. Ought we to take the serious step of making a deeper incision, to give exit to a supposed collection of blood farther in. We discussed this point, and agreed to postpone action until we saw the result of what we had already done. In two hours I again visited the child, and I was greatly relieved to find that the urgent symptoms had vanished, that the paralysis was gone, and that she was able to shake hands and to answer intelligently any questions put to her.

The next day her pulse was 130, her temperature 99° F. She had half-grain doses of calomel every fourth hour for a couple of days, and never developed a single symptom to cause alarm. There is no special remark to make on her treatment. She was given very light, nutritious food, and was kept in a quiet room, and in three weeks was able to leave bed. In a month she left hospital, quite well. I have had an opportunity of seeing her on two occasions since. The external wound is perfectly healed, but the opening in the cranium does not seem to have filled to any great extent. Her health is excellent.

The case is of interest because of its rarity and success, and because of the questions of diagnosis and treatment that are involved. The occurrence of unilateral convulsions is not a proof in itself of compression. They may occur in brain bruising, or in simple concussion, and they may therefore be regarded as indicating some irritation rather than serious compression. Sir Benjamin Brodie has noticed this circumstance, and says:—"I have not observed convulsions take place where there are symptoms indicating the existence of considerable pressure on the brain. The pressure in these cases does not destroy the function of the brain; it seems to act merely as a cause of irritation, and the operation of it may be com-

(*a*) Greenhow on Diphtheria, chap. vii., page 137.
(*b*) "Reynolds' System of Medicine," vol. i., 3rd edit., p. 115.
(*c*) "Niemeyer's Practical Medicine," vol. ii., p. 615.
(*d*) Read before the Surgical Society of Ireland. The discussion will be found at page 523.

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pared to that of an exostosis, or other tumour in fits of epilepsy." But here there was not any room for doubt, for pressure effects were quickly developed. Paralysis followed the convulsions on the left side, and as there was a distinct scalp tumour on the right, the situation of the primary injury was, we believed, pointed out. Paralysis, it is well to bear in mind, as Hutchinson observes, may result from arachnitis, without any distinct pressure; but here there was no time for any such inflammatory change. That the pressure was not in any degree due to bone, was clear from the history. There was an interval of recovery after the accident, there were convulsions, next followed hemiplegia, pointing to a pressure force slowly increasing and caused by the gradual outpouring of blood.

But now having satisfactorily read the symptoms we had to deal with, there came the important subject of treatment. Were we justified at all in proceeding to the extreme measure of trephining? If the mischief proved to be beyond reach we should only have added a new risk to the child's life by converting a simple fracture into a compound one with its increased chances of inflammation of the brain and its membranes. Moreover, objection has been made to such an operation in children, because of a supposed tolerance they have of brain injuries, and because, in cases such as I refer to, the blood extravasation may be small, and the patient may recover.

But however tolerant the infant brain may be of injury, there must always be a limit, and the danger of adopting an expectant instead of an active treatment, where that is possible, lies in the fact that we cannot determine that limit. The line is infinitely variable. We read of men recovering from fearful brain injuries; yet we see every day cases where they die from a comparatively slight concussion or contusion. Neither is there any means of determining the extent to which an extravasation may go. It may be quite small, it is true, but it may go on until the brain is squeezed out of shape by the clot, and its functions are fatally impaired. Quiescent surgery is often admirable, but it at times leads to nothing better than the acquisition of a museum specimen.

Mr. Prescott Hewitt, in "Holmes' System of Surgery," mentions some interesting cases. In St. George's Hospital, a patient of Mr. Keates', with depressed fracture, became slowly comatose, and the bone was removed. "Whereupon a jet of blood spirted out from a large branch of the middle meningeal artery, and all the symptoms of compression were immediately relieved." Mr. Cock, in the "Guy's Hospital Reports" (Ap. 1842) records a case in which some hours after a severe injury to the head, a man became insensible, and had hemiplegia. There was a severe scalp wound from the forehead to the occiput, but no fracture was visible. An incision was made over the anterior inferior angle of the left parietal bone. No fracture could be discovered there, but as an extravasation of blood was diagnosed, the trephine was applied. A gush of blood took place, a clot was discovered and removed, the stertor almost instantly ceased, and the patient ultimately recovered. Sir Benjamin Brodie says:—"Where no fracture is discoverable, yet if there is other evidence of the injury having fallen on that part of the cranium in which the middle meningeal artery is situated, the use of the trephine may be resorted to on speculation, rather than that the patient should be left to die without an attempt being made for his preservation." The great authority of Pott also supports it.

Although, then, interference in such a case has been opposed, it has the high sanction of those whose opinion is most respected. The cases in which it is possible are few. Of a large number of fractures admitted to the Richmond Hospital in the last seven years, this is the only one in which the symptoms pointed clearly to this remedy; and according to Mr. Erichsen, of University College, he had only seen three cases out of several hundreds during twenty years in which it had "been found advisable to have recourse to trephining for the removal of extravasated blood." Of these only one recovered.

Although admitting that cases of the kind are rare, they are sufficiently numerous to establish a principle that operative interference ought to be undertaken. In the days of Pott, Dease, and O'Halloran the operation was perhaps unnecessarily common. O'Halloran trephined in some hundreds of cases, and he boasts that he had had "no less than four fractured skulls to trepan on a May morning, and frequently one or two."

But though in certain respects the times have not changed since then, we have in our treatment of these cases in some degree swung into another extreme, and the operation is not performed as frequently as it might be. Cases do die in which so far as the presence of blood is concerned relief might be given. The actual position cannot be always diagnosed; but it is a question whether with the improved dressing of wounds, the risk of search would be very great. In the future, at all events, we may expect that our present difficulties will be cleared away. As our knowledge of the localisation of functions advances we may be able to recognise the actual place of effusion, and to save cases that would otherwise be abandoned to expectancy.

Clinical Records.

SHEFFIELD PUBLIC HOSPITAL.

Case of Rheumatic Hyperpyrexia resulting in Death—Post-mortem Appearances.

Under the care of Dr. DYSON,
Physician to the Hospital.

E. K., æt. 38, admitted into hospital on September 4th, 1879, suffering from acute rheumatism. She was a cook by occupation; this was her third attack. At the time of her admission, she was in the third or fourth week of her illness. She was not suffering from much pain; there was the usual profuse acid perspirations, and full quick pulse; her countenance presented a decidedly dirty and earthy-looking aspect. With the exception of a very loud mitral regurgitant murmur, there was nothing to be noted about the heart. Her temperature was 102·5°. Sodæ salicylati, grs. v., every four hours, was ordered, together with beef-tea and milk *ad libitum*. On the 5th, the temperature and pain decreased.

September 7th.—The temperature rose to 104°, and the pulse became quick and irregular. Tinct. digitalis in ℥v. doses was added to the sodæ salicylate mixture. Towards evening the temperature fell to 100°, and in the morning of Sept. 8th, stood at 99·5; in the evening, however, it rose again to 103°.

9th.—Diarrhœa supervened. The sodæ salicylate and tinct. digitalis mixture was omitted, and mist. cretæ, arrowroot, and brandy were ordered, to check it. In spite of all measures to arrest it, it continued to the end.

12th.—House-surgeon was directed to keep a close watch upon the temperature, Dr. Dyson remarking at the time, that, "these earthy-looking cases are likely to run up high."

13th.—Patient delirious, pain less and perspiration arrested. Pulse became excessively weak and dicrotous, 172 per minute and almost uncountable. Slight pericardial friction sound was heard, at the lower edge of the fourth rib.

At 2 a.m., in the morning of the 14th, the house-surgeon was called, the patient being then very delirious and talkative. Tremors and muscular twitchings were well marked. Skin hot and dry. Temp., 107°; pulse, 132, weak and intermitting; resp., 40. The patient was sponged with water at 98°; first the lower limbs for ten minutes each, when the temperature sunk to 105° and the pulse became more perceptible; the right arm and

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side of chest were next sponged, after tremors next ceased, and considerable improvement in the pulse took place; then the left arm and side of chest, during which, she became conscious, and conversed rationally. The surface of the back being very hot, she was gently rolled over on her right side, to have it sponged; whilst it was being done. the pulse began to get weaker and became irregular. She was replaced on her back and was being gently dried, when hiccough set in, followed by vomiting, and death in a few minutes, apparently from syncope. The post-mortem examination was made shortly after death, and the appearances were as follows:—Muscles deep red; blood still fluid; rigor mortis still present in the legs.

Abdomen.—There was immense distension of the large intestines; the liver was pale and soft; the spleen was very soft, and presented *one* well marked typical specimen of *infarct*, raised above the surface, wedged-shaped on section, white in the centre, with collateral area of congestion.

Kidneys, left.—Of abnormal length, and too pale on section, and presenting a well-marked embolic infarct at upper end. In the *right* was found a very large infarct, which was white and fibrinous, with little area of congestion.

Chest.—The cartilages of the 2nd rib were ossified.

Lungs.—The left pleura was adherent over the upper lobe, but there was no recent lymph. The pleura contained no excess of fluid, nor did the surface of the lungs present any infarcts. On section, the cut surfaces were congested and frothy, but there was no hæmorrhage.

Heart.—Pericardium dry and sticky; no fluid; a little opacity, due to recent lymph, over the right auricle; elsewhere there were no signs of pericarditis. The heart isself was abnormally large. There was deep rose-coloured staining of the endocardium and internal coat of pulmonary artery and aorta. With the exception of a very slight thickening and yellowness of the tricuspid valve cusps, there was no disease present in right side of the heart. On the left side, the lining membrane of the left auricle, was inflamed and covered with a rough layer of lymph, in which, on the posterior surface, were numerous vegetations, and small warty hyperæmic deposits, continuous with the posterior cusp of the mitral valve. The edges of the mitral valve were thickened and very rough; the posterior cusp was glued down; and the anterior cusp was rough and thickened. The left ventricle was hypertrophied and somewhat dilated. With the exception of deep staining, the aortic valves were normal. The substance of the heart was pale and soft.

Brain.—No meningitis. No great injection of the pia mater. There was not the deep staining which was observed in the case of the endocardium. On section, the brain substance showed a great excess of red points, and was moderately firm. No embolism found.

In the course of his remarks upon the case, Dr. Dyson dwelt particularly upon the fall in temperature, a decrease in pain following her admission into hospital, partly accounted for, he thought, by rest, and partly by the administration of sodæ salicylate, frequent doses of which he has always found beneficial in reducing pain and a high temperature, in cases of acute rheumatism. He thinks, however, that the omission of this drug is peculiarly liable to be followed by relapse, more so than is the case with other drugs.

He did not feel in a position to offer any explanation of the occurrence of diarrhœa, which he regarded as a serious accident from the very outset. He noted the fact that this was also a very prominent symptom in a similar case, related by Dr. Wm. Fox. In remarking upon the small amount of pericarditis present, and the absence of tetaniform or choreiform convulsions, he thought that the latter were due rather, when present, to the existence of pericarditis than hyperpyrexia. He expressed himself as strongly opposed to large antipyretic doses of quinine (grs. xv.), but is convinced of the use of cold in some form or other, in these cases of high temperature. He dreads the exertion of removing a patient to a bath, having seen two deaths out of four cases in which this was done. Though less efficacious, he would feel inclined to rely upon the wet pack, or sponging, and in the next case that comes under his notice he intends trying the effect of dry cold, viz., ice in bottles, bags, &c.

He spoke of the necessity of being careful in dealing with sudden hyperpyrexia, occurring in hysterical women, and apparently attended by no other constitutional disturbance, and related an incident which occurred to himself, in the case of a woman under his care for hysterica and enlarged liver, whose temperature stood at 108° occasionally, but who was caught manipulating the instrument to her own standard.

Without desiring to lay too much stress upon it, yet he is inclined to think, that an earthy complexion occurring in a case of rheumatism, is a symptom worth noting and considering, as an aid to prognosis.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

THE last ordinary meeting took place on Friday, December 12th, the President, Dr. E. HEADLAM GREENHOW, in the chair.

Mr. CROFT brought forward

AN ANALYSIS OF FORTY-FIVE CASES OF EXCISION OF THE HIP-JOINT,

and exhibited a large number of the cases on which he had successfully operated.

He said that in making this analysis hisaim had been to show that excision of the hip-joint may be made a successful operation, and that greater success attends the operation when it is performed before abscess has opened than later. He begged that it might be understood that before operation was resorted to in any case every known reliable treatment suitable to the case had been tried to arrest the progress of the disease. Ten cases, as the tables showed, had urgently needed speedy relief. Thirty-five had been treated in the hospital for more extended periods, varying from one month to a year. No case had been operated upon until threatening abscess had manifested itself.

He also begged all present to dismiss from their minds any false impression which had been made on their minds of the number of deaths which had occurred in consequence of the operation. Forty-five operations had been performed on 44 patients, one child having had both joints excised. The records of the cases were arranged in tabular form on four large sheets; on these much labour must have been bestowed. Eighteen cases were cured; 11 were under treatment or observation; 6 patients had died from causes referable directly or indirectly to the operation; one child had died of diphtheria of the air passages; 9 patients had been relieved by operation, but had died, some at long periods, some at shorter periods of time after operation, from causes not attributable to the operation, and from causes from which the children would otherwise have died. The cases cured and the cases dead were arranged in tables, which afforded information on the most important points. Of the 18 cases cured, Mr. Croft stated that he knew certainly that 16 were absolutely cured, and sound and well at the present time, and 12 of them were in the room adjoining the meeting room, and 2 others were potentially cured, in one of whom the sinus had accidentally re-opened just lately, after having been closed for a considerable period, and the other child was cured of her hip disease though she was dying of phthisis.

He stated that 14 of the cases had moveable joints affording flexion and extension, and that 9 enjoyed a considerable range of flexion, and could perform adduction and abduction to some extent. Four could stand *alone* firmly and steadily on the leg which had been operated upon. This fact was especially demonstrated to Messrs. Lister and McCormac after the discussion.

In each patient the limb was straight without any permanent flexion on the pelvis. Each child stood erect without any lordosis of the spine. In many the apparent

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shortening amounted to three and a-half inches. With regard to that state, Mr. Croft directed attention to a very interesting fact in his series of cases, that in measuring the femur on the side operated upon and comparing it with the normal femur, the difference between the lengths was decidedly less than the distance between the heel and the floor. This he attributed to the preservation of the epiphysis of the great trochanter as a step in the operation, and to the excision being performed sub-periosteally, after Sayre's mode of operating. Mr. Croft had followed Mr. Sayre's mode of excision in almost all his cases. Of the eighteen cases cured twelve were instances of chronic panarthritis, commencing as he believed in the synovial membrane, and six were instances of the similar disease commencing in ostitis and terminating in more or less necrosis. Three of the cases were operated upon antiseptically and two partly antiseptically.

In six abscess had been incised and sinus had persisted, but in only two of the eighteen cured cases were the sinuses chronic in duration. In three perforation of the acetabulum had taken place, and he referred here to the fact that amongst the cases recorded in the list of dead, chronic sinuses had been open in eleven and perforation of the acetabulum had been found in five. Thirteen patients had been under treatment in the hospital for periods varying from two days to three months, four from three to six months, and one for eleven months before operation was resorted to. For further details Mr. Croft referred his audience to the tables, patients, and the preparations of the morbid parts. Thirty-six specimens were exhibited. One of the patients had been brought up from Portsmouth, another from High Wycombe, and another from Beckenham for this particular occasion. Concerning those who were dead, Mr. Croft stated that the total number was sixteen out of forty-five operations. This number included four cases in which, with his present experience, he should not think excision to be the best treatment. The deaths were spread over fourteen years. Five deaths occurred from preventible disease, one from diphtheria of the air passages, three of pyæmia, and one of septikæmia. Six of the total number were attributable, directly or indirectly, to the operation—viz., one from septikæmia, three from pyæmia, one after suppuration in the knee following erysipelas (and he died from shock of amputation of the limb at the hip ten months and more after excision), and one from thrombosis and asthenia sixteen days after excision.

The patient who died from pyæmia, in 1878, was not dressed antiseptically, and it was an exceptionally severe case, the lad being the subject of caries of the lumbar and sacral vertebræ and of psoas abscess. The nine other cases (deaths not attributable to operation) all lived for some length of time after operation. As there was still more or less disease at the seat of operation at the time of death he had put these cases in the list of dead, although death was in no way attributable to operation. The periods of survival were stated and appeared in the tables; they varied in extent from two months and a-half (patient dying from rapid general tuberculosis) to four years.

The causes of death in the nine cases were stated, viz., one from tubercular meningitis without waxy changes in liver, &c.; seven from tubercular disease with waxy changes of liver and kidneys, &c.; one from tubercular disease of lungs, and of other bones than pelvic.

These cases might have been returned as relieved by operation, but in the interests of science Mr. Croft thought it best to trace their progress, and report them as he had done. It seemed, he said, a large proportion of failures to cures, but he ventured to think that with improved diagnosis, by operating in good time, and by improved methods of operating and after-treatment, the proportion of failures will be considerably diminished, and the cures increased in number. The number of failures after operation, or deaths after operation, should be compared with the number of deaths amongst those who are not subjected to operation.

Mr. Croft again protested against the total number recorded as dead being mistaken for the total number of deaths in consequence of operation, or from the sequelæ of operation. The nine patients who died from tubercular disease and waxy disease of liver, &c., would certainly have died from those diseases if the patients had not been operated upon at all. Three of the six cases in which death occurred in consequence directly or indirectly of the operation, would be, according to Mr. Croft's present views, unfit cases for operation. The disease in each case had been in progress for more than three years. In another case the operation was performed with the object of relieving the patient of suffering, and it fulfilled its object.

After some remarks on the little value of statistics which do not supply information with regard to the state of the patient, character of the disease, stage of the disease, and its duration, Mr. Croft proceeded to state that of the eleven cases still under treatment or observation, three were in hospital and eight had returned to their own homes after having been sent to Margate or elsewhere for change.

Reverting to the subject of the advantages attending excision of the joint before sinuses have formed and become chronic, the author stated that of the cases of cure, 18 in number, 6 only had had sinuses, 2 of these chronic, and 4 recent; whilst of those included in the dead list 11 were the subjects of open chronic sinus or sinuses before operation. Amongst the cured and dead cases there are 3 and 5 cases of "perforation" respectively. He thought it a fair inference that chronic sinuses and the occurrence of perforations of the acetabulum do severally or together influence the progress of cases for the worse. Mr. Croft argued from this in favour of early antiseptic operation before abscess has burst and sinus formed.

Here Mr. Croft said that he felt anxious not to take up too much of the time of the meeting that evening by his own paper, yet there were several points he felt called upon to refer to:—

1st.—The advantages which he claimed for early, or relatively early, operation.

2nd.—Formulæ with respect to indications for operative interference.

3rd.—The mode of operating with reference to the periosteum, the leaving behind the epiphysis of the great trochanter, the line of section of the femur, removing parts freely, the line of incision through the soft parts, and the employment of antiseptics.

4th.—The mode of after-treatment.

5th.—The causes of failures in excision of this joint.

6th.—The comparison of limbs after excision with limbs of those who get well without operation.

7th.—The time taken to get well by those not operated on compared with the time taken to get well by those successfully operated on.

On this occasion he would only present a summary of what he had to say on three of these topics, viz., the 1st, 2nd, and the 5th.

1st.—The formulæ with reference to indications for operative interference:—

(*a*) When there is a collection of fluid in and about the joint in a case of well-marked hip disease in which all the physical signs are present, and especially starting pains, antiseptic incision should be made, as it the surgeon intended to excise, and he should only desist on finding the articular structures in a condition from which they could rapidly recover and yield a moveable joint.

(*b*) When pus associated with panarthritis (strumous disease of joint) is known to be present, even if the surgeon is uncertain with regard to the state of the bones, he should excise.

(*c*) If the surgeon is certain that necrosis has occurred he should excise.

Causes of failure in excision of this joint:—(*a*) Operating too late in the progress of the case, not removing enough (1) in the acetabular region, (2) of the femoral portion, (3) of the synovial membrane and capsule. (*b*) Not providing free exit for discharges. (*c*) Not operating antiseptically.

Mr. Croft asked here why are not hip excisions as successful as excisions at the knee-joint? The reply he gave was that in excising the acetabular portion of the joint the surgeon did not remove the disease so thoroughly as it might be removed at the femoral portion of the knee-joint. Lastly, he claimed for what he had termed early, or relatively early, operation—

1. That in cases of *tubercular* disease early complete excision affords the best prospect of cure.

2. Immediate relief from pain of tension and spasmodic starting pains.

3. That it is made before muscles are much atrophied or stiffened by inflammation products.

4. That it shortened the duration of suffering and illness.

5. That it enables the child to go about earlier than it could if left without interventive treatment.

6. That it enables the surgeon to procure a painless moveable joint at the hips.

7. That the shortening is only a trifle more than it is in the

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most favourable cases of ankylosis after destructive strumous disease of the joint.

After the meeting broke up Mr. Lister examined some of the patients who had remained to that late hour, viz., a quarter to eleven o'clock, and Mr. Croft satisfied Mr. Lister and Mr. McCormac that four could stand steadily and firmly on the leg which had been operated upon. These patients were Charles Boswell, now fifteen years of age, who was operated on eight years ago; Albert Curry, now ten years of age, who was operated upon nearly seven years was operated upon nearly four years ago; and Hector Webb, ago; Margaret MacCarthy, now sixteen years of age, who now eleven years of age, who was operated upon nearly two years ago.

The parts removed from thirty-six of the forty-five joints were displayed in bottles placed on the tables, but Mr. Croft assumed that the pathological question would not be entered upon by the members of this Society.

He then left the matter in the hands of the meeting.

Before opening the discussion, the President ruled that Mr. Parker should read his paper also.

Mr. R. W. PARKER

ON A NEW METHOD OF EXCISING THE HIP-JOINT, WITH REMARKS ON THE PATHOLOGY AND TREATMENT OF HIP-DISEASE.

It was in consequence of some remarks by Mr. Hulke and Mr. Bryant, and in accordance with a suggestion made by the President at the last meeting of the Society, that these notes of epiphyseal necrosis were brought forward. For want of time, however, only one case could be read. This case was selected because it illustrated, first, a new method of operating; second, epiphyseal necrosis; and third, the influence which the social condition of the patient must always exercise on the treatment to be recommended.

M. Y., æt. 8, was admitted into the East London Hospital for Children in March, 1879. The following notes were made by Mr. R. E. R. Morse. For two or three weeks she has complained of acute pain in the right knee and leg; she was feverish, and without appetite; was kept in bed. On admission, the upper part of the thigh and the region of the hip were found much swollen and very painful. There was no appreciable fluctuation; the soft parts in the groin were slightly œdematous; there were no enlargements of glands. Passive movements caused great pain. An extension apparatus was ordered. At the end of a fortnight she was examined under chloroform, seeing that her condition was worse than on admission. Grating was not discovered in the joint; neither could fluctuation be made out—the femur moved freely in the acetabulum. The temperature was high and variable. A low typhoid condition supervened, and for a time she was very ill. At the end of another month she had materially improved in her health, but her local trouble on the other hand continued to progress. An abscess now formed in the upper part of the thigh, which had to be opened. Eleven weeks after her admission she was again chloroformed, in order the better to examine the joint. Grating was now found, and there was a free discharge of pus from the wound. Excision was then decided upon.

Operation.—An incision was made from the anterior superior spine of the ileum downwards along the *anterior* margin of the great trochanter, cutting between the sartorius and rectus muscles on the inner side, and the tensor fasciæ and the borders of the two lesser glutei on the outer side. This exposed the anterior surface of the neck of the femur, as the capsule was found to have been destroyed by the disease. The diseased bone was sawn off *in situ* with a key-hole saw. After removing the bone with sequestrum forceps, and while examining into the condition of the acetabulum a portion of the epiphysis was found detached and necrosed. The child made a slow recovery, and was sent into the country in about two months after the operation. She can now get about, but there are still some open sinuses. She is comparatively fat and well.

CASE II.—J. A., æt. 6, was admitted with an abscess in the upper and outer part of the thigh; it had been noticed three weeks. Pus was evacuated on at least two occasions, but the boy did not improve. Three months after his admission grating was detected in the joint, which was excised. The head of the femur was found detached and necrosed. He is now well, and walking about.

CASE III.—S. B., æt. 14, admitted with a large abscess involving the upper third of the thigh. The boy rapidly lost flesh; the hip-joint became affected secondarily; caries of the femur set in, and destroyed its upper third. Amputation at the hip was finally decided on and carried out. The head of the bone was found necrosed in the acetabulum. The boy died.

CASE IV.—E. E., æt. 3, had a fall three weeks before her admission. A week later the thigh began to swell, and the hip-joint to be painful. Three months later, after extension and rest had been tried, there was grating in the joint with abscess. Excision was performed; the remains of the head were found detached and carious in the acetabulum. She has made a good recovery, though she cannot yet walk.

CASE V.—T. A., æt. 7. Began to limp when three years old, and has suffered "on and off" ever since. He was taken in and kept in the recumbent position, and an extension apparatus applied. But an abscess formed; and within the next six weeks there was palpable grating in the joint. Excision was performed, and the head of the bone was found detached. It was not necrosed.

General Remarks. — Methods of Operating.—This new method of exposing the joint and removing the carious bone was proposed because it avoided the necessity of cutting *across* any muscular fibres. The posterior incision, on the contrary, must separate the glutei and many other muscles from the upper end of the femur, besides interfering with the vascular anastomoses. He thought it desirable, too, to saw off the bone *in situ*, rather than forcibly push up the bone through the wound; for in doing so the periosteum was frequently detached from the shaft of the femur for some distance below the disease.

As regards the usual incision along the *posterior* border of the trochanter, he could only say that several very large muscles had to be divided near their insertions, and that considerable interference with the vascular anastomoses of the part must also result.

Epiphyseal Necrosis.—He had done eight excisions in all, and had found this epiphyseal necrosis in five cases. It was not until Mr. Hulke pointed out the fact that he (Mr. Parker) became aware of the rarity of this affection, for, agreeing fully as he did with the view that caries of the neck was the most frequent pathological condition in hip disease, he should rather expect to find necrosis of the epiphysis, owing to the impaired nutrition, and the interference with the physical condition of the surface to which it was attached. On inquiry he found that many cases had occurred, and he believed that if looked for it would be more frequently present than absent. The points in his cases which were common to all, or the majority, were—progressive disease in spite of careful nursing and treatment, comparatively rapid onset and progress, early formation of abscess, the young age of the patients.

The Social Condition of the Patients.—It was not necessary to say what an important influence this would have on the plan of treatment which could be recommended in a given case, for clearly the child of a poor labouring man could not be adequately treated at home. The existing hospitals, on the other hand, were not able to carry out an expectant plan of treatment, and the question of operative interference then was the only alternative.

Results of the Disease.—Most unsatisfactory without adequate treatment in a hospital. Even under favourable circumstances it was far from encouraging, as the above related cases showed. Seeing how many cases which recovered were found to have the femur flexed on the pelvis, was there not possibly a clinical indication therein, and were we giving to a diseased joint that absolute physiological rest which was essential for a cure in forcibly keeping up extension during lengthened periods? While he was willing to admit that the results of operation at the present time were not entirely satisfactory, he would ask, was not this due to our waiting until the strength was gone, until the limb was wasted to a mere outline, until the disease had attacked surrounding structures, and until, in many cases, secondary disease in distant organs had been induced by the long-continued suppuration such as rendered a "cure" all but a physical impossibility.

The epiphyseal sequestra were exhibited.

Mr. HOLMES felt that Mr. Croft's exhaustive report left him little to say. When younger he had performed this operation many times, but not so often as Mr. Croft. The results of the operation must, he said, depend entirely on the selection of the cases, since the indications in favour of or against operation vary materially with the circumstances by which the patient is surrounded. In hospital cases an unfavourable result

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must be experienced because of the bad hygienic surroundings through the patient's existence; but in private practice, as a consequence of the greater care and better health precautions, greatly improved results followed operation. *In limine*, hospital treatment so continuously fails of giving any permanent benefit in these cases that the surgeon ultimately resorts to the knife in sheer despair. Such, however, he could not regard as the correct course. He thought it to be improper treatment to make incision even antiseptically into an abscess in the joint. He had been accustomed once to excise a joint if he proved to himself the existence of an abscess, and of crepitation, but had given up the practice. He felt convinced that a patient whose health was not irredeemably shattered, and with only a superficial caries of bone, might recover without operative interference. The natural cure resulting is far more perfect than any that will succeed to surgical efforts. There is less shortening in such cases, the anchylosis is more perfect, and the general result far more favourable than that brought about artificially. He had never seen a patient thus operated on able to stand erect afterwards; dissection proved that the union following excision is chiefly ligamentous. He therefore urged that when possible the cure should be by natural means. He did not, however, argue against operation *in toto*, for in some cases he admitted it is essential to improvement, but all the more, therefore, *indications* ought to guide the efforts of the surgeon. A recent case of extensive caries, which he had seen with Mr. Pick, was one demanding operation undoubtedly; and similarly when sequestra existed in the joint they could be removed only after the operation for excision. Preservation of the joint under such circumstauces is plainly impossible; excision, therefore, is the *only* method for relieving them. But excision is not indicated by abscess and simple caries. Cure is possible in such cases by means of opening the abscess, freely washing the wound, and subsequently submitting the joint to regular extension at not too distant intervals. He urged that the surgeon must not be influenced by a death-rate of whatever proportion, but be guided in each case on its own merits. The number of fatalities will always be subject to wide variation; the period of the disease, and the patient's condition much affect the result. He was certain that excision of the hip-joint will never be as successful an operation as the analogous one on the knee, for the reason that it is not possible to remove bone in extent sufficient to eradicate the whole mass of disease. Of antiseptic treatment in these cases he had no experience. He believed the average outcome of operations would be always about the same—one-third would die, one-third be cured, one-third doubtful.

Mr. HULKE thought Mr. Croft's analysis a very valuable contribution to surgical literature, but it would require careful and attentive study. His own experience of these operations was, he said, limited. Until he heard Mr. Croft's explanation, he had been dismayed to find the number of deaths after operation so large, but was glad to know that all were not due to the operation itself. Six deaths, however, out of a total of 45 cases, gave a mortality of about 1 in 7, and this was considerable. He had recently gathered statistics of hospital practice, and out of 313 cases of joint disease he found the hip-joint involved in 86, but of these only 6 could be truely described as morbus coxæ. Excision was performed in 16 out of these, and in only one did death ensue immediately from operation. This, he believed, would be a fair average, if cases were properly selected. He agreed with Mr. Holmes entirely, and his examination of the cases then exhibited induced him to think that the operation had possibly been undertaken where it was not always necessary. From 1 boy exhibited he elicited that the disease had pronounced itself only a month before excision was resorted to, and when treatment had been undergone for no more than one week. He personally, trusted mainly to the indications afforded by patients' general condition; if the health was fairly good—that is, if ground was not being lost—he did not feel called on to excise, but only when there was obvious deterioration. He approved free incision as an aid to copious drainage, and always treated the wound freely with chloride of zinc. He did not resort to Listerism, but, apart from it, avoided chance of putrefactive changes as far as possible, thereby obtaining good results. Mr. Hulke called attention to a particular form of splint (exhibited), which he declared to be more serviceable than the Thomas's splint, mentioned by Mr. Croft.

Professor LISTER said he had been pleased to hear Mr. Hulke's testimony in favour of chloride of zinc, having used it freely himself in such cases. It prevented putrefaction in presence of septic elements, and was invaluable where sinuses giving exit to putrid material existed. He had seen many lives saved through it. Employed together with free drainage in excision, risk might be practically avoided. He had met with no case indicating amputation rather than excision. Since witnessing Sayre's method at Philadelphia, had always followed it. It limited hæmorrhage, permitted free access to the joint and acetabulum, is sub-periosteal, and thus presents many important advantages for which its employment is to be advocated. He was of opinion that if a joint *must* be opened, it had better be done so freely, than in the limited fashion Mr. Parker had suggested. In the last case he had operated on, a young lady had been for a long time afflicted with hip disease; many sinuses existed, and a profuse discharge. He had excised after Sayre's method, and perfect ankylosis ensued. He found a mass of exfoliation and diseased bone, but the case was doing well at this time. Here, too, he had made copious use of zinc chloride. This case was a proof that the disease is met with, even though rarely, in private practice. Mr. Holmes had not referred to the treatment of abscesses antiseptically in which openings appeared. He felt convinced himself that such an abscess *should* be opened with the adoption of every possible precaution against putrefaction, and evils attendant thereon. He was disappointed to hear only "free washing" spoken of in the present time, and was quite certain that it would be productive of no results comparable to those obtained by antiseptic methods. The treatment of cases in which no shortening of the limb has taken place is a matter of extreme importance. In three cases of the kind in King's College Hospital the abscesses (in adults) were of rheumatic origin. They had been opened antiseptically; no fever supervened, no shortening took place, and good moveable joints remained. Cases of this nature were rightly productive of much satisfaction. He had seen many strumous patients in whom good results had followed opening of the abscesses, and he was firmly convinced that the operation (incision), where practicable, resulted in a more permanent recovery than can be obtained by means of excision, not excepting cases in which exfoliation has occurred. In one instance he had found a considerable quantity of half-necrosed bone present, and judged excision would be necessary. Determining, however, to wait awhile before operating, and submitting the joint meantime to antiseptic treatment, almost perfect restoration took place, only a small sinus being left. A house-surgeon, however, thinking recovery secured, omitted, on his own responsibility, the antiseptic precautions at this stage; suppuration quickly ensued, and eventually amputation was necessary. Antiseptic treatment, continued Mr. Lister, should be invariably followed where an abscess with unbroken surface presents. By this method better results may be anticipated than through excision.

Mr. MORRANT BAKER said he had performed twenty-four operations for hip-joint excision; two patients died from the immediate effects, and one some considerable time after. He did not think a greater mortality than this ought to follow the operation. The time it occupied need not be excessive, four or five, or at most seven or eight, minutes sufficing, and by using a fine saw, with ordinary care, there ought to be no greater danger incurred by the patient than that attending simple incision into the joint. He was an advocate of free drainage; when the trochanter is left he had never noticed any want of firmness in the joint. A perfect result, however, could not be anticipated, the conditions under which the disease is contracted standing in the way of such a desirable consummation. He felt that the operation of excision would give the patient a better chance of a comfortable existence, but the indications should be the sole guide to the operation. Rules for guidance cannot be laid down with any certainty; individial judgment must determine the merits of each case. Excision is an unwise proceeding if much ankylosis has taken place. The presence of loose sequestra must always be a strong argument in favour of excision. He had found such dead bone in many of his own cases. He exhibited a case in which he discovered the head of the bone (femur) lying loose in the acetabulum. The influence of amyloid disease, continued Mr. Baker, is not sufficiently considered in its reference to this disease. Even when much advanced, it did not necessarily prevent ultimate recovery, a case in illustration having been under his notice in St. Bartholomew's Hospital. He urged, however, that generalisations from a single case were not admissible. He was convinced that good results would follow excision in a vast number of cases.

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Mr. J. Wood had performed the operation for excision very often, and frequently where advanced amyloid disease existed. He thought cure would follow proper rest and extension in many cases; but occasionally excision was indicated from the first. In his own practice he interfered as little as possible with the natural position of the muscles, and could point to very successful results, even where he had removed a considerable portion of the pelvis. One case in which he omitted full antiseptic treatment, but employed zinc chloride, carbolic acid lotion, and full drainage, did very well. He thought the conduct of the surgeon should be guided by a consideration of the symptoms *en masse*, but when dead bone is felt with the probe, then operation is imperatively called for. He deprecated the exposure of the bone, but advocated its removal sub-periosteally, and through as small an incision as possible, the operation being thus reduced to little more than that required to open an abscess. He was inclined to operate in those cases only in which the efforts of nature to effect a cure by ankylosis had manifestly failed of success.

Mr. McCormac was of opinion that the mortality in Mr. Croft's cases was not excessive, consideration being had to the unfavourable nature of the average hospital patients. He had not followed out the histories of his own cases so completely as Mr. Croft had done his. He thought sufficient stress had not been laid, during discussion, on the character of disease indicating necessity for operation. In a large number of cases the white swelling of the hip-joint is connected with the existence of miliary tubercle in the bone itself, and Prof. Kœnig, of Göttingen, had demonstrated this in sixty-nine out of seventy-one cases. This must be a very urgent reason for *early* operation, and he believed that a good functional limb could be expected only after early interference with the course of the disease.

Mr. Howse considered it surprising that so many favourable results did follow late operations. He advocated the removal of the trochanter major, but condemned the closure of the wound by sutures. The trochanter, if left, would act as a shield before the acetabulum, and thus retain any carious bone, to the patient's injury. He objected also to a too free removal of acetabulum and surrounding pelvis, as likely to induce collection of pus between the pelvic fascia and wall.

The President proposed that a committee, consisting of Messrs. Hulke, Holmes, Bryant, Croft, and Howard Marsh, be appointed to report on the whole subject under discussion.

The motion having been carried,

Mr. Croft replied to the criticisms passed on his paper. He had feared, he said, that he would be severely handled, but could not think his conclusions materially shaken. Mr. Holmes' statement concerning the unsatisfactory limb left after operation did not convey any forcible objection to operative interference; while adversely critising the formulæ he had given in his paper, Mr. Holmes had suggested no better or reliable means of deciding the necessity of making exploratory incisions; and regarding the early operation, Mr. McCormac had added his testimony in favour of it, by dilating on the frequency of tubercular infection. No one, said Mr. Croft, who would examine his preparation, could accuse him of performing any single operation without full reason; and he did not think any improvement on his method of proceeding had been suggested. The patient referred to by Mr. Hulke, as having been operated on a month after the onset of the symptoms of disease, was suffering from acute necrosis, and in the extremest agony, the operation being imperative in his case. He had at different times used two incisions, a longitudinal and Y-shaped one: had followed Sayre's mode, and always preserved the great trochanter without severing the attached muscles. In many cases he could show that the process had been re-united. He did not find it cause any obstruction, as suggested by Mr. Howse, and that gentleman was also mistaken in supposing that he (Mr. Croft) intended to imply that excision must invariably follow distension and grating in the joint. Where, however, a collection of pus existed, and advanced disorganisation, then even in the absence of any sinus, an incision should be made to permit accurate examination of the part.

SURGICAL SOCIETY OF IRELAND.

(*Continued from page 502.*)

Mr. Wm. Thomson on

A SUCCESSFUL CASE OF TREPHINING OF THE SKULL.

which will be found at page 517.

Mr. W. Thornley Stoker.—As one of the surgeons who assisted Mr. Thomson at this operation, I may be allowed to bear my testimony to the accuracy of the diagnosis which was made, and the success which followed in the treatment, and also to the unexaggerated account he has given of a case which must be looked upon as a typical and valuable one. Examples of hæmorrhage suitable for the use of the trephine are so rare, it is very important that such a one as the present should not pass without record. In another particular also I think the case is of value. I mean with reference to the difficulty of diagnosing, when the dura mater has been exposed, subdural hæmorrhage. In this case, as Mr. Thomson has mentioned, there was considerable difficulty in seeing whether blood lay under the dura mater or not; it was blue and discoloured. Mr. Prescott Hewitt, whose authority in injuries of this sort cannot be doubted, has recorded twenty-five cases which resulted in death in St. George's Hospital from severe injuries of the skull, followed by hæmorrhage between the bone and dura mater; and in one of these it was also beneath that membrane as well. Recollecting this fact it is most important we should have a record of a case like the present, where the difficulty was found and overcome.

Mr. Wheeler.—It has been my lot for the last fourteen or fifteen years to see a great many cases of fracture of the skull. Some were fractures of the base, in which operative procedure was unnecessary, and in these the symptoms that arose were simply treated. But in others which I have seen, and which have been under my care, operative procedure was necessary. One of these was such as Mr. Thomson has brought forward, namely, where there is extravasation of blood following a fall. Mr. Wheeler then spoke on the general subject of trephining, and gave illustrative cases. With regard to the question Mr. Thomson raises as to the justifiability of operating in a case like the one he brings forward, nothing could be more justifiable. Here was a case in which the patient got a fall, in which consciousness ceased and returned, and convulsions and hemiplegia followed. Nothing could point more clearly to an operation than that, and nothing could be more likely to relieve the patient, even though the operation might not be successful. I knew a case in which a man received a blow in the course of the meningeal artery. Unconsciousness for a time ensued. Consciousness returned, and then perfect unconsciousness supervened. I advocated using the trephine in the region of the meningeal artery, but objections were raised, and the patient died. If that patient had been operated on he would have had a chance. With regard to whether the blood is either superficial to or beneath the membranes, it is a matter of perfect indifference to the surgeon; he knows his patient is unconscious from pressure, and he fails to perform his duty unless he gives the patient a chance by trephining. If he finds the blood is over the dura mater, well and good; if not, he has the alternative of cutting into the dura mater and giving the patient a chance, which he could not have without adopting that course.

Mr. L. H. Ormsby.—I think the trephine is not such a simple instrument to use on the skull as has been indicated. It is not always necessary to use the trephine, because you can elevate very often without using it. A case occurs to me of a woman who was 3 months ago at Meath Hospital. She had a depressed bone, and probably extravasation of blood as well, and we had the instrument to perform the operation of trephining. However, I enlarged the wound, and I was able, without using the trephine—and probably thereby rendering the operation more serious as regards the result—with a little manipulation, to get out a portion of bone about the size of a farthing, and also some of the extravasated blood. I got it out without incurring the serious results that might accrue to the patient from trephining. As operating surgeons see more of these cases than others do, it is as well to mention the fact that elevation may take the place of trephining very often.

Mr. Thomson replied. He said—In the majority of the observations that have been made there has been a support of the views I have endeavoured to put forward and the truth of the diagnosis and the line of treatment in this particular case. With reference to the question of blood beneath the dura mater, which Mr. Stoker has referred to, and the difficulty of diagnosing it, it occurs to me that even in such a case the removal of the bone for the supposed extravasation upon the dura mater may have the effect of removing that deeper pressure, and so relieve the patient from symptoms if it be a deep clot that is producing them. Of course there is nothing to prevent both these two clots being present; and supposing the deeper clot was present, we did wisely to explore with the

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trephine. Mr. Wheeler's observations have gone into a much wider field than I attempted to deal with. I tried to confine myself to the question of extravasated blood within the cranium, not dealing with trephining in general. I mentioned one in which it was a simple case of diagnosis of extravasation of blood without injury. As to Mr. Ormsby's observations, I think he has not, perhaps, quite caught up the question under discussion. Nobody would deny that an elevator is a most useful instrument in the proper place; but it seems to me that to suggest an elevator might be used in a case of linear fracture is out of the question. In the case he quotes himself it was quite easy, I have no doubt, to use that instrument in preference to the trephine, because it was apparently a comminuted fracture. At all events, there was a distinct piece of bone fractured from the general mass of the skull, which it was quite possible to remove. In a case of that kind where it is possible to use an elevator I have no doubt every surgeon would approve of the practice, but the expediency of using the trephine in a case of linear fracture in order to remove a portion of bone to get down to a deeper point of pressure will not be questioned.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 17, 1879.

ANTISEPTIC SURGERY.

PROFESSOR LISTER'S long-expected reply to the recent utterances of those who have constituted themselves the champions of the expectant treatment of wounds, fully confirms and justifies our repeated demand that his vindication of his own system was alone necessary to establish the triumph of antiseptic surgery. Prepared as we have been to anticipate that the answer, when it did go forth, would be complete and convincing, we nevertheless marvel at the utter certainty, the sweeping assurance that it carries with it. The incontrovertible nature of the evidence adduced on Wednesday week, before the meeting at St. Thomas's Hospital, is the severest condemnation that can be passed on the culpable error of those who persistently deny the truths exemplified in the manifold precautions against septic poisoning observed by surgeons of the modern school. Not from the experience of one only, nor from two or three, but from the accumulated observations of an army of practical workers, have been deduced the arrays of facts that, in their combined strength, constitute an irresistible, argument in favour of Listerism, and that forces admiration, even where it fails to attract belief. The progressive advance in the way of safety that has been achieved, and is still continuing, an advance coincident with the introduction of the antiseptic method, and steadily progressing as the details of that method have been more and more perfected, is too palpably clear to the most careless onlooker, to admit of any denial of the primary truth that it IS. Struggle as they may against the tide of evidence; strive as they will, and have, to distort the facts that exist to their discredit; this yet remains incontestible, unanswerable, that, viz., Listerism has been productive of results that will be everlasting memorials to the genius of its founder, and a legacy of incalculable good to mankind for all time.

Avowing that he was a surgeon of the pre-antiseptic period, Mr. Bryant declared himself unwilling to yield the whole glory of modern surgical improvements to the influence exerted against disease by antiseptic treatment Admitting that vast changes bad come over the methods of dealing with wounds, with their dressing, and all subsequent treatment, and yielding to those who claim that much of this is due to the impetus given in this direction by Mr. Lister, he yet strenuously resisted the ascription of any part of this improvement to the antiseptic agent *per se*. To the excellence of modern hygienic arrangements, to the better comprehension of the conditions and etiology of disease, to a keener appreciation of pathlogical transformations and the influence of these on morbid changes, to the detailed observance of nursing and dietary minutiæ, to these, and to these alone would Mr. Bryant, and those like Mr. Savory, who exercise determined opposition to the claims of antiseptists, ascribe any part in the vast improvement that all bear witness to.

A sorry attempt was made by Mr. Bryant to detract from the merits of the Listerian treatment, by quoting from a table of operations performed according to its rules; bnt in number so limited, and in detail so meagre, that none save the speaker were, for a moment, affected by the conclusions he drew from it. As a champion of ancient surgery it must be candidly confessed, Mr. Bryant showed to eminent disadvantage; and in the exposure of his fallacious arguments that followed, we feel assured he derived a greater insight into the truths he has hitherto repelled, than he has ever before attained to.

We do not propose to follow the details of every speech that was made on this occasion, but will refer only to such points as were raised in pointed illustration of the benefits that have followed the adoption of the antiseptic method. And in this connection, the evidence of Mr. Smith (St. Bartholomew's) was most conclusive, both when it bore on his own practice, and when he quoted the experience of Professor von Nussbaum, at Munich. A very lately issued work of the eminent German was referred to, in which he relates that his personal experience of antiseptic surgery is conclusive to a degree. Much to his distress

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—Professor Lister described it as causing him "mental agony,"—eighty per cent. of the cases under his care in the Allgemeine Krankenhaus, were victims to one or other form of septic disease; and in spite of every precaution on his part, notwithstanding his unceasing endeavours to eradicate the seeds of death, this large percentage continued unabated. But "since he introduced antiseptic treatment, he has not had one case of pyæmia, he has not had one case of hospital gangrene, although he previously had eighty per cent. of his wounds affected with it. He has abolished erysipelas altogether." The absolute truth of this cannot be subject to doubt, for it is verified by the post-mortem demonstrations of the professor of pathology; and though Professor Lister volunteered the statement, none, we opine, save the obdurate sceptic, would dare to impugn the accuracy of figures compiled under the conditions that attended Professor von Nussbaum's assertions.

Once more, Mr. Spencer Wells, by his testimony, proved in the most complete fashion the invincible nature of the improvements that have been made. Though for twenty years, keenly alive to every available opportunity of adding to the effectiveness and safety of his operative procedures, in the special practice with which he will be always associated in name, he was impelled to utter the conclusion that a much more rapid progress had been made in surgical science since the introduction of the antiseptic method, than had been possible under older modes. And notwithstanding his careful endeavours to eliminate the cause of death after ovariotomy had been productive of wonderful results, enabling him to reduce the mortality from 34 to 28, and 22, and 14, and finally 10 per cent., yet the consequence of his ultimate adoption, two years ago, of all the detailed precautions of Listerism had been startling from the large and sudden change in his statistical returns under the system. In his last 84 cases antiseptic rules had been rigidly adhered to, and for a result he could point to a series of 38 cases in succession without a single fatal issue; and out of the total number operated on, 78 had recovered, as against six who had succumbed.

Is not this, we are tempted to inquire, of itself, a sufficient refutation of the insinuations made against a system that can produce such aggregate results? More, however, can be urged in its favour; and this more Prof. Lister's speech embodied in profusion. For a moment he dealt with the tables prepared from the statistical returns of operations at St. Bartholomew's Hospital, and used by Mr. Savory in his address at Cork. Briefly, he showed that these were utterly untrustworthy criteria of the value of pure-water surgery, for in numerous details the treatment of the wound was essentially antiseptic. Did not the catgut ligature, the employment of carbolised oil, and the carbolised silk protective, all tend in the direction of preventing septic poisoning, in the same fashion, if not in the same degree, as the observance of complete antiseptic precautions? And again, Mr. Savory's statistics were not those derived from the practice of himself alone, but were gathered from the results obtained by four separate surgeons, two of whom, at least, were practical exponents of the doctrine of Listerism. In every way, the fallacy of the arguments based on such erroneous premises, was but too apparent.

From his own private work, however Mr. Lister produced the most effective weapon to destroy the conclusions of his antagonists; and the crushing weight of the bolt he flung, will long deaden the energy of those whose strength has been strung to declaim against the truth. Generously, willing to afford every advantage to his opponents, Prof. Lister, when comparing his own results with the best ever produced in proof of the efficacy of the non-antiseptic treatment, removed from his tables every series of figures, to which even the *least* captious critic could take exception. And the consequence of the comparison is to show the advantage of the modern method of operation and treatment, by the occurrence of a less number of deaths per cent. under it, than under the older methods, even when these are calculated in the manner most favourable to the aspersors of Listerism.

We are anxious not to go too minutely into the question of these numbers here, but one series of figures read by Mr. Lister we cannot forbear quoting. In 295 operations done in two years, but one case of blood-poisoning occurred, and this in an instance where a plastic operation for a new nose had been performed. The known difficulty of avoiding chance infection during operations on the face might well excuse this single mishap out of so large a total; but Mr. Lister, in the truth of his nature, admits a further reason, scorning to seek any cover for an error that is to him a crime. He says, "I endeavoured to turn one side of the ascending process of the superior maxillary bone, to make a support for the flap, and I split the bone; and I was conscious at the time I had made a mistake. That was a case in which antiseptic treatment was impossible, in consequence of communication with the nasal cavity." This only, out of 295 cases! Again, of 80 major amputations, nine deaths followed operation; 11·25 per cent! The mortality assigned to this class of operations by Mr. Erichsen is *thirty-five to fifty* per cent. Here again Mr. Lister deprecates such an ill measure of success, as it appears to him, and proceeds to explain,—"One was a primary amputation. I did the operation practically without any hope of saving him; but I have seen a patient come round after being perfectly pulseless, and I deemed it my duty to try it." And the great majority of fatal issues have some such, or equivalent, history attached to them.

We will allude only to one other topic in connection with this question. The immense benefit conferred on suffering humanity by antiseptic surgery is less perhaps in the safety with which major operations can now be performed, than to the blessings, little it may be in themselves, but taken together of most imposing magnitude, which follow from the application of the method to alleviate the pain and inconvenience of small affections. Abscesses can be opened with absolute immunity from all danger under the spray of carbolised water; and protected by the carbolic dressings they will heal with no single untoward symptom. How painful they are, and how apt in some situations to lead to the most distressing consequences, if incautiously opened and exposed, needs no enforcing. Plain is it then, that a means by which all this danger is avoided, must be a valuable, nay an invaluable, aid to the operative surgeon.

Nothing was needed, at the present time, so much as

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an authoritative reply from Mr. Lister to those who have rejected the merits of his great benefaction. This reply has now been uttered, but we fear it will not avail to crush every remnant of opposition. But for our conviction of its utter futility, we could give expression to the earnest wish that henceforth no more would be heard in denial to the overwhelming proof of the invariable usefulness of antiseptic precautions in surgical operations. We know, however, and we can but grieve to know it, that there are many amongst us so wedded to the prejudices of the past, to whom the traditions of an older generation are endeared by the associations and the ties of a dead and gone time, that the flood-lights of modern discovery are powerless to light the way that shall guide them to the truth. Held high in the admiration of the younger men to whom they are leaders, and who regard them with a chivalrous devotion, in that they embody the wisdom and experience of the past, what wonder, we ask, that the generous enthusiasm of youth enlists itself on their behalf; and resolves to encounter the outer world in bold defence of the tenets sanctified through association with the masters they delight to honour. It is this tendency that must be combated with; it is this willingness on the part of the student world to adopt the doctrine approved by the teacher who has gained their confidence and love; and in so far as the attempt to do this is successful, by so much will the cause of truth progress. We see in the opposition that centres now in a few great leaders of opinion, how, in the future, it will be continued by the more eminent of those who inherit the thoughts and ideas of these few men; and though it is right to do all that can be done to push further and further into the realms of the unknown, the limits that set round the known, we ought never to be unmindful of the insidious working of the living influence brought to bear on the growing surgeon of the future.

MEDICAL ELECTORAL INFLUENCES IN IRELAND.

We have disinterred, a few days since, from a bundle of copy, which lack of space had obliged us to set aside, the following extract from a leading article published in the *Tuam News*, many months since, in reference to a pending dispensary election, and a report of the proceedings at a dispensary election in the same county and about the same date, taken from a paper whose business it was to gloss over the riot and intimidation of that occasion. The excerpts have rather gained than lost in interest by their being held over, because it is not now open to anyone to say that we have condemned the tenets which they set forth in the interest of any candidate for office. We reprint the articles now as illustrations of the utter unsoundness of the existing election system in Ireland, and the total unfitness of the class whose duty it is to elect to perform any such function with impartiality:—

"In matters of such importance as the return of a Catholic doctor instead of a Protestant, to take charge of the poor of a Catholic district, there should not be the slightest room for the Catholic members of the Committee doubting for whom they are bound, as a matter of conscience, to record their vote. Casting aside all other motives, the Catholic member of the Committee is strictly and conscientiously bound to secure, as far as in him lies, both by vote as well as by his influence, the return of the Catholic. We cannot understand how any Catholic who has a vote and who records that vote against the Catholic doctor, *can expect much respect or courtesy from the Church whose principles he rejects* by his co-operation. We have not the slightest hesitation in stating, that whenever there is a question of appointing a Catholic or Protestant doctor to a dispensary district, that the office should be given to the Catholic doctor."

"According to announcement a meeting of the dispensary committee was held for the purpose of appointing a medical officer. There were only two candidates, the popular candidate, and the nominee of the conservative element. It appears that for some time past each party canvassed closely for their respective candidates. Party feeling ran so high that the authorities drafted in over 150 police, and ordered the public houses to be kept closed durin the day, anticipating a riot. The people feeling that justice would not be done them in forcing a doctor on them against their wishes, assembled in their thousands to enter their protest, both by words and signatures, against the proceedings

"We are glad to say, with the exception of some hooting and hissing of those whom they thought merited it, they conducted themselves in a most orderly manner, leaving the Royals, R.M.s, S.I.s, after their grand military display of swords and rifles, nothing more to do than shiver under the influence of a cold, biting, westerly breeze. Precisely at twelve o'clock the ex-officios who assemble only on such occasions, the landlord elements with their serf-drivers cudgelling on their respective contingent of white slaves, with a few subs lurking in the distance, assembled at the dispensary, a dingy house measuring about 10 by 12 feet, and where there was scarce standing or sitting room for the committee. The Royals were drawn up in military array opposite the place, while the Neale and Kilmaine *Loyals*, armed with blackthorns, formed an outer cordon, and giving expression to their indignation by an occasional groan or cheer as they considered it was merited by the members of the committee who passed them by. It would be amusing if it were not so ludicrously revolting to see these poor serfs lurking round corners, their very countenance betraying them, their pull at the hat, and down on all fours, Spaniel-like at seeing their agent or master."

If there be any truth in the assertion frequently made that the Irish people is as yet unfit for the exercise of political privileges, there is a still greater force in the statement that the class of the Irish population of which boards of guardians and dispensary committees are constructed is unfit for local self-government. In Ireland there are two religions, and, *ergo*, two political creeds, nearly equally balanced in respect of influence, and most unhappily and most unnecessarily engaged in a perpetual struggle for the upper hand, a struggle which is rendered more acrimonious by the impulsive temperament of the people. Before this all-absorbing contest, all better feelings and larger ideas give way in the minds and hearts of those who have never been educated to think calmly and to decide without prejudice, or who have inherited from their progenitors of "the good old times" the unwillingness and incapacity to grant fair play and equality of privileges to their neighbours. Those who live outside the Green Isle can hardly realise the intensity of this most pitiful and calamitous antagonism between well-meaning but unthinking people, but when we say that the passage quoted above is nothing more than the reflex of a bigotry which exists in many of the 893 dispensary districts, and of the 163 unions in Ireland, it will be understood why we have declared that the Irish committeemen and guar-

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dians are as a rule unfit for local self-government, and that it is a disastrous mistake to submit to their decision any matter out of which a party contest can possibly be made.

Though we have been obliged by our text to indicate a particular religion and a particular political creed, we draw no comparison less favourable to those who profess that religion or creed than to those who hold the opposing forms of bigotry.

There are many dispensary districts in Ireland in which the opposite side are just as intolerant and as grossly forgetful of the duty with which they have been entrusted as is the *Tuam News*, and each day's newspaper illustrates but too forcibly the fact that a large section of the "local governors" who are set over the administration of medical poor relief, care not enough for their public duties to attend the business meetings of their board or committee, but will come *en masse* and with servility to the politico-religious whistle, on an occasion when the affair in hand is to decide whether the charwoman employed to scrub out the dispensary hut shall be a Protestant or a Catholic, or to fix the method by which some poor, unconscious, starveling infant is to be allowed, if it survives its miserable babyhood, to worship its Maker.

For such a state of things there is one and only remedy —education. When, if ever, the mass of the Irish middle classes can be brought to believe that which all civilised nations hold, that the fitness of a person for any position whatever is the outcome of that person's moral, educational, and social qualities, and of special efficiency for the duties for which that person is required, then, and not till then, will Ireland be fit for self-government. To the attainment of such a frame of mind should all real patriots strive. Such a time is dim in the long vista of hope deferred; but it will come some time, and then, and not until then, will the average Irish dispensary committeeman be fit to vote for the average Irish dispensary doctor.

The *Tuam News* tells us that, "casting aside all other motives" (including, of course, regard for the sick poor, all regard for fairness towards the competitors, and every idea of honestly selecting the most competent and most efficient officer), "the member of a committee is strictly and conscientiously bound to secure, as far as in him lies, by vote as well as by his influence, the return of his own co-religionist."

Abominable dogma! Monstrous prostitution of a solemn trust! Vile forgetfulness of duty! And yet it is so in very many Irish districts, where magnates, blinded by the prejudices of their fathers and grandfathers, condescend to copy the bigotry of hedge shopkeepers and con-acre farmers in other places. We epitomise our argument in the assertion of the fact that, in Poor-law medical elections professional competency is but an insignificant fraction of the influences which decide the matter, and that it is a miserable legislative error to entrust the interests of the dying pauper to any class which considers itself "strictly bound, casting aside all other motives, to give vote and influence to" the man who adopts his own method of saying his prayers.

METHOD OF MEDICAL EDUCATION.—II.

THE CONTINENTAL SYSTEM.

THE system of professional study existing on the Continent, as described by Drs. Herman and Beigel in the Appendix to the Medical Council's Minutes, is worthy of being set side by side with our own.

The German universities are the real schools for the pursuit of special study, and not mere examining boards for testing knowledge obtained elsewhere. A university consists of four faculties, viz., Divinity, Law, Medicine, and Philosophy. Each faculty is governed by a dean, the university itself by the rector. The body of teachers consists of the ordinary professors ("ordentliche professoren"), extraordinary professors, lecturers ("privat docenten"), and lectors. Any student who has completed his regular course of study, and has graduated by examination in one of the faculties, may become a "privat docent" of one of the subjects included in the curriculum of that faculty, provided he receives the consent of the senate of the university, consisting of rector, deans, and university judge (universitatis-richter). The body of "privat docenten" constitute a most important and peculiar feature in the university life in Germany, and as their success depends entirely upon their own abilities and industry, they are constantly stimulated to activity. The extraordinary professorships are usually given to distinguished "privat docenten" whose services the university authorities desire to retain and recognise, but for whom no chairs are vacant. Lectors are men, either graduated or not graduated, lecturing upon subjects which do not come within the university curriculum, and for which no chairs exist. The appointment of the ordinary professors is vested in the members of the faculty, but subject to confirmation by the Government. They are always certain of a moderate competency by virtue of the endowment belonging to the chair; but they also receive the fee paid by students, and this may, in some cases, amount to a very considerable sum. Professors of the more purely scientific branches of medical study—such as anatomy physiology, &c.—are not expected to undertake private practice.

A student in possession of a certificate of maturity on entering a university, matriculates. This consists merely in placing his name upon the books, and signing the laws. He thus becomes a "civis academicus," and ceases to be subject to the civil law, acknowledging allegiance only to the laws of the university. After he has declared what branch of study he intends to pursue, no restriction whatever is placed upon him, and he is left entirely to his own devices. For convenience, however, a printed paper is placed in the hands of the medical student, stating what the senate considers to be the best mode and order in which medical science can be studied. It must be remembered that this scheme is merely offered as advice, and the student is in no way obliged to follow it; the majority of students, however, naturally follow more or less closely the plan marked out by the authorities.

The term of study is required to extend over four years, and the student is obliged to be inscribed for at least two courses of lectures and one course of dissections in each session (such courses of lectures must, however, extend over the whole session), but no control whatever is exer-

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cised to determine whether he attends the lectures or not.

In France there are three Faculties (Facultés) which have the right to confer medical degrees—viz., Paris, Montpellier, Strasbourg. To these three Faculties are attached twenty-five preparatory schools (école préparatoire).

The teaching body consists of twenty-seven professors in each Faculté, and a number of agrégés, the latter forming a body of assistant professors, doing the work of the department in the absence of the principal, and being largely employed in private teaching, they correspond in some measure to the privat docenten of the German universities. Before any one is appointed to a professorship, the greatest care is taken to ascertain his ability as a teacher. There is, however, seldom much difficulty in doing so, as it is almost necessary for him to have served for ome time as agrégé before his promotion.

The medical men are divided into graduated ("gradés") and non-graduated ("officiers de santé"); the latter qualification is rarely taken, except by persons in a lower station of life, by chemists and druggists, or by holders of foreign degrees, who do not wish to graduate in France. We shall, therefore, treat more fully of the gradés, as representing the ruck of the medical profession in France.

The curriculum extends over four years, an inscription being made every three months, so that sixteen inscriptions are required in the entire period. Before entering the Faculté the diploma of "Bachelier-ès-Lettres" must be obtained by the student by one of the "Facultés des Lettres" in France, of which there are seventeen.

All lectures, as well as all practical work, required for the degrees are gratuitous, but fees are paid by the students at each inscription, and the cost of the entire education is therefore not much less than it is in Germany. The private instruction given by an agrégé must, of course, be paid for.

Notes on Current Topics.

Workhouse Visiting.

Can we picture to ourselves a workhouse ward, with its long row of beds occupied by humanity in all forms, in various stages of human suffering, as being anything but a sad and depressing sight? When to the above are added the want of skilled and efficient nursing, the absence of books, papers, illustrated periodicals, or of pictures on the walls to relieve the eye, the mind, the imagination; the utter separation from the outer world, and thus a virtual closing of the doors of hope; the absence of any sympathetic voice to utter a word of cheer and comfort, we have a still more gloomy picture, and one which must appeal to the better feelings of all who are interested in the waifs and strays of human life.

This picture is true in nearly all its details, though there are a few workhouse infirmaries where it does not apply. We notice with pleasure that there is a revived interest in our workhouses, and that the visiting of these institutions is again attracting the attention of some of our leading philanthropists. We do not know of work more needed or more charitable, and we are quite certain that if the guardians were to consider the question, apart from the official influence of interested obstructives, they would recognise the great advantage which would accrue from an organised system of lady visitors. All medical officers of poorhouses are in favour of this scheme: this of itself speaks volumes. We need not say that the sick poor in those workhouses where it has been tried look upon their visitors as angels of mercy, and the ladies are always treated by them with all possible respect.

Testimonial to Dr. Andrews of Belfast.

A meeting was held last Saturday week for the purpose of inaugurating a movement to establish some permanent memorial of the distinguished services rendered to science and education by Dr. Andrews, Vice-President of the Queen's College, Belfast, for many years, in connection with his retirement. Resolutions were adopted that the memorial should consist of a bust or portrait to be placed in the College, and secondly, of a prize or scholarship to be founded. A committee has been appointed, with the President of the College as chairman, to carry out the necessary steps. Dr. Andrews was formerly Professor of Chemistry to the Queen's College, Belfast, and as a chemist has been the discoverer of more than one matter of great importance in that branch of science; among others, we may mention that of the true continuity of the condition of matter in its transition stage from the gaseous to the liquid.

Death of Prof. A. Chevalier.

The oldest member of the Académie de Médecine, M. Chevalier, has just died in the eighty-seventh year of his age, having been elected in the year 1824. He had been also a Professor of the Ecole de Pharmacie, and was editor of the *Journal de Pharmacie* for many years. He was one of the most active of the members of the Conseil de Salubrité, and few men have done more than him in originating improvements in public hygiene, especially as regards alimentary substances. His reports to the Academy on mineral waters, secret remedies, and various hygienic subjects, and his articles in the *Annales de Hygiène*, constitute an enormous mass of writing of great practical utility.

The Tenancy of their Offices by Medical Council Representatives.

In our note of the proceedings of the Executive Committee, which appears in another column, we record the fact that Drs. Smith, Leet, Storrar, Humphry, Andrew Wood, and Rolleston have been re-elected by their respective constituencies.

To this piece of routine business more interest attaches than may appear at first sight, from consideration of the fact that, whereas Drs. Leet, Smith, Storrar, and Humphry were re-appointed for one year only, Drs. Wood and Rolleston have been granted leases of their offices for three and five years respectively. It strikes us that these long tenancies are highly inexpedient, and that in the pending revision of the Medical Acts words should be introduced having for their object to make the appointment annual.

The profession generally is probably unaware that, once a representative has been appointed by a licensing body, that body loses all direct control over his acts for

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the period of his appointment. No matter what course he may see fit to pursue, even if he should wholly misrepresent the policy of his College and adopt a line of action diametrically opposite to his instructions, there exists no power whatever under the Act, either in the Licensing Body or in the General Medical Council, to declare his office vacant. His removal from office must be his own act, and his seat can only be vacated (under clause 8 of the Act) "by his addressing a letter to the President of the General Medical Council;" moreover, the law does not authorise the appointment of any person in his place, except "upon his death or resignation." Thus if, unhappily, any of the representatives who have been appointed for terms of years were to become incapable by aberration of mind, by severe illness, or by paralysis, of writing his letter of resignation, he must continue to hold office until the lapse of his term of appointment, and, *pro tanto*, the body which he should represent must remain voiceless in the deliberations of the Council.

Our objection to long tenancies is not a visionary one, for we are aware, as a matter of fact, that some years since the representative of a licensing body *did* retain his seat long after he had become obviously incapable of doing justice to the interests of his College; and although the Council of his College adopted a deliberate resolution suggesting to him the virtue of the practice of resignation, he positively refused to vacate his office, and continued to hold it until its lapse. It is, we admit, very desirable to guard the independence of the members of the Council, and to protect them from over-dictation on the part of any majority which may hold power in their elective body, but we submit that as long as members take their seats as representatives, it ought not to be possible for them with impunity, if they should so wish, to misrepresent their constituencies.

Military Medical Millinery.

We believe that the tailoring department of the War Office, which is always well looked after, whatever else may be neglected, is at work upon the army doctors' clothes, and the profession is to be wheedled into the Queen's service by the enticement of a new dress. "The forage cap is to be relieved of the unsightly badge and a gold and black band substituted, of black leather for surgeons, and with gold embroidered edge for the higher ranks; the peak will he sloping. The collar of the patrol jacket will be modified and made more dressy; and the black pouch and sword-belts will be discontinued. Brigade surgeons will wear the braided frock-coat as at present worn by deputy surgeons-general.

We presume that there must be people whose souls are moved by the anticipated bliss of a "gold and black band," or a "dressy" jacket. If so, we wish them joy of their pretty new "things," and we hope that the great-minded patriotism, intelligence, and originality of the gentlemen who have solved the unpopularity of the Army Medical Service by the aid of a new jacket and cap will not go unrewarded. A C.B. should be the least recognition of their services.

Health Resorts.

The unpropitious nature of the present season in places usually considered to enjoy perennial summer, suggests the propriety of advising patients to make trial of localities nearer home than are the spots generally recommended. At Cannes, which is a favourite winter refuge, for the past few weeks the weather has been no improvement on that experienced at home, and the advantages of a residence in it have been therefore reduced to a minimum. In view of this it seems advisable that trial should be made of certain of the sheltered villages on the coast of Devon. In many of these, particularly along the Exmouth coast line, the most genial weather has prevailed of late, and at a time when the cold and discomfort have been at the greatest, in situations farther north. The fashionable predilection in favour of foreign towns is much to blame for many deaths that might possibly have been prevented for a time, had the attention of the invalids been drawn to the possibility of discovering a genial abode in their own country.

The Bader-Gordon Case.

The decision in the Court of Common Pleas last week by which Mr. Bader, the oculist, recovered £23 2s. as fees for the performance of an operation on the defendant in the case, must commend itself to all who rightly comprehend the facts. The suggestion made by the jury that the whole possibilities of the operation and its consequences should have been explained to the patient is a sensible comment on the evidence, but it is difficult to understand how, in any event, a legitimate objection could have been raised against the payment of fees for services rendered. Were the principle once ceded that "no cure, no pay" must influence the conduct of patient to medical attendant, then the greatest confusion would result in the inter-relations of the two classes; and were it for no other reason than this, it is satisfactory to find that the obligations of the two contracting parties have been correctly appreciated in the recent trial. Into the question of the correctness or otherwise of the operation performed we do not enter, purposely, save to regret the exhibition of conflicting opinions presented to the public. It is far from edifying, this differing of experts in open court, and on matters concerning which the public is very naturally surprised that two opinions *can* be held. The evil that is done is due to the incompetence of the lay mind to comprehend the data on which conclusions are based. But for this reason the rarest occasion should be afforded for the exercise of wonder.

The Executive Committee of the General Medical Council

held its promised meeting on Friday, 28th ult. Its preliminary work was the reception of the official notifications of the re-appointment of Drs. Leet, Andrew Wood, Aquilla Smith, Storrar, Rolleston, and Humphry, as representatives of their respective colleges and universities. Upon this subject we have made some observations in another column of our present issue.

The Committee was next engaged upon consideration of a correspondence with the Irish Branch Council, and upon a legal opinion submitted by them as to the practice adopted

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in the London office of registering additional qualifications, and making alterations in the Register, without their being effected, in the first instance, by a Branch Registrar. The registration of additional qualifications represents, of course, a certain amount of income to the Branch Councils, and the Irish Council is advised by the Solicitor-General for Ireland that "it is both the intention, and in accordance with the true construction of the Act, that the additional qualification should be registered, in the first instance, in the local Register." As to erasures and alterations of address the advice is not so decided, but the Irish Branch Council, in their letter to the Executive Committee, suggest that the General Council should at once make rules for having this work done in the branch offices.

Upon consideration of these communications the Executive Committee decided to submit them to their lawyers, for the information of the General Council.

The Committee next received from the Scottish Branch an important digest of the views of the Scotch bodies on the subject of preliminary education, to which we intend to refer in a future issue of the *Medical Press*. The Irish Branch Council forwarded nothing but the following characteristic resolution :—"That, taking into consideration the great diversities of opinion among the Licensing Bodies on the subject of Preliminary Education, and the impending amendment of the Medical Act (1858), the Branch Council believe that the question of Preliminary Education may be postponed for future deliberation."

Considering that the only reasons for the inquiry submitted to the Irish Branch Council were that "great diversities of opinion" existed, and that "the amendment of the Medical Act is impending," it seems a little unreasonable that the Branch Council should quote these circumstances as reasons why they should give no answer.

But we suspect that the real fact is, that the Branch Council thought that, on the subject of Irish preliminary education "least said" would be "soonest mended," and that they had better leave the raising of the storm to the General Council.

The remainder of the session of the Committee was occupied by consideration of letters respecting registration of British diplomas in Canada, concerning standard apothecaries' weights and measures, and the replies to the ophthalmic surgeons' memorial, to which we shall refer in an early number.

Irish Prison Surgeons.

The proceedings of the new Irish Prisons' Board are certainly not calculated to inspire the public with confidence in its administrative capacity. On the first day of April (ominous date !), 1878, the Board was born, and since then it has had supreme command of the entire prison system of Ireland. We are now close upon the second year of its tenure of office, and the net result, as regards the medical officers under the department, has been to create an embroglio utterly bewildering and incomprehensible. Not a sixpence has yet been paid to these officers for their two years of service, and no one knows on what terms they hold their offices, or, indeed, whether they hold them at all. The labour of the prison surgeons has, contrary to the express provisions of the Act, been greatly increased; the salaries have been first fixed at a ludicrous amount, and then again practically revoked, and both the Department and its medical officers are at sea as to what they are to receive for their two years' work, and for the future. The apothecaries have been ousted in direct violation of the rights reserved to them by the Act, and cannot tell whether they are to be reinstated, compensated, or pensioned. Finally, we are told that the muddle created by Mr. Charles Bourke has been submitted to the disentanglement of a Departmental Committee, but even of this tribunal, its members, its *locus*, or its powers, no one knows anything. There is, indeed, some uneasiness lest this Committee should prove to be a phantom or a ruse to keep the doctors quiet until their indignation blows over, or until the general elections have been held.

The new department has undoubtedly earned for itself the distinction of having distanced all other Government offices in the noble art of "How not to do it;" and unless the "Departmental Committee" comes to the rescue, we suppose the Tite Barnacle of the occasion, and the jaunty young Barnacles of the office will have it all their own way.

The Weather and the Death-rate.

The severe weather is beginning to show its effects most markedly in the rates of mortality throughout the United Kingdom. Last week the death-rate in the principal towns was :—Salford 18 per 1,000, Portsmouth 20, Norwich 21, Oldham 22, Edinburgh 23, Sheffield 23, Sunderland 24, Bradford 25, Hull 25, Glasgow 25, Leeds 26, London 27, Leicester 27, Birmingham 28, Manchester 28, Bristol 28, Nottingham 28, Newcastle-upon-Tyne 29, Plymouth 29, Brighton 30, Dublin 37, Liverpool 37, and the highest rate 44 in Wolverhampton. The annual death-rate from the seven principal zymotic diseases ranged from 0·6 in Norwich to 6·1 in Dublin, and 6·6 in Liverpool. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne, Sunderland, Dublin, and Sheffield; measles in Leeds, Nottingham, Plymouth, Birmingham, and Liverpool. Diphtheria caused 15 deaths in London, 4 in Liverpool, 2 in Birmingham, and 2 in Manchester. Five deaths were referred to fever in Leeds, 4 in Sheffield, and 31 in London. Five more fatal cases of small-pox were recorded in London, 9 in Dublin, but not one in any of the other large towns. The deaths from diseases of the respiratory organs rose last week in London to 612 from 190 the previous fortnight, a result almost wholly attributable to the severe cold.

Bequests to Medical Charities.

Hospitals, dispensaries, and other institutions in which the profession is more or less interested, have received quite a shower of blessings from wills and gifts from the charitably-disposed during the past few days. An eccentric old lady who died last week has left £10,000 to build a hospital at Hounslow, and the remainder of her wealth is to go towards endowing the said hospital, after her will has been duly administered in other particulars. She also bequeathed £100 to the Moorfields Ophthalmic Hospital, and a like amount to her medical attendant, Dr. Tyler Smith. The Guest Hospital, Dudley, comes in for the handsome bequest of £10,000, under the

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will of Mrs. Charlton, of Dudley, the Dudley Dispensary £1,000, and the Midland Eye Hospital £300. The City of London Hospital for Diseases of the Chest, the Truss Society, and the Royal Hospital for Incurables are recipients of considerable legacies under the will of Miss M'Kenzie, late of Lower Clapton.

The following medical charities receive bequests of £1,000 each under the will of Caroline Batty, of Grove End Road, St. John's Wood, the City Orthopædic Hospital, St. Mary's Hospital, the Convalescent Hospital for East London at Snaresbrook, the Charing Cross Hospital, the Brompton Hospital for Consumption, &c., the Earlswood Asylum for Idiots, St. Luke's Hospital for Lunatics, the Middlesex Hospital, the London Hospital, the Metropolitan Convalescent Institution at Walton-on-Thames, the Metropolitan Free Hospital, the Cancer Hospital, the City of London Hospital for Consumption, the Royal Hospital for Incurables, and the National Hospital for the Paralysed and Epileptic. The following receive £500 each — Queen Charlotte's Lying-in Hospital, the General Lying-in Hospital, the Royal National Hospital for Consumption at Ventnor, and the Royal Medical Benevolent College. The Convalescent Hospital, Belfast, has received £600 from Lady Johnson. Mr. W. Crawford has given £200 to the Home for Incurables, Cork. The Belfast Royal Hospital will receive nearly £3,000 under the will of the late Dr. Bryson, of Coalisland.

The Water Supply of London.

A WELL-TIMED article from the pen of Mr. Torrens, M.P., appears under the above heading in the current number of *Macmillan's Magazine*. The subject is a matter of as much importance to health and life as the air we breathe. On reflection, then, it may appear strange that we should have to appeal to the Legislature to assist the largest and most advanced city in the world in securing a pure and bountiful supply of water in a state fit for domestic uses, and at a price that shall be both fair and reasonable. The grievances of which Londoners have, at the present moment, just cause of complaint, are, Mr. Torrens believes, threefold :—1, a want of constant supply to each household ; 2, want of practical check on the price charged ; 3, want of facilities for extinguishing fires. There is, however, another grievance of even greater moment, the want of a potable water from a pure source, and entirely free from any danger of contamination or pollution, as is now the case in water taken from open watercourses or tidal rivers.

The Companies no longer offer opposition to the constant supply system, because they have discovered it is to their advantage. There is less waste of the commodity they sell when careless people are exposed to the constant danger of being drenched or drowned by omitting to turn off the water-tap. There is more difficulty in getting the middle classes to adopt the system because of the exorbitant demand made by the plumber, and the danger, when the work is slovenly done, of the pipes giving way in the first frost. The estimates for making the necessary alterations are found to vary from ten shillings to as many pounds. On this account it is difficult to persuade even the well-to-do to abandon the storage of the house supply in cisterns. Water, like milk or mutton, is intensely susceptible of taint, even without direct contact with what is decaying or decayed. It is not capable of being kept pure for many hours in an impure atmosphere, as it rapidly absorbs the foul air from the sewer, or the respired air of multitudes of human beings, and of the four-footed creatures around or near it. In the dwellings of the poor the water-butt or cistern is almost invariably to be found close to the water-closet, and in lodging-houses it is no one's duty to see that the water-cistern is ever cleansed. Constant supply is the sole remedy for this evil ; it will also diminish the risk from fire, as it will give increased facility for putting out casual fires ; but it will not in the slightest degree improve the quality of the drinking water, nor will it diminish the price, or regulate the tax laid by the Companies upon the householder.

The Home Secretary promised at the close of last session that ministers would during the recess take the whole subject into consideration, and be prepared to submit some general scheme to Parliament. He, no doubt, has so far fulfilled his promise, for a fortnight ago we were able to state that he had given notice to the several water companies of his intention to absorb them, and place the water supply of London in the hands of a central board.

It is acknowledged that the Metropolitan Board of Works is already overweighted, and cannot undertake a responsibility so great as this would entail, and it is therefore the Home Secretary's intention to establish a new authority, but of the successful working of which Mr. Torrens, in common with ourselves, has his doubts. Very many reasons can be urged against centralisation. The details of deficiency and defect are inexhaustible, varying with every condition of domicile and employment—in some instances with every locality, and by their accumulation proving incontestably the imperative need of local tribunals, easily accessible, for the settlement of controversies continually arising. Why should not a great borough on the banks of the Thames have the same right of controlling its gas and water supply as a great borough at the mouth of the Mersey, or a large provincial town in Lancashire ?

A central board for the regulation of either gas or water would undoubtedly prove a failure, because, as Mr. Torrens says, "it must be irretrievably swamped by the multiplicity of details and the confusion of interests with which it would have to deal."

A central board means a big job—a chairman or staff of commissioners, with inspectors and clerks to dictate to four millions of people, and to a certainty, to make the whole thing, so far as the public are concerned, a dead failure.

THE rates of mortality in the principal foreign cities, according to the most recent weekly returns were—in Calcutta 26, Bombay 37, Madras 35 ; Paris 27 ; Brussels 27 ; Amsterdam 20, Rotterdam 24 ; The Hague 23 ; Copenhagen 40 ; Stockholm 19 ; Christiania 15 ; St. Petersburgh 31 ; Berlin 21, Hamburg 29, Dresden 18, Breslau 23, Munich 32 ; Vienna 25 ; Buda-Pesth 33 ; Rome 32, Naples 27, Turin 27 ; Alexandria 34 ; New York 23, per 1,000 of the populations. Small-pox caused 29, and enteric fever 24 deaths in Paris.

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Invitations have been issued by the Lord Mayor of London for the usual annual meeting, on Thursday next, at three o'clock, of medical men and clergymen interested in the Hospital Sunday Fund, for the purpose of electing council and fixing date of collection for 1880.

The Chief Secretary for Ireland has been pleased to appoint William Thornley Stoker, Esq., M.D., to be Inspector for Ireland under the Act 39 and 40 Vict., cap. 77, sec. 10, in succession to the late Registrar-General for Ireland, Dr. Malachi Burke.

The Rev. Henry Stebbings, D.D., F.R.S., Rector of St. Nicholas Cole Abbey, E.C., has been presented with a handsome silver salver, in recognition of his long and devoted services as Chaplain to University College Hospital, from the foundation in 1834 until his retirement in 1879.

A correspondent reminds readers that Colonel Leet, who on Tuesday last received the Victoria Cross from the hands of the Queen for saving the life of a brother officer under circumstances of extraordinary difficulty and danger, and after he himself was seriously injured, was at one time on the eve of entering the medical profession, and was for three years a pupil at the Richmond Hospital, Dublin, but just as he was about to qualify he was offered a commission in the army and accepted it.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Glasgow Medico-Chirurgical Society.—At a meeting of this Society, held in the Faculty Hall, St. Vincent Street, on the 12th inst., Dr. Hugh Thomson presiding, Dr. McCall Anderson read a paper on the Climatic Treatment of Consumption, with special reference to a visit to Davos Platz; and he showed a patient who had recovered from galloping consumption, and read notes of the case. Dr. Coats opened the discussion by giving some personal experiences of Davos. Dr. Charteris very humorously and effectively narrated his experience of the treatment of consumptives at Frankenstein. A good deal of the popularity of this place, he thought, was due to the fact that a consulting physician in Frankfort had a commercial interest in the pension. Most of the patients here took brandy—half-a-bottle a day. Those who were not likely to get well were sent away, and there was a chance of recovery for those who took the brandy, none for those who did not. He described the patients as very cheerful, and suggested that this system of treatment ought to be introduced into Scotland, the present time certainly being opportune, owing to the Cimmerian darkness in which we are enveloped. He considered the use of the term "galloping consumption" as applied to Dr. Anderson's case decidedly "horsey," and likely to mislead the public. If Dr. Anderson had succeeded in arresting the progress of a case of acute tuberculosis of the lung, he had accomplished what no other person had hitherto achieved. Dr. Charteris seemed to express the feeling of the majority of the meeting. Dr. Perry made some remarks likewise deprecating the use of the term applied by Dr. Anderson. He was followed by Mr. Reid, who spoke in a similar strain. Consumption, according to him, meant tuberculosis, and if we were to admit the term here applied, we must acknowledge the other comparative degrees; then we would have "the walking consumption, the trotting consumption, and the galloping consumption." He considered Dr. Anderson's case as one of pleuro-broncho-pneumonia. Dr. Martin narrated certain cases of recovery from phthisis. Dr. McPhie referred to the thoroughly exploded notion that an immunity from consumption exists in some of the Hebrides, and was understood to say that in certain cases consumption appeared when better houses were built, particularly, he noticed, with slated roofs. Dr. Anderson, in reply, stated that he did not allege that this case was one of tubercular consumption, and that it was impossible during life (and very difficult after death according to Dr. Coats) to diagnose the tubercular from the non-tubercular phthisis. It is surely high time that there was some consensus of opinion as to the term "consumption." There can be no doubt that hitherto it has been associated in the minds of the great bulk of the profession with the deposition of tubercular matter, and that such cases were regarded as almost necessarily fatal, in what has been popularly called the "galloping form." That the lung tissue may break down in consequence of inflammation is undoubted; but cases of this description have never been regarded as "consumption." The application of the term "galloping consumption" in such cases as Dr. Anderson's has the appearance of *ad captandum vulgus*, and ought to be abandoned, or rather ought never to have been employed.

Matriculation of Medical Students at the University of Edinburgh.—Out of the gross number of 2,510 students who matriculated at the University of Edinburgh this session, no less than 1,138 are students of medicine, viz., first year, 337; second year 277; third year, 257; and fourth year, 267. This is an increase of 96 students of medicine as compared with last year.

Registrar-General's Return for November.—The monthly return of births, deaths, and marriages states that there were registered in the eight principal towns in Scotland, during November, 1879, the births of 3,182 children, of whom 1,625 were males and 1,557 females. The deaths of 1,833 persons were registered in the eight towns during November, of whom 938 were males and 895 females. This is the smallest number recorded for any month of November since that of 1855, and, allowing for increase of population, is 880 under the average for the month during the past ten years. A comparison of the deaths registered in the eight principal towns shows that during November the mortality was at the annual rate of 15 deaths per 1,000 persons in Leith and in Greenock, 16 in Dundee, 17 in Edinburgh, 18 in Glasgow and in Paisley, and 19 in Perth and in Aberdeen. Of the 1,833 deaths, 757, or 41 per cent., were of children under five years of age; in Perth 27 per cent. of the persons who died were under five years of age; in Paisley 29; in Greenock 31; in Dundee 37; in Aberdeen 40; in Edinburgh 41; in Glasgow 44; and in Leith 56 per cent. The miasmatic order of the zymotic (epidemic and contagious) class of diseases proved fatal to 274 persons, constituting 14·9 per cent. of the whole mortality. Fever caused 40 deaths, of which 13 were tabulated as typhus, 26 as enteric, and 1 as simple continued fever. The most fatal epidemic was whooping-cough, which caused 60 deaths, or 3·3 per cent. of the whole mortality. Of these 13 occurred in Aberdeen, being at the rate of 8·0 per cent. of the deaths in that

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town. The deaths from inflammatory affections of the respiratory organs (not including consumption, whooping-cough, or croup) amounted to 421, or 23·0 per cent. Those from consumption alone numbered 213, or 11·6 per cent. Four deaths were ascribed to the direct effects of intemperance.

KILMARNOCK FEVER HOSPITAL AND INFIRMARY.—The annual meeting of the subscribers to this institution was held on the 10th inst., Provost Sturrock presiding. The annual report showed that 488 cases had been treated during the year, being 62 in excess of last year. The funds were declared to be in a very satisfactory condition. A special vote of thanks was accorded to Dr. Borland, the Surgeon to the institution; and Dr. Macfarlane was elected a Consulting Physician.

HEALTH OF EDINBURGH.—For the week ending December 6th, the mortality of Edinburgh rose from 85 to 92, and the death rate is 22 per 1,000. Chest diseases have proved unusually fatal in old people in all parts of the city. The zymotic mortality continues low.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court held on the 8th inst., *inter alia*, J. O. Affleck, M.D., F.R.C.P. Edin., was recognised as a teacher of medicine in Edinburgh, whose lectures on the Practice of Physic should qualify for graduation in medicine in the University, in terms of Ordinance No. 8, sec. vi. Further, the fees for the classes of Operative Surgery and of Practical Gynæcology were raised from £2 2s. to £3 3s.

GLASGOW ASSOCIATION FOR PROVIDING TRAINED NURSES.—The Association for Providing Trained Nurses for the West of Scotland held their fourth annual meeting in the Religious Institution Rooms, Glasgow, on the 10th inst., Dr. A. B. McGregor presiding. The report stated that the institution was in a highly prosperous condition. During the past year five nurses had made 12,179 house-to-house visits. The cases overtaken in this manner numbered 705, and other 33 patients had been supplied with nurses permanently at merely nominal fees or gratuitously. While there had been less demand for nurses in the past few months, they were very busy, and went greater distances than before in the earlier part of the year. The income amounted to £1,584 3s., and the expenditure to £1,142 2s. 8d.

ROYAL SCOTTISH ACADEMY.—On the 10th inst., in the Life School of the Royal Scottish Academy, Professor Turner, Honorary Professor of Anatomy to the Academy, gave the first of two demonstrations from the living subject. There was a large attendance of students, the President and several members of the Academy, and the Hon. Bouverie F. Primrose being also present. At the close of a most interesting lecture, which was followed with close attention, the President conveyed to Professor Turner the thanks of the Academy and of the students.

HEALTH OF HILLHEAD.—The report of the medical officer (Dr. Christie) of this burgh has just been issued. It states that during the month of November 16 births and 5 deaths were registered as having occurred within the burgh of Hillhead, being at the annual rate of 29·54 births, and 9·23 deaths per 1,000 of estimated population. Of the births 10 were males and 6 females—13 legitimate, and 3 illegitimate. The causes of death were senile decay, congestion of the lungs, phthisis, whooping-cough, and croup, one case of each; the fatal cases of illness being all, with one exception, due to affections of the respiratory organs. The ages at death were 88 years, 66 years, the remainder being under 4 years of age. Isolated cases of illness from whooping-cough, measles, and scarlatina have occurred, but as yet no adequate cause has been ascertained.

GLASGOW ROYAL INFIRMARY.—AURAL SURGEONCY.—This appointment is at present vacant, owing to the resignation of Dr. Cassells. Doubtless there will be a keen struggle for the office. The reason assigned by Dr. Cassells is the somewhat serious one that he had been refused the assistance he deemed necessary for the proper conduct of his clinique. Surely this is an animadversion on some one in authority which ought to receive the attention of the directors. Following upon this resignation we understand that Dr. Cassells intends opening a practical class for instruction in diseases of the ear in "The Glasgow Dispensary for Diseases of the Ear," Buchanan Street, the course beginning on the 10th January, 1880.

DISPENSARY FOR DISEASES OF THE THROAT.—Dr. Foulis has commenced a series of lectures and demonstrations at this dispensary for senior students and practitioners. The lectures are to be delivered on the Saturdays of December, January, and February. We cordially commend this method of extramural lecturing, and hope to find the example thus set largely followed in Glasgow. We understand that Dr. A. D. Stewart has in contemplation the formation of a class for ear diseases, and Dr. Maclean, for throat diseases, at the Glasgow Public Dispensary.

ALLEGED CASE OF HYDROPHOBIA IN FIFE.—A domestic servant, about nineteen years of age, residing with her parents in the parish of Auchterderran, has died after a few hours' illness from what is believed to have been hydrophobia. For six months past she has been engaged as a domestic servant with an eminent physician in Edinburgh, and having received a few days to visit her parents, she reached home in what seemed her usual good health. She attended the church on Sunday with her sister, and after returning home she felt thirsty, and on procuring water she had some difficulty in swallowing it. When tea was tried she could not take it, and a pain, which during the day she had felt in her back, increased. A medical gentleman was called in. It was at first thought that she was suffering from some pulmonary complaint. Ultimately, however, the physician came to the conclusion that the symptoms were undoubtedly those of hydrophobia, and for several hours before her death the symptoms became more decided. It has since been found that about eleven years ago she had been bitten on the right thumb by a bull-dog, which her parents kept, and that the wound soon healed up. It has now been remarked that she felt considerable pain in the bitten hand some two years ago.

GLASGOW DEATH RATE.—During the past week an intense frost prevailed in Glasgow, and a very thick fog hung over the city; as a consequence the death rate has considerably advanced, being now at the rate of 25 per 1,000 per annum, against 17 in the preceding week, and 26, 24, and 23 in the corresponding periods of 1878, 1877, and 1876.

ABERDEEN FREE CHURCH COLLEGE.—Dr. M'Kendrick, Professor of Physiology in the University of Glasgow, has been selected to deliver this year's Thomson Lectures on Natural History and Theology in the Free Church College, Aberdeen. The first lecture, "On the Brain and the Senses," will be delivered on Friday. These lectures were begun last year, the then lecturer being Dr. Ludner Brunton of London.

HEALTH OF GOVAN.—Dr. Aitken, the Medical Officer of Health for Govan, reports that the total number of deaths registered in the burgh during the month of November was 64, being at the rate of 16·34 per 1,000. Consumption caused 11 deaths, bronchitis 8, inflammation of the lungs 6, diphtheria 2, measles 1, and scarlet fever 1.

HIGH DEATH-RATE OF STIRLING.—At the monthly meeting of the Local Authority at Stirling, held on the 8th inst., the medical officer's report for November was read, and showed that there had been thirty-eight deaths in the Parliamentary burgh, being at the rate of 30 per 1,000 per annum. Dr. McFadyen attributed the high mortality to the effect of the severe weather on the old and very young, no less than 10 deaths occurring of children under two years of age attributable to cold.

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Correspondence.

IRIDECTOMY AND SCLEROTOMY IN GLAUCOMA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I believe I was one of the first to call attention to the advantages of sclerotomy in the treatment of glaucoma. My experiences and the particulars of some of my earlier cases were given in a paper read before the Clinical Society on April 28th, 1876. The concluding words of that paper were:—"My own impression is that iridectomy will become every day less commonly employed, and that the operation I have described (subconjunctival sclerotomy) is the future remedy for the great majority of cases of glaucoma."

At the date of my paper few ophthalmic surgeons performed sclerotomy in this country. It is now much more commonly used, but not, I think, as you, sir, seem to imply in your editorial article, to the exclusion of iridectomy. According to my experience there are still cases of glaucoma in which iridectomy is the only reliable operation. They are—(1), the very acute cases; (2), those in which eserine fairly used fails to reduce tension; and (3), all those in which there has been precedent iritis with resulting synechiæ. I have in my recently-published work on "Eye-ball Tension" given illustrations of the value of both operations, and an instance in which, after the failure of sclerotomy, iridectomy succeeded. I am, however, still inclined to think, as I did in 1876, that iridectomy will never be so absolutely relied on as it once was as a remedy or glaucoma.

But, sir, this revoluion of opinion among ophthalmic surgeons, must not be looked upon as a retrograde movement. Sclerotomy is as much an operation of precision as iridectomy, and is a very different thing from a mere puncture of the sclerotic. It is true that in some cases a puncture of the sclerotic will relieve tension; so also will a puncture of the cornea, as was long ago pointed out by Gräfe himself; but neither of these expedients are reliable; whereas we have now abundant proofs that sclerotomy is a thoroughly reliable operation.

Hence, sir, I cannot but think that your strictures on ophthalmic surgery are hardly deserved. There is, however, another reason why sclerotomy can now be more often resorted to than formerly. We have now in eserine in a means of reducing tension of the eye-ball. We can, therefore, afford to wait even in cases that would appear otherwise urgent, and in the interval the choice of an operation can be made, without by delay endangering the integrity of the retina. But not only is this remedy (eserine) valuable before an operation. After sclerotomy we can by its means maintain a contracted state of the pupil, and can thus avoid a prolapse of the iris and its attendant dangers, the fear of which was one of the principal motives of excising a portion of this membrane in Gräfe's operations. I still hold, notwithstanding all that has been advanced against iridectomy, that we have in it the only reliable remedy for some of the worst cases of eye-ball tension, and venture to think that most ophthalmic surgeons of the present day would agree with me on this point.

I am, sir, your obedient servant,

W. SPENCER WATSON,
Senior Surgeon to the South London Ophthalmic Hospital, &c.

7 Henrietta Street, Cavendish Square, Dec. 10, 1879.

PROFESSIONAL MENTAL EPIDEMICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me to express my entire concurrence in the spirit of your leading article of last week on "Professional Mental Epidemics." In the history of medicine very many similar epidemics have been observed and placed on record, for they recur periodically amongst us. The discussion that followed the reading of Mr. Swanzy's paper on "Sclerotomy," at the Surgical Society, Dublin, is both significant and important, since it plainly denotes the change time has effected in the opinions of the leading ophthalmic surgeons with regard to the exaggerated views, at one time expressed of the value of iridectomy in glaucoma. You may perhaps remember that some fifteen years ago I enunciated what at the time was thought to be a very strong and decided opinion on the then increasing iridectomy proclivities for many and divers eye affections. The lapse of time and increasing experience has furnished no reason for the withdrawal of a single word I then uttered in condemnation of the mutilation of the eye. No physiological explanation, so far as I am aware, has been or could be offered of the supposed curative action of iridectomy, and therefore there has been an astute reticence observed by all its admirers this point, which has certainly saved them from an awkward dilemna. We remain, indeed, as much in the dark as we were when the operation was first imported into English eye practice, and "lauded as a panacea for all diseases of the eye." And I would venture to remind your readers of a fact that when Graefe first proposed and practised iridectomy he did so for the cure of recurring iritis, to diminish, as he said, "the intra-ocular pressure arising from the choroidal inflammation" which so often accompanied it. That his disciples looked upon this proposal as dangerous grounds to stand upon in defence of their practice is quite evident, as they very soon totally ignored the original proposal, and have persistently drawn all subsequent arguments and illustrations from a later one, namely, the employment of iridectomy for glaucoma. Subsequently, iridectomists, wishing to enlarge the scope of the operation, invented the ambiguous term "*glaucomatous affections.*" This term, as you imply, was apparently intended to include under one general heading divers different diseases, the only cure for which is cutting out a piece of the iris.

It is quite refreshing to find the majority of members of the Surgical Society of Dublin calling into question this very questionable operation, and it finds it broadly and emphatically laid down, "that there is no special advantage in abscising the iris, and that a simple incision made at the sclero-corneal juncture" is all that is necessary to relieve and cure glaucoma. This is exactly what I stated some twenty years ago, and it is high time "a public recantation of the iridectomy craze" took place, and that decided protest was launched against a form of "transient mental epidemic," which has led to the reckless practice in consulting rooms of cutting away a portion of the internal eye, with or without the consent of the patient, and has been the means of extracting a somewhat humiliating condemnation from an English judge and jury.

I am, &c.,

JABEZ HOGG.

1 Bedford Square, London, W.C.,
December 12, 1879.

Obituary.

DR. SOELBERG WELLS.

ONE more name to be added to the long death-roll of the current year, a year that has been unprecedentedly disastrous to the ranks of the medical profession. Soelberg Wells, M.D., F.R.C.S., died, on the 2nd inst., at Cannes, whither he had gone in search of quiet and a genial climate. As an ophthalmic surgeon, Dr. Wells had made for himself an enviable reputation, and was already, though comparatively a young man, favourably known in the department of ophthalmology in the great European centres of science. He enjoyed peculiar facilities for study, having been possessed of considerable means as a student, and thus able to spend a lengthy period at all the hospitals, at home and abroad, most worthy of attention. As assistant to Von Graefe, at Berlin, he acquired the great operative dexterity for which he was justly famed, and his appointment, in 1860, as clinical assistant to Mr. Bowman at the Royal London Ophthalmic Hospital, Moorfields, was an early recognition of his exceptional attainment in this direction. In 1867 Mr. Wells was elected to the post of Assistant-Surgeon to the institution he had already served for seven years; and this was followed in 1873 by promotion to the rank of Surgeon, this latter being held by him at the date of his death. In addition he was Ophthalmic Surgeon to King's College Hospital, and Professor of Ophthalmology in

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the College attached thereto. As an author Dr. Wells will always be regarded as occupying a foremost place. His work on "Diseases of the Eye," already in a fourth edition, will retain its value for a long period; and another book on "Long, Short, and Weak Sight" has reached a fourth edition. The estimation in which the deceased surgeon was held, both by private friends and in the profession, will make his loss keenly felt on all sides, and particularly is it more grievous as coming close on the death of so many brilliant ornaments to the medical world. Dr. Wells had been long ailing, and finally succumbed to an ill-understood liver disease.

DR. COATES.

We record with regret the death of this gentleman, one of the most respected provincial practitioners in Ireland, who died last week at an advanced age. Dr. Coates qualified as a member of the London College of Surgeons in 1841, and as M.D. of the Glasgow University in 1845, and has occupied the position of medical officer of the Portumna Workhouse and Dispensary almost as long as those institutions have existed. In the county in which Dr. Coates practised, and in the adjoining counties, he was greatly respected, and his professional services were in great demand. With the *Medical Press* his connexion was coequal with his professional life, and his name appears in our columns as the contributor of valuable papers and cases of lithotomy, double popliteal aneurism, fracture of the skull and trephining, etc. Dr. Coates was one of the last and most creditable representatives of his generation, and his death has a melancholy interest for the men of his time.

DR. HENRY H. STEWART.

We have to record to-day the death of one of the oldest, and in some respects most remarkable, of our *confrères*, Henry Hutchinson Stewart, F.R.C.S.I., M.D. Univ. Edin., which occurred on the 3rd inst., at his residence in Eccles Street. Born in April, 1797, he had nearly completed his eighty-third year. One of a large family in not very affluent circumstances, his father having been an army chaplain, he began at an early age to contribute to his own support by acting as "page" to the Duchess of Richmond, an office conferred on him by the Duke soon after he was appointed Lord-Lieutenant of Ireland, in 1807, partly to relieve his father of so much of the expense of his large family, and partly because of the attractive personal appearance of the boy. He remained in connection with the Irish Court for several years, and only began to study for the medical profession late in life, having arrived at his thirty-third year before he obtained the licence in surgery of the Irish College and the M.D. of the University of Edinburgh, soon after which he was appointed surgeon to Killucan Dispensary, an office he resigned after some years, and came to reside in Dublin, at the same time acting as medical attendant to the School for the Sons of the Irish Clergy, then located in the old "Spa House" at Lucan, but he never took a prominent part in the actual practice of his profession, though always manifesting a warm interest, both in its science and its welfare. He was subsequently appointed Governor to the "Hospitals of the House of Industry." At that time there was connected with the hospitals an establishment for chronic lunatics, which was always a source of trouble and inconvenience. Most of the inmates were very old. Many of them had been so long there, that their friends and connections had died out, and they were forgotten, and were altogether dependent on the Government for their support; and their presence at the hospital was so inconvenient that the Government, some twenty-five years ago, proposed to Dr. Stewart to place them under his charge, and pay him at a certain small rate for their support. He accepted the offer, and taking the Spa House at Lucan, which had been vacated by the school, fitted it up as an asylum, and removed the inmates of the "Hardwick Cells" to that much more wholesome and appropriate situation. It was thought at the time that they would all die off in a few years, and as the building afforded accommodation for it, and to guard himself against loss, he admitted lunatic patients from the middle classes at rates of payment much below those of ordinary private asylums. Thus originated the Lucan Spa Asylum for Middle-Class Lunatics, and provision was made for the protection and treatment of a class of patients above the grade of paupers, but unable to pay for admission to private asylums, and for whom no provision whatever existed in Ireland. But the old chronic lunatics were not neglected. He fed them so well, and took such good care of them, that though it was calculated they would all be dead within from ten to twelve years, many of them are still alive and able to mourn the loss of their kind and watchful friend.

The benefits accruing to society from the Asylum for Middle-Class Lunatics became every day more developed, and so gratified the kind old man, that when warned by age that he should give up some of his active employments, he determined to make provision for its permanent maintenance. He was more than once offered large sums for his interest in it, but he refused to sell it. About this time the establishment of an institution for the cure and education of idiots was being agitated, and Dr. Stewart believed that such an institution could be advantageously added on to his asylum. Accordingly he waited on the Committee, and proposed to them to hand over the asylum to them, from which at the time he was receiving a very large income, and to give them a sum of £5,000, on the condition that they would maintain the asylum so long as they could make it a paying concern, and derive a profit from it, to be devoted to the support of this institution. Then he gave to the movement the impulse which enabled it to go on, and we have now the two institutions accommodated in the noble building that overhangs the banks of the Liffey at Palmerston, and which has been so appropriately named the "Stewart Institution."

An earnest, an enthusiastic, and a benevolent man, a large contributor to the Royal Medical Benevolent Fund and other professional charities, sparing of expense on himself, he was always ready to give money to relieve the wants of others, and especially to educational and other projects calculated to improve and elevate his fellow-man.

GALLANTRY OF MEDICAL OFFICERS AT CABUL.

We note with gratification the record—by the *Standard's* special correspondent—of conspicuous bravery on the part of Surgeon-Major Bourke and Surgeon Duke, on the occasion of the explosion of the magazine at Cabul. The instant that the explosion took place the whole of the troops in the neighbourhood were ordered to leave the place with all haste, and did so at the top of their speed, the other magazines being expected to explode at any moment. Permission to search the Upper Bala Hissar for wounded was refused, and the ambulance was ordered out of the fort. Surgeon-Major Bourke then took a small party of his corps outside the walls, in the rear of the magazine, and called for volunteers to climb the walls and search for the wounded in the ruins. He was joined by Surgeon Duke and one man, Private Bambridge, of the Ambulance. The walls were climbed, three wounded men were found and let down with ropes, the ammunition exploding violently all the time, and the big magazine being momentarily expected to go off. After a thorough search no more wounded could be found, and the party withdrew, not too soon, for almost immediately afterwards there was another explosion as violent as the

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first, and several who had escaped the first explosion and were out on the plain, were killed or wounded.

DUBLIN PATHOLOGICAL SOCIETY.

In our issue of the 3rd inst. it was erroneously stated that Mr. Edward Hamilton was the outgoing President of the Dublin Pathological Society. It should have been Dr. William Moore. The error was not ours, for Mr. Hamilton's name appears both in the Irish and London Medical Directories for 1879, having been, of course, inadvertently furnished by the Hon. Sec.

Royal College of Surgeons of England.—The following members having passed the required examination for the Fellowship on Nov. 27th, 28th, and 29th, were, at a meeting of the Council held Dec. 11th, admitted Fellows of the College :—

Andrew, George, L.R.C.P. Lond., Englefield Green.
Hensman, Arthur, L.R.C.P. Edin., Harley Street, W.
Johnson, John, M.B. Melb., Melbourne.
Miller, Richard Shalders, M.B. Lond., Gower Street.
Robson, Arthur William Mayo, L.R.C.P. Lond., Leeds.

University of London.—The following are lists of the candidates who have passed the recent examinations :—

M.D. EXAMINATION.

Bury, Judson Sykes, B.S.	Nicholson, John F. (Gold Medal
Carrington, Robert Edmund	Paget, William Smith
Carter, William, LL.B., B.Sc.	Raine, George Rolph
Gadsby, John Topham, B.S.	Smith, Herbert Urmson
Glynn, Thomas Robinson	Uhthoff, John Caldwell
Hadden, Walter Baugh	

LOGIC AND PSYCHOLOGY ONLY.

Buchanan, Arthur	Lubbock, Montagu
Cattle, Charles Henry	Phillips, Sidney Philip
Edwardes, Edward Joshua	Silcock, Arthur Quarry, B.S.
Henderson, George Courtenay	Willoughby, Edward Francis

SECOND M.B. EXAMINATION.

MEDICINE.—*First Class.*

Smith, Robert Percy (Scholarship and Gold Medal)	*Mackern, George
Williams, Dawson (Gold Medal)	Gill, Richard, B.Sc.
	Pughe, Tiaeliesin Wilim Owen

Second Class.

Fuller, Thomas Warberton	Buckell, Arthur Edward
Boyd, James Stanley Newton	Hayle, Thomas Hahnemann
Bond, James William	Hine, John Edward
White, William Hale	

Third Class.

Herman, George Ernest	Hayward, Thomas Ernest
Taylor, Harold Gilbertson	

OBSTETRIC MEDICINE.—*First Class.*

Smith, Robert Percy (Scholarship and Gold Medal)	Gill, Richard
	Sheppard, Charles Edward
Fuller, Thomas Warberton (Gold Medal)	Herman, George Ernest

Second Class.

Gabb, James Percy Alwyne	Forsbrook, William Henry Russell
Hine, John Edward	

Third Class.

Williams, Dawson	Hayward, Thomas Ernest
Taylor, Harold Gilbertson	Boyd, James Stanley Newton
Buckell, Arthur Edward	Pughe, Tiaeliesin Wilim Owen

FORENSIC MEDICINE.—*First Class.*

Taylor, Harold Gilbertson (Gold Medal)	Hayward, Thomas Ernest
	Sheppard, Charles Edward

Second Class.

Pughe, Tiaeliesin Wilim Owen	Barling, Gilbert Harry
Sainsbury, Harrington	Hine, John Edward
Smith, Robert Percy	

Third Class.

Bond, James William	Maylard, Alfred Ernest
Hayle, Thomas Hahnemann	Colquhoun, Daniel

* Obtained the number of marks qualifying for a Gold Medal.

N.B.—The bracket indicates equality of merit.

B.S. EXAMINATION.

First Division.

Boyd, James Stanley Newton	Pughe, Rhinallt Navalaw ap Joan
Maylard, Alfred Ernest	

Second Division.

Bond, James William	Williams, Dawson
Jones, Thomas	

Second Class.

Jones, Thomas	Boyd, James Stanley Newton

Third Class.—Bond, James William.

NOTICES TO CORRESPONDENTS.

DR. J. DRYSDALE, Liverpool.—The lectures by Dr. Greenfield at the University of London, which commence to-day (Wednesday), will probably be published in book-form.

DR. HARRIS.—Yes, on Saturday last.

MR. COTTERELL.—We have already noticed it, in one of the November numbers.

"THE INVENTION OF THE IMMERSION PARABOLOID."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I imagine that there must be some mistake which has given rise to the editorial opinion appended to Dr. Edmunds' long letter in your last issue to the effect that his paraboloid is a different and distinct invention.

It is a positive fact that he cannot possibly possess the one illustrated full size in my paper of 1856; he must, therefore, have submitted to your inspection a small *animalculæ cage* consisting of a tiny paraboloid which I presented to Mr. Crisp as a curiosity. Objects on the ordinary slides cannot be illuminated with this at all.

I trust that you will in justice insert this notice, as the comparison could not correctly represent the case.

Yours, &c.,

Dec. 11, 1879. F. H. WENHAM.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As I am sure you will not sanction the use of the great authority of the *Medical Press and Circular* for the purpose of malicious defamation, I beg leave to state the following facts :—

A reprint of defamatory letters from Mr. John Mayall, jun., and Mr. F. H. Wenham, but with material portions cut out, and without Dr. Edmunds' reply, or your adjudication upon the controversy, has been sent by post to myself, to the Matron, and to the Secretary of this hospital (London Temperance Hospital), the directions being, as I believe, in the hand-writing of Mr. J. Mayall, jun.

It is obvious that this misleading reprint cannot have been sent to the Matron or Secretary of the hospital where Dr. Edmunds is senior physician except for malicious purposes; and as the reprint may have been widely circulated in other directions where Dr. Edmunds' reply, as published in your issue of the 10th inst. will never be seen, I think that an opportunity of repudiating all part in this contemptible act should be given Mr. John Mayall in your columns.

Yours, &c.,

SYDNEY L. SMITH, M.R.C.S., L.R.C.P.Ed.

London Temperance Hospital,
Dec. 13th.

[*** Having every desire to do justice to both sides, we have inserted the above short notes by way of explanation. Under no circumstances can we re-open the correspondence.—ED.]

LE DR. JOSE ROLRIGUES, Lisbon.—Many thanks.

DR. P. C.—Thanks for the information, which shall be utilised.

MR. B. and DR. D. are thanked; but the individual is beneath notice.

MR. FELLOWES will probably find what he requires at Stanford's, the Geographer, Charing Cross.

DR. BERKART.—Your communication, "On Benzoate of Soda in a Case of Syphilitic Lupus," shall appear, if possible, in our next.

APPOINTMENTS.

ADAM, J., M.D., Medical Superintendent of the Crichton Royal Institution, Dumfries.

BLAKELY, S., M.D., M.R.C.S.E., Certifying Factory Surgeon for the District of Fivemiletown, co. Tyrone.

HENRY, R., M.D., Certifying Factory Surgeon for the District of Brookborough, co. Fermanagh.

HOLMES, N. W., L.R.C.P., L.R.C.S.Ed., House Surgeon to the Manchester Southern Hospital for Diseases of Women and Children.

KNOX, T., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Certifying Factory Surgeon for the District of Maguiresbridge, co. Fermanagh.

MCNEILL, J. P., M.D., L.R.C.S.I., Medical Officer for the Tiverton East and West Districts of the Tiverton Union.

MORRISSY, Dr. E., Medical Officer and Medical Officer of Health for the Kingscourt Dispensary District of the Bailliebrough Union, co. Cavan.

NAVY MEDICAL DEPARTMENT.—In accordance with the provisions of an Order in Council of Feb. 4, 1875, the under-mentioned Fleet Surgeons have been placed on the Retired List from the 30th ult., with permission to assume the rank and title of Retired Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet from the same date: A. Fisher, M.D.; H. Harkan; J. Long, M.D.

INDIAN MEDICAL SERVICE.—To be Surgeons-General: Deputy Surgeon-General R. Cockburn, of the Bengal Army; Deputy Surgeon-General W. Williamson, of the Madras Army. Deputy Surgeon-General E. C. Thorp, M.D., of the Bengal Army, retires.

Marriages.

MARKS—DODS.—On Sept. 23, at St. Mary's, Brisbane, Queensland, Australia, Charles F. Marks, M.D., eldest son of A. H. Marks, M.D., of Dublin, to Elizabeth, widow of the late B. S. Dods, of Dunedin, N.Z., and daughter of the late James Dickson Stodart, of Melbourne.

Deaths.

HUGHES.—On Nov. 22, at Lymestone, Devon, Robt. Hughes, F.R.C.S., formerly of Stafford, aged 77.

MORRIS.—On Dec. 13, at Combe Down, Bath, Trevor Morris, M.D., aged 84.

RABLAH.—On Dec. 9, at Hanover House, Scarborough, James Joseph Rablah, L.F.P.Glas., M.R.C.S.Eng., aged 37.

ROSSITER.—On Dec. 4, at Southfield Villa, Taunton, Frederick, Wm. Rossiter, Surgeon, aged 72.

TASKER.—On Dec. 8, at Melbourne, Derby, Richard Thomas Tasker, M.R.C.S., L.S.A.L., aged 61.

THOM.—On Nov. 11, at Lahore, India, Henry Thom, M.D., F.R.C.S., Surgeon-Major Bengal Medical Service, aged 48.

WELLS.—On Dec. 8, at Budleigh Salterton, Devon, Anna, widow of the late Wm. Wells, M.R.C.S.

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IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

POOR-LAW MEDICAL AMENDMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my letter of the 22nd of October, adverting to the shortcomings of the Irish Poor Law Medical Service, I detailed and suggested remedial measures calculated to dissipate the more salient grievances under which we labour. Had that exposition been followed up, as expected, by several others, embodying the enlightened views and mature suggestions of our ablest members, the Irish Medical Association, encouraged by the support and assistance of the profession, would undoubtedly formulate and commend to general acceptance a feasible scheme of reform, worthy of the recognised ability and undeviating solicitude they have always evinced on our behalf. Though unsuccessful in the main, my letter has elicited some suggestive correspondence useful (apart from their intrinsic merit), by showing that there are still amongst us a few—active, generous, and ambitious—who grudge neither time, trouble, or money towards achieving the emancipation of their fellow chips. Much has, and more might have been accomplished, but that the bulk of the profession are immersed in hopeless, apathetic indolence, devoid of spirit, enterprise, and ambition. Alike callous and indifferent, they stand aloof from every effort of reform, withhold the petty contributions towards the Irish Medical Association, and even the medical journals, and yet (*O mores!*) they are not above grasping at the advantages accruing from the labours and resources of others as hard worked and ill paid as themselves.

Perusal of Swift's little fable, as given in page 472, *Medical Press*, 29th Nov., 1879, will be useful to all, inasmuch as the moral is simple and instructive, and should impress each of us with the necessity of co-operation and unity of action. As this can only be attained through the Irish Medical Association, our first effort should be to secure to that body a degree of support and recognition worthy of their deserts, and more creditable to the profession than any heretofore accorded them. The gentleman, who in your issue of the 5th of Nov., 1879, subscribed himself "One who receives little money and less thanks for his services," gave it as his opinion that if properly managed, almost every Poor-law medical officer in Ireland could be induced to contribute to the Association: I fully agree with him, and consider many suggestions contained in his letter worthy of note.

My original scheme commended itself, by reason of its fruition depending almost exclusively on ourselves. Dr. Haslet (*Medical Press*, Nov. 26, 1879) takes exception to making minimum salaries a condition of acceptance of office. I still hold this to be necessary, and feel that we are already in a manner pledged to it, for have we not, before getting our degrees, made a solemn declaration to sustain the honour and integrity of the profession by every means in our power? And I may add that, acceptance of those almost servile positions, at what I may designate menial remuneration, has by lessening professional pride and personal independence, done more to undermine the general character and social status of the profession than the united efforts of all our enemies could ever accomplish. Upon other remarks, anent my letter of the 22nd of October, I do not purpose making any comment, for, like my observations, they have not, I presume, escaped the vigilance of our Association, who will, no doubt, elide and attach due significance to every useful suggestion. If my talent and attainments were at all commensurate with the spirit and enterprise with which I have been gifted, there were amongst you a much needed "Brutus Anthony" who would stir up men's blood. But as things are, I only can and always will, exert myself to uphold the dignity, social status, and financial recognition of the profession to which I have the honour to belong. Though I purpose again returning to the subject of reform, I do not intend making any suggestions here; but it strikes me—and as time is of importance in the matter, it may be as well to mention—that the present would be an opportune occasion for the issue of a circular to every board of guardians in Ireland, conveying a petition to Government that forasmuch as Poor-law medical officers are as essential to the well-being of the State as their *confrères* of the army and navy, their entire salaries should, in like manner, be paid out of the Imperial exchequer, thereby relieving the over-burdened ratepayers of an unwarrantable imposition. Such a petition would, undoubtedly, be unanimously and ubiquitously adopted, and might be productive of much good. For some weeks past, through some postal or other irregularity deserving of attention, the *Medical Press* did not reach me, and I presume others, till Saturday afternoon, thereby precluding reply or comment in the next issue on any observations contained in the preceding number.

In deference to Dr. Haslet's suggestion, as appearing in the *Medical Press*, Nov. 26th, 1879, I append my name, though, as may be inferred, such was not my original intention.

Your faithful servant,

CHARLES E. CREAN, L.R.C.S.I., &c.

Ballyhannis, Dec. 6, 1879.

ABBEYLEIX UNION.

THE MEDICAL OFFICERS OF HEALTH AND SANITARY PROSECUTIONS.

THE following letters were read:—

"Durrow, November 17th, 1879.

"DEAR SIR,—Yours of the 10th inst. received, with a copy of a resolution passed by the Sanitary Authority on the 14th ult., viz.:—'That the salary to be paid each medical officer of health shall include his attendance at petty sessions in sanitary prosecutions.'

"With great respect I would observe that the terms of this resolution are not in accordance with the 258th sec. of the Public Health Act of 1878, which provides that any such arrangement shall be by agreement between the Sanitary Authority and the Medical Officer of Health, and I cannot consent to give my services at sanitary prosecutions

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without remuneration. I beg respectfully to say that the resolution referred to cannot debar me from claiming the fees to which I am legally entitled under the above-mentioned section.

Yours, &c.,

"J. R. PALMER."

"Castletown, Mountrath, 11th November.

"DEAR SIR,—I received your circular, with a copy of a resolution adopted by the Board of Guardians at its last meeting. I will be obliged by your informing the Board that the resolution is in no way binding on me.

Yours truly,

"W. HANRAHAN."

STRADBALLY DISPENSARY.

THE Clerk read the following :—

"Stradbally, December 9th, 1879.

"SIR,—The medical officer of this district having notified to the honorary secretary his unfitness to attend to his dispensary duties owing to illness, there was an extraordinary meeting of the committee of management held this day to consider the appointment of a *locum tenens*. Dr. Percival having recommended Dr. Dugdale, the meeting unanimously agreed to it.

"JOHN M'LAUGHLIN, Hon. Secretary."

Mr. Brennan—I object, Mr. Chairman, to a meeting of that kind. I would not sanction any proceedings done at a meeting that was not convened by circular. There is a sentence in that letter to the effect that "the doctor recommended." The doctor should not have recommended anything; that is for the committee of management.

Chairman—In cases of this kind it is usual for the doctor to recommend a person as his *locum tenens*, and it is then for the committee to approve or disapprove.

The letter was then marked read.

[If Mr. Brennan will take the trouble to look at the 23rd of the Dispenaary Regulations, he will find that the medical officer is bound to "recommend."—ED.]

MONAGHAN FEVER HOSPITAL.

A MEETING of the subscribers to this institution and magistrates of the county was held, for the purpose of electing a physician to that institution in the room of Dr. Ross, resigned.

The Chairman said the first thing to be done was to ascertain who were entitled to vote. Those who had been subscribers for one year of a guinea and upwards, were entitled to that privilege. His lordship read the sections 4 and 5 William IV., ch. 26, bearing on the subject.

Mr. M'Minn said he would ask his lordship to read the other sections of the Act on behalf of Dr. Woods, especially 58 Geo. III., ch. 47, sec. 1.

After a long discussion, the Chairman believed the section he had read at the commencement prohibited every person from voting except those who had been for the year 1878 subscribers of one guinea each.

Applications were then read from Dr. Hall and Dr. Woods, together with their diplomas and testimonials. Applications were also read from Dr. Ingram and Dr. G. H. Young, of Old Town, Rathdowney ; but those gentlemen were not in attendance, nor had they sent forward testimonials.

The voting was as follows :—For Dr. Hall, 17 ; for Dr. Woods, 24.

Lord Dartrey declared Dr. Woods duly elected, by a majority of seven votes.

DROGHEDA UNION.

THE PUBLIC HEALTH ACT.

SIR,—I have the honour to report to you, for the information of the board of guardians of Drogheda union, that no case of infectious disease occurred among the dispensary patients in the St. Peter's (West) District, during the month of November.

I herewith enclose an extract from the annual returns of the district, contrasting the number of cases of preventible diseases which occurred in the district during the six years prior and the six years subsequent to the coming into operation of the Sanitary Act, which, I hope, may prove interesting to the guardians, and encouraging to the sanitary authority.

I have the honour to be, sir,

Your obedient servant,

J. BELLEW KELLY, F.R.C.S.I,
Medical Officer.

Infectious and Preventible Diseases which occurred during Twelve years ended 30th September, 1879.

For the six years prior to the Sanitary Act coming into operation.		For the six years subsequent to the Sanitary Act coming into operation.	
1868 to 1873.	No.	1874 to 1879.	No.
Fever . . .	150	Fever . . .	114
Scarlatina . .	216	Scarlatina . .	26
Measles . . .	61	Measles . . .	14
Small-pox . .	54	Small-pox . .	0
Diarrhœa . .	113	Diarrhœa . .	0
Tota . .	594	Total . .	154
Average per annum for the six years . .	99	Average per annum for the six years . .	25½

WORKHOUSE COFFINS.

WE learn, from the *Ballina Herald*, "that at a recent funeral of a pauper in the parish churchyard, the rector and a number of people had to stand around the grave while a messenger was sent into town for a hammer and a few nails to put the coffin, provided by the liberality of the board of guardians, together, in order that it might be lowered into the grave with safety. It was a disgraceful spectacle, and the persons around were not sparing of their comments on the liberality of the Board."

THE WAY IRISH DISPENSARIES ARE LOOKED AFTER.

AT the last meeting of the Montmellick (Queen's co.) Guardians, the following letter was read :—

GENTLEMEN,—I beg to bring under your notice the state of matters here relative to medical appliances should any epidemic occur in this severe weather. There has been no committee formed since April, 1878, and, of course, no meeting held. In April, 1879, the late chairman and secretary attended, but no third party could be got to form a quorum, so matters remained as they were. I believe there has not been a medical inspector here for years, and if an examination of the drugs took place, it would be found that there is a great deficiency of those most useful and necessary things, and that a fresh supply is required. I am, &c.,

GEORGE NEALE.

The Chairman said the board of guardians could do nothing in the matter, if the committee did not think well of holding a meeting.

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BALROTHERY UNION.

Dr. W. E. Adrien, of Oldtown has resigned as medical officer to the workhouse, a post he had held for nearly forty years.

The Board of Guardians, in accepting his resignation, adopted the following resolution :—

"That, in accepting the resignation of Dr. Adrien, we desire to place on record our deep sense and high appreciation of the very estimable manner in which he has at all times discharged the onerous and important duties of medical officer of our workhouse; and, while we regret that advancing years should render it necessary that he should sever his connection with us, we trust he may be spared to enjoy a long life of ease and happiness in his retirement from that position which he has so faithfully and efficiently filled for such a lengthened period."

OMAGH UNION.

DISPENSARY ASSISTANT.—MEDICAL OFFICER.

Another letter from the L. G. B. was read, as follows :—

"With reference to the minutes of the Board of Guardians of the Omagh Union, on the 1st ult., inquiring whether it was necessary for the Guardians to express their approval or disapproval of the proposal of the Committee of Management of the Omagh Dispensary District, to permit Dr. H. B. Fleming, medical officer of the district, to continue at his own expense the service of an assistant in the discharge of the duties of the district—the L. G. B. for Ireland desire to state that inasmuch as there is no salary in question, any expression of opinion by the guardians is unnecessary."

TO READERS.

The Editor will feel especially obliged by receiving copies of newspapers which contain any Poor-law or other intelligence of medical interest, in order that he may, if fit, republish it for the benefit of the readers of the *Medica Press.* Although twenty-one of the leading Irish newspapers are received at the Irish office, many things may escape notice which are deserving of attention. Newspapers should be marked, and addre sse to Dr. Jacob, at the Dublin office of this paper.

NUMBER AND PERCENTAGE OF PERSONS REGISTERED WITH ONE, TWO, OR MORE QUALIFICATIONS IN THE "MEDICAL REGISTER" FOR 1879.

Number of Qualifications Registered.	One Qualification.	Two Qualifications.	Three Qualifications.	Four Qualifications.	Five Qualifications.	Six Qualifications.	Seven Qualifications.	Total.
Number of Persons registered	4,363	12,870	4,366	812	141	10	2	2,564
Percentage of the Total Number of 22,564	19·33	57·04	19·35	3·59	0·63	0·05	0·01	100

DUBLIN HOSPITAL STATISTICS.

(*From the latest Report of the Board of Superintendence for the year ending March 31st, 1878.*)

Name of Hospital.	Number of Patients.				Present Bed Accommodation for								
	Total under treatment in the year.	Average daily number o Beds occupied through the year.	Average number of Days spent in Hospital by each under treatment.	Mortality per cent. on the total treated to a t r- mination.	Fever Patients.	Other Medical Patients.	Surgical Patients.	Syphilitic and Gonorrhœal Patients.	Lying-in Hospital Patients. Labour Patients.	Lying-in Hospital Patients. Chronic Female Diseases.	Incurable Patients.	Ophthalmic Patients.	Total Bed Accommodation.
Westmorland Lock	752	58·27	28·28	2·00	—	—	—	150	—	—	—	—	150
Steevens's	2,415	140·01	21·16	1·77	20	54	141	15	—	—	—	—	230
Meath :—Infirmary Wards ...	1,413	98·66	25·49	5·50	36	30	51	—	—	—	—	—	117
Fever					—	—	—	—	—	—	—	—	
Cork Street Fever	981	47·00	17·49	10·52	120	—	—	—	—	—	—	—	120
House of Industry :													
Hardwicke	849	43·55	18·72	14·01	120	—	—	—	—	—	—	—	120
Whitworth	911	57·55	23·06	9·65	—	82	—	—	—	—	—	—	82
Richmond	1,060	87·38	30·09	3·69	—	—	120	—	—	—	—	—	120
Rotunda :—Labour Wards * ...	1,351	28·63	7·74	0·99	—	—	—	—	70	—	—	—	70
Chronic ,, ...	429	23·11	19·66	3·96	—	—	—	—	—	35	—	—	35
Coombe :—Labour Wards * ...	563	11·60	7·06	1·08	—	—	—	—	30	—	—	—	30
Chronic ,, ...	80	10·21	46·58	1·59	—	—	—	—	—	9	—	—	9
Incurables	177	135·67	279·77	86·67	—	—	—	—	—	—	160	—	160
St. Mark's	570	25·65	16·43	—	—	—	—	—	—	—	—	36	36
Total	11,551	767·29	—	—	296	166	312	165	100	44	160	36	1,279

* 15 patients from the Rotunda and 37 from the Coombe discharged not in labour.

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CHIEF HEADS OF EXPENDITURE OF EACH HOSPITAL.

Name of Hospital	Expenditure for Maintenance for				Expenditure for Establishment for							Total Expenditure
		Surgical Instruments & other Medical & Surgical Appliances	Clothing of Patients.	Total Maintenance	Salaries of Officers.	Wages of Servants.	Rations of Officers and Servants.	Rent, Taxes, and Insurance.	Buildings & Furnishing such Buildings.	Stationery, Printing, and Advertising.	Establishment.	
	£	£	£	£ s. d.	£	£	£	£	£	£	£ s. d.	£ s. d.
Westmorland Lock	472	20	39	770 16 5	607	225	87	24	744	16	2,233 19 9	3,004 16 2
Steevens's	1,805	188	—	2,741 9 1	672	401	503	19	277	46	3,759 3 11	6,500 13 0
Meath	1,646	45	5	2,189 1 3	365	449	290	28	533	27	2,582 1 1	4,771 2 4
Cork Street ...	1724	1	50	1,088 10 5	718	385	406	116	958	62	3,233 14 4	4,322 4 9
House of Industry	1,584	298	75	2,922 19 10	1,186	648	957	434	672	85	5,344 8 5	8,267 8 3
Rotunda Lying - in	806	38		1,025 3 3	183	273	*399	10	223	54	2,047 0 1	3,072 3 4
Coombe ,,	251	39	—	423 15 2	382	182	159	52	18	69	1,315 17 7	1,739 12 9
Incurables... ...	1,536	—	113	2,195 5 10	441	328	—	19	89	61	1,424 6 3	3,619 12 1
St. Mark's... ...	238	19	5	381 16 10	200	110	61	22	33	43	755 10 5	1,137 7 3
	9,065	663	291	13,738 18 1	4,758	3,006	2,865	724	3,551	463	22,696 1 10	36,434 19 11

* After elimination of £210 paid by female midwifery pupils for their maintenance.

SOURCES OF INCOME OF EACH HOSPITAL WHICH RECEIVES A GOVERNMENT GRANT.

Name of Hospital.	Income from											Total Income.
	Government Grants	Treasury Receipts under County Infirmary Acts	Subscriptions and Donations		Interest on Property	Assessments on City of Dublin	House, Landed or other Property	Pay Patients	Charity Sermons	Annuities	Incidentals	
	£	£	£	£	£	£	£	£	£	£	£	£ s. d.
Westmorland Lock	2,600	—	—	—	—	—	2,464	1,102	—	—	12	2,612 15 4
Steevens's	1,300	—	555	500	334	—			—	—	10s.	6,257 1 4
Meath †	599	87	907	594	190	400	137	—	444	—	17	3,981 7 5
Cork Street ...	2,500	—	435	—	659	287	216	—	186	42	7	4,334 18 3
House of Industry	7,345	—	6	—	127	—	—	364	—	—	49	7,893 15 5
Rotunda Lying-in ‡	700	—	829	109	242	400	349	255	235	189	14	3,462 2 10
Coombe ,,	200	—	569	—	40	520	—	17	—	—	145	1,500 15 5
Incurables ‖ ...	249	43	1,251	1,402	2,419	—	—	—	48	—	68	5,784 14 1
St. Mark's... ...	100	—	*452	—	73	100	—	183	184	—	43	1,147 7 3
Total	15,595	131	5,007	2,607	4,087	1,707	3,168	1,921	1,100	231	360	36,974 17 4

* Exclusive of £806 11s. 0d. received from various sources during the year on account of building fund.
† Received also £600 as County Grant. ‖ Received also £300 as County Grant. ‡ Also £137 for Profits on Rotunda Rooms.

AVERAGE COST PER BED FOR MAINTENANCE AND FOR ESTABLISHMENT

Name of Hospital.	Average daily number of Beds occupied throughout the Year.	Average annual cost per Bed for *Maintenance.	Average annual for †Establishment, exclusive of Buildings and furnishing such Buildings, and of Investments.	Average annual cost per Bed for Maintenance and for Establishment, exclusive of Buildings and furnishing such Buildings, and of Investments.
		£ s. d.	£ s. d.	s. d.
Westmorland Lock ...	58·27	13 4 6¾	25 11 2½	38 15 9¼
Steevens's	140·01	19 11 7¼	17 14 6	37 6 1½
Meath	98·66	22 3 9	18 14 9	40 18 6
Cork Street	47·00	23 3 2¼	48 8 3½	71 11 5¾
House of Industry ...	188·48	15 10 2	24 15 9	40 5 11
Rotunda Lying-in ...	51·74	19 16 3¼	31 7 6¾	51 3 10
Coombe ,, ...	21·81	19 8 7	59 9 11½	78 18 6¾
Incurables...	135·67	16 3 7½	9 16 8½	26 0 4
St. Mark's...	25·65	14 17 8¾	28 2 11¼	43 0 8½

* Maintenance comprises provisions, groceries, alcoholic stimulants, drugs, leeches, surgical instruments, medical appliances, and clothing of patients.
† Establishment charges include salaries of officers, wages of servants, rations of officers and servants, clothing of servants, rent, taxes, insurance, soap, candles, fuel, gas-light, furniture repairs, straw, bedding, utensils, buildings, and furnishing such buildings, stationery, printing, advertising, curials, coffins, pensions, incidentals, and laundry expenses.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 24, 1879.

CONTENTS.

Original Communications.

DIPHTHERIA.

By W. H. DAY, M.D.,
Physician to the Samaritan Hospital for Women and Children.

(*Continued from page* 517.)

Treatment.—This is a disease demanding local and constitutional measures, and from the first neither can be disregarded. Sometimes the local should be the most energetic, and sometimes the constitutional; but from the commencement the treatment must be supporting if not stimulating, and those measures that are most to be relied on in exhaustion and syncope are to be held in close reserve. Like other epidemics the disease does not admit of depletory measures, and all practitioners who have had a large experience of it, insist upon the necessity of employing a supporting plan of treatment. Each case will require some modification in accordance with its peculiarities and tendencies, so that it is not easy to lay down any exact rules to follow. The patient should be placed in a large and well ventilated room, the temperature of which should range from 60° to 65°. He should be kept absolutely quiet in bed with the head low, and all excitement carefully guarded against.

At the commencement of the disease a purge of calomel and rhubarb is sometimes required, so that some of the poison may be eliminated by the intestinal canal. This has been insisted upon by Sir William Jenner; and other observers have advocated this treatment at the beginning of the disorder, when the strength is equal to it. Under most circumstances, a mild saline aperient to keep the bowels regular, will be occasionally required, or a small dose of castor oil; still caution must be observed in the administration of aperients. Our best guide in this matter is the mildness or severity of the attack, for in the malignant form the child is overpowered by the poison at once and the pulse is so feeble that any depressing remedy would only hasten the tendency to fatal syncope. Milk in large quantities, beef tea, chicken broth, and eggs are the forms of nourishment best suited to maintain the flagging strength. Wine or brandy will be almost invariably needed, and the quantity must be regulated by the strength and frequency of the pulse. Where there is a tendency to syncope or failure of the heart's action, or the pulse is slow, very frequent, or irregular, considerable quantities of alcohol can be taken with advantage. Perseverance in the administration of food and medicine is imperatively demanded, and the attempt must not be abandoned under the impression that the child is unable to swallow, for this is constantly found to be erroneous.

When exhaustion is the leading feature of the case the child should not be allowed to sleep too long without nourishment. When the throat is painful, and there is thirst, a piece of ice to suck is very grateful and refreshing. A small quantity of iced water should be offered frequently if the mouth and lips get dry quickly. In the shape of medicine, the carbonate of ammonia, with the tincture of bark, is an excellent combination for supporting the system against exhaustion. When the skin is hot, and the temperature high, ice, cooling drinks, and diaphoretics (*a*) will be useful; with these may be combined the tincture of the perchloride of iron, (*b*) or the iron may be given alone, or with chlorate of potash. In most of the inflammatory throat affections of children this preparation of iron has a wonderful effect, and is as specific as in erysipelas, which may be

(*a*) ℞ Liq. amm. acet. ʒij.
Spt. æther. nitr. ʒj.
Syr. rosæ ʒiii.
Aquæ puræ ad ℥iv.
M. A tablespoonful to be taken every four hours.

(*b*) *For children four or five years old.*—
℞ Tinct. ferri perchlor. ʒj.
Glycerini ℥ss.
Aquæ puræ ad ℥iv.
M. A tablespoonful every four hours.

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possibly due to some antiseptic properties which it exerts locally and possesses after its entrance into the blood. It requires to be given frequently, and according to some authorities in large doses. A small dose (m v. to m x.), with or without the dilute hydrochloric acid, once in four hours, is often enough in mild cases. If the tongue is furred, and the breath fœtid, chlorate of potash in combination with the acid is an excellent remedy, and recovery will take place under its steady continuance. Quinine, salicylic acid, benzoate of soda, when the temperature is high and the system depressed by the septic nature of the disease, are all useful. When the throat exhibits dark and softened portions of exudation, with a tendency to bleed when touched, or there is hæmorrhage from the mucous surfaces, then the perchloride of iron must be combined with it; and in this formidable complication a full dose should be given every hour or two, till the urgent symptoms are relieved. In most cases I prefer a mixture consisting of iron, chlorate of potash, and hydrochloric acid. (*a*) It is particularly suitable when the exudation is firm, the tongue coated, and the throat exhibits no hæmorrhagic tendency.

The chlorine drink recommended in scarlet fever is equally of service here. It is grateful to the little patients in relieving the throat and febrile symptoms when they are present. It possesses antiseptic properties, relieving pain and difficulty in swallowing, and improving the character of the exudation.

Quinine and the mineral acids are also useful variously combined. External applications to the throat, in the shape of leeches, blisters, and counter irritants, are in no case requisite, and will do harm. Warm poultices, fomentations, or water dressing, are comfortable and useful.

The applications to the throat internally are those indicated in scarlet fever, and the same precautions as to strength are to be observed. In young children who cannot gargle, a solution of borax may be applied to the throat (ʒss. to the ℥j.), or equal parts of the liquor ferri perchloridi and honey may be used with advantage. This is perhaps the best astringent application. In a case that came under my care a few years ago a thick solution of chlorate of potash, borax, glycerine and honey (*b*) gave much relief to the throat. At an early stage, when the membrane is thin on the fauces and tonsils, a solution of nitrate of silver (gr. x. or ℈j. to the ℥j.) applied with a camel's-hair brush twice in the twenty-four hours has been of benefit. The application of the solid nitrate of silver must be cautiously resorted to: indeed it is questionable whether this or any other caustic, as hydrochloric acid, or the acid nitrate of mercury, is ever necessary. They increase the pain and difficulty of swallowing, and at the same time aggravate the local mischief. If there is fœtor of the breath, and the parts incline to be sloughing and gangrenous, the solution of chlorinated soda, in the proportion of one drachm of the solution to two ounces of water, is an excellent application. This, and the iron solution, are two most valuable measures, according to my experience, in every stage of diphtheritic sore throat. Some children are so alarmed and frightened at the attempt to press down the tongue, and apply remedies to the throat, that these measures had better be given up altogether in such cases. Nervous and delicate children are almost thrown into convulsions by their struggles and resistance, and where these remedies cannot be used there is consolation in remembering that escharotics are of doubtful efficacy, and even according to some English and foreign physicians, who have had great experience of the malady, decidedly injurious. In diphtheritic affections of the throat the carbolic acid spray will often be found very useful, just as it is in the faucial affections of scarlet fever and measles. Lime water, lactic acid, &c., have been also used in like manner with success.

When the disease has extended to the larynx and trachea, and symptoms of croup have arisen, an emetic of ipecacuanha, or sulphate of zinc, is advisable if the strength is equal to it; and, after its operation, stimulants and nourishment should be freely administered.

As regards the operation of tracheotomy when death threatens from suffocation, and dyspnœa is urgent, Dr. Buchanan, of Glasgow, has recorded some interesting cases of success. Out of thirty cases he had eleven recoveries. (*a*) Two highly interesting cases of successful tracheotomy in the last stage of diphtheria have been recently brought before the Clinical Society, by Mr. George Lawson and Mr. Pugin Thornton (Feb. 28, 1879).

But supposing the non-identity of croup and diphtheria is admitted, and that the diseases are in many respects clinically and practically different, still both are prone to terminate fatally by exhaustion, or by suffocation, and these urgent symptoms would seem, at least, to demand the same line of treatment. When the latter condition threatens, and all other remedies have proved useless, we allow that tracheotomy is justifiable in the former disease, and that the operation has rescued many a little sufferer from an agonising death. (*b*) Henceforth we must look upon tracheotomy in diphtheria as a proper step to take when the child is beginning to struggle for its breath, and the strength is departing; when the features are livid from obstruction to the circulation, and the mischief is limited to the trachea and larynx. If the larger bronchial tubes are involved there will be no objection to the operation; but if viscid secretion is blocking up the smaller tubes, and there is any sign of pneumonic consolidation, then the operation had better not be attempted.

For the anæmia and nervous affections which follow diphtheria, citrate of iron and quinine, the mineral acids and calumba should be employed. Strychnia is also very useful. For any albuminuria and prolonged weakness, the tincture of the perchloride of iron and hydrochloric acid are the best remedies.

(*a*) *For a child five years old.*—

℞ Tinct. ferri perchl. mxl.
Potass. chlorat. ℈ij.
Acid hydrochl. dil. mxl.
Syrup — ℥ss.
Aquæ puræ ad ℥iv.

M. A tablespoonful every four hours.

(*b*) Potass. chlorat.
Sodæ bibor., aa ʒi.
Glycerini.
Mellis, aa ℥ss. M.

The throat to be mopped out with a little of this solution frequently during the day.

(*a*) There is a case of diphtheria recorded in the *Lancet* (Nov. 29th, 1873, p. 771) that fell under the care of Dr. Murchison, at St. Thomas's Hospital, in which the dyspnœa was so urgent, that tracheotomy was performed. A little thick exudation was removed, with immediate relief to the breathing. Death occurred in twenty-five hours afterwards. With the return of embarrassed breathing the temperature rose to 107°·6, and at the time of death fell to 104°·5. The interior of the larynx and trachea was completely lined by a layer of false membrane, which was firm in some places, and easily detached in others. At about the fourth ring of the trachea it could be separated in a complete layer, beneath which the surface was red and raw-looking, and "studded with minute vascular points." The larger bronchi, as far as the third or fourth division, were filled with a curdy fluid, and some of the smaller bronchi were dilated. The state of the small intestines was the chief point of interest in the case, as the child was said to have been quite well the day previous to admission. The solitary and follicular glands of the small intestines were distinct and prominent throughout, and there were three or four small rounded ulcers apparently connected with them at the middle third of the ileum. In the ileum also there were three or four ulcers of irregular shape with raised edges, and the Peyer's patches had undergone a change resembling that met with in the earlier stages of typhoid fever. The large intestines were healthy. Both lungs were collapsed and dense; the right cavities of the heart were distended with dark, perfectly coagulated blood. It would appear that although tracheotomy temporarily relieved the distressing dyspnœa, no hope of recovery could have been entertained, where the local mischief was so extensive, and the effect of blood poisoning had become so general.

(*b*) *British Medical Journal* 4, 1875, p. 293.

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Clinical Records.

LOUTH COUNTY INFIRMARY.

Hæmatocele from Rupture of Hernial Sac.—Strangulation.—Death.

Under the care of HERCULES MACDONNELL, M.D., M.Ch. Univ. Dub.

P. McP., æt. 45, was admitted into hospital on August 22nd; five years ago he noticed a swelling in his left inguinal region, which was recognised as a hernia, and for which a truss was regularly worn. On the evening of the 20th, when jumping down off a cart, he felt a snap in his scrotum, which gradually swelled up, and he experienced intense pain. The following day he was seen by the medical officer of his district, when an unsuccessful attempt was made to reduce the hernia. The following morning he was admitted into hospital. His face wore an anxious expression; on examining the scrotum, a tense, bluish, semi-fluctuating mass was seen, measuring in the lateral circumference 25 inches, and from the perineum to the root of the penis, 22 inches. The penis was intensely œdematous, measuring 5 inches in circumference. The bowels had not been moved for 3 days; there was no retention of urine. In addition to the general enlargement, a distinct tumour could be felt, occupying the left inguinal region.

A large soap and water enema was thrown up, and a hot bath given; an incision was made into the scrotum in front, and 21 ounces of dark fluid evacuated. This gave instant relief. Dressings, spread on tenax, were applied; one-grain doses of opium every sixth hour were ordered, and iced milk and lime water in small quantities allowed. At 8 p.m., temperature was 99·8°, pulse 90; bowels not moved; no retention of urine.

August 23rd.—No sleep last night: some greenish matter was vomited; no motion from the bowels; temperature 99·°, and œdema of penis gone. The redness has left the right side of scrotum, but the left is still much enlarged and tense: some black discharge has come away on the dressings. Hernial neck now well defined, slight gurgling heard on manipulation.

4 p.m.—Given a long bath at 100° F., half a grain of morphia subcutaneously injected, and the operation for the division of the hernial structure was commenced, spray being used. No difficulty was experienced in reaching the sac, which was very much thickened; on opening this, the intestine was perceived to be extremely congested. The stricture was divided freely, but considerable, and at the time unaccountable, difficulty was found in returning the intestine, of which there were three large loops down. Antiseptic dressings were applied, and the patient removed to a well-warmed bed.

At 11 p.m., the patient complained of feeling sick, and some flatus escaped, but during the act of vomiting he fell back dead. He was quite cheerful a few minutes before, and felt no pain.

Autopsy, twelve hours after Death.—Rigor mortis well marked; penis and scrotum discoloured, also left inguinal region. On removing the silver sutures, and prolonging the incision downwards, laying open the scrotum from apex to base, about one drachm of dark-coloured fluid escaped. The sac of the hernia was adherent for a great part of its extent, the testicle smaller and softer than normal. At the lower and back part of the sac where it began to turn forward, was a rent about one inch long, it was of a lacerated description. This was evidently the cause of the hæmatocele, and also the great difficulty in returning the intestine after the hernial stricture had been divided, a loop of the intestine being incarcerated in the rent in the sac. The intestine was completely pervious, and though congested, in a fairly healthy condition. I could find no cause to account for the sudden death in the abdominal cavity, and did not make any further examination than that already detailed.

The presence of an hæmatocele with strangulated hernia is sufficiently rare to merit notice, but I am not aware of any case where the post-mortem revealed the cause of the hæmatocele to have been rupture of the sac.

Special.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

PARIS, 8th DECEMBER.—At the meeting of the Académie de Médécine, held last week, Dr. Vidal read a paper on the treatment of lupus by linear incisions. Having operated on 120 patients since 1875, M. Vidal has been able to study the effects of scarifications in every variety of lupus and in all its stages. In exposing his researches he mentioned the names of several medical men who adopted this new mode of treatment in a more or less modified form, among whom was Dr. Balmano Squire, of London, who after making the incisions used a solution of chloride of zinc as a caustic. M. Vidal gives the preference to simple parallel incisions, and made as near to each other as possible. The loss of blood is trifling. After five or six scarifications, which can be made at an interval of six or eight days, there is an appearance of a cure. But through the cicatrix may be seen certain white points which are minute tubercles, which must be destroyed by passing the needle through the cicatrix. This is the most tedious part of the treatment, and must be continued until all vestiges of the disease have disappeared. M. Vidal terminated by the following conclusions:—1st. The treatment of lupus by scarification is a less painful and the surest mode to prevent a return of the disease. 2nd. It is applicable to every form of lupus, ulcerating or non-ulcerating.

At the Surgical Society a discussion has been going on for some time between M. Verneuil, M. Tillany, and others, relative to the treatment of acute or chronic arthritis as regards the degree of motion, if any, to be allowed to the limb. M. Verneuil contended that the articulation should be left in an immovable position during the whole period of treatment, while M. Tillany, who recognised the necessity of keeping the limb in a fixed position during the inflammatory stage, yet as soon as inflammation had subsided he would give every freedom to the articulation. On the other hand, M. Championière declared that he had practised several operations on the articulations, and never saw the necessity of depriving them of all motion.

In France it is the custom amongst the confectioners to use chromate of lead to colour their cakes. This pernicious practice has originated in Paris, where the eggs are so dear.

A young English lady, Miss Blanche Edwards, has just passed successfully her first examination at the Faculty of Paris.

THE STUDY OF OPHTHALMOLOGY IN MEDICAL SCHOOLS.

PROBABLY few of our readers are aware of the efforts which are being made to obtain for ophthalmic surgery a place as a compulsory subject in the curriculum of medical study. The medical world is just now convulsed with the discussion of medical reform, and this is therefore the time for ventilating so very important a question. In March last an influential meeting of ophthalmic surgeons was held in London for the purpose of taking steps in this direction, and the following petition to the General Medical Council was adopted:—

"*The Memorial of the undersigned Ophthalmic Surgeons*

"HUMBLY SHEWETH—That the study of ophthalmic surgery

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and medicine is at present greatly neglected in the ordinary course of medical education, candidates frequently obtaining their diploma with little or no knowledge of diseases of the eye. The consequences of this, both to the public and to the practitioners themselves, are very serious, as your petitioners, have ample opportunities of observing. That in Continental examinations, as well as in those conducted in the Indian University, a sound knowledge of ophthalmology is required. That your petitioners believe that the advances made in ophthalmic surgery within the last twenty-five years render it advisable that it should be taught as a separate subject. That the arrangements for its study already exist in most of the hospitals of Great Britain and Ireland, but are not taken advantage of by students because little or no evidence of acquaintance with the subject is required by the licensing bodies.

"Your petitioners desire to draw the attention of the Medical Council to the advisability of making it compulsory upon all medical students to attend a three months' course of practical ophthalmology, either at the special eye department of a general hospital, or at a special ophthalmic hospital, as well as a course of twenty lectures on ophthalmology at the least. They also desire to press upon the Medical Council the importance of making ophthalmology form a distinct subject of examination at the pass examination for surgical diploma, or at the examination of a conjoint board."

Copies of this petition were forwarded by the Council to the various licensing bodies for their observations and report thereon, and now all, or nearly all, the answers from those bodies have been sent in. Before briefly referring to these replies, we would wish to point out the grounds upon which, as it seems to us, the prayer of the memorial is a most proper one, and we believe the following propositions will be admitted on all hands :—

That it is the duty of every licensing body to see that its graduates do not habitually go into the world absolutely ignorant of any given organ of the body and its diseases. That the vast majority of students do at present become surgeons without any knowledge of the eye and its diseases. That the reason of this is because through the force of circumstances ophthalmic surgery has, within the last twenty-five years, become completely separated from general surgery as regards its teachers, its hospital practice, and in private practice, as did midwifery at an earlier date; and that consequently students do not now imbibe a knowledge of the diseases of this organ along with that of others in the ordinary course of their medical studies. That diseases of the eye are amongst the most frequent with which medical men in general practice have to deal, and, consequently, that some knowledge of them is most valuable to the practitioner. That even minor maladies of the eye, which only temporarily or partially affect the sight, are as serious for the well-being of the patient as those of any other organ of the body, and should command as much attention from the student.

In nearly every one of the answers sent to the memorial we find one very natural objection to its prayer put forward—namely, that the curriculum is already overcrowded, and that it would be unfair—indeed, impossible—to require the student to attend any more lectures. These same replies are otherwise favourable to the proposal, and express a hope that in any change in the curriculum ophthalmic surgery may obtain a place. Some of the licensing bodies present a decidedly hostile front to the memorialists. These are the Royal College of Surgeons of Edinburgh, which sends a verbose and laboured reply, the University of Edinburgh, the College of Physicians of Edinburgh, the College of Surgeons of England, and the University of London, the latter two assigning no reason. A chief argument against the proposal put forward by the three Edinburgh bodies is that ophthalmology is a specialty, and that, if it be admitted as a separate compulsory subject in the curriculum, other "specialties," such as cutaneous disease, urinary disease, diseases of the rectum and anus, &c., must also be admitted to a similar position. Can anything be more absurd than this? In the first place, although some medical men do obtain special reputation for the treatment of such affections, yet in hospital practice the latter are not, and need not, be made separate branches of surgery, but do truly form an integral part of it, and are learned as such by medical students; and, in the next place, to compare the extent or difficulty of the study of such specialties with that of diseases of the eye is only to display the ignorance of ophthalmology possessed by the individual or licensing body which makes the comparison. If it were found that for any reason students obtained their diplomas, as a rule, wholly ignorant of diseases of the rectum and anus, or of urinary disease, it would become necessary to take suitable measures to correct that defect in their education. We do not ask that students should be required to know more about the eye than about any other organ of the body; we merely ask that they should know as much about it as about any other organ of the body. Is it desirable that the general practitioner should be able to treat the minor maladies of the eye and diagnose the more serious ones? If so, the memorial of the ophthalmic surgeons is a most proper one, because there is no other mode than that which it suggests for remedying the defect it points out. We have great pleasure in appending in full the answer to the memorial sent in by the Royal College of Surgeons in Ireland, which reflects honour and credit upon its Council :—

"Nov. 21st, 1879.

"My Dear Sir,—I beg leave to forward you a copy of the following resolution adopted by the Council of this College at their meeting held yesterday :—

"'That the Council of the College of Surgeons in Ireland concur in the views expressed in the memorial of the ophthalmic surgeons, as regards the defect in the professional education in the matter of ophthalmic surgery, and the great importance of remedying that defect.

"'The Council considers the course of study in the diseases of the eye, as suggested in the memorial, a fair and reasonable one.

"'The Council would gladly require such a course of study for their diploma if the other licensing bodies would join in demanding it. The only objection which the Council see to its introduction is the already overcrowded condition of the curriculum.

"'The Council would therefore hope that in any rearrangements of the curriculum of the licensing bodies at large, or in case of the adoption of conjoint schemes, the suggestions put forward in the memorial may be favourably considered.'

"I remain, faithfully yours,

"J. Stannus Hughes, Sec. of Council."

Dr. Headlam Greenhow has resigned the post of Physician to the Middlesex Hospital, which he has held for many years.

In the new Buffalo Homœopathic College it is announced officially that "during the lectures, and amphitheatre cliniques also, the female students are screened from the gentlemen, while they have the same advantages."

The effect of the continued severe weather is shown most unmistakably in the Registrar-General's last weekly returns of the rates of mortality in the large towns of the United Kingdom, they were—Sunderland 18 per 1,000, Portsmouth 20, Brighton 21, Oldham 22, Sheffield 23, Norwich 24, Edinburgh 25, Newcastle-upon-Tyne 26, Hull 27, Bristol 28, Bradford 29, Leicester 29, Manchester 30, Nottingham 30, Glasgow 31, London 31, Leeds 32, Wolverhampton 33, Birmingham 33, Plymouth 35, Salford 37, Liverpool 41, and in Dublin the highest rate of all 44 per 1,000.

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Is published every Wednesday morning. Price 5d. Post free, 5½d.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 24, 1879.

POOR-LAW MEDICAL OFFICERS' SUPERANNUATION FUND.—III.

It would be of supreme importance, for the success of such an undertaking as we are now engaged in examining that there should be a good reserve fund wherewith to meet any casual and extraordinary increase in the demands upon its resources. Although we cannot say there would be any large reserve under this scheme, yet we may point out that for many years the income of the fund would be largely in excess of the expenditure. Supposing that every medical officer in Ireland became a member of the fund, which we admit would be an impossibility only put forward as an illustration, the balance-sheet of the first eight years' operations would be as follows:—

INCOME.		EXPENDITURE.	
First year.		*First year.*	
By subscription of 1019 members at 14s. 1d.	£2860	To annuities to eight widows	£160
Deduct expenditure . .	610	Allowance to 20 orphans	200
		Working expenses	250
Balance in hand, .	£2250		£610
Second year.		*Second year.*	
By balance in hand ...	£2250	By annuities to 16 widows	£320
By subscriptions	2860	Allowance to 40 orphans	400
By interest on £2250 at 5 per cent.	112	Working expenses	250
Total income... ...	£5222		
Deduct expenditure	970		
Balance in hand ...	£4250		£970
Third year.		*Third year.*	
By balance in hand ...	£4252	Annuities to 24 widows	£480
By subscriptions	2860	Allowance to 60 orphans	600
By interest on £4252 ...	213	Working expenses ...	250
Total income	£7325		
Deduct expenses ...	1330		
Balance in hand ...	£5995		£1330
Fourth year.		*Fourth year.*	
By balance in hand ...	£5995	Annuities to 32 widows	£640
By subscription	2860	Allowances to orphans	800
By interest on £4995 ...	300	Working expenses ...	250
Total income... ...	9155		
Deduct expenses ...	1690		
Balance in hand ...	£7465		£1690
Fifth year.		*Fifth year.*	
By balance in hand ...	£7465	Annuities to 40 widows	£800
By subscriptions ...	2860	Allowances to 100 orphans	1000
By interest on £7465...	373	Working expenses ...	250
Total income ...	£10,698		
Deduct expenditure	2050		
Balance in hand...	£8648		£2050
Sixth year.		*Sixth year.*	
By balance in hand ...	£8648	Annuities to 48 widows	£960
By subscriptions ...	2860	Allowances to 120 children	1200
By interest on £8648	431	Working expenses ...	250
Total income ...	£11,939		
Deduct expenses	2410		
Balance in hand...	£9529		£2410
Seventh year.		*Seventh year.*	
By balance in hand ...	£9529	Annuities to 56 widows	£1120
By subscriptions ...	2860	Allowances to 141 children	1410
By interest on £9529	476	Working expenses ...	250
Total income ...	£12,865		
Deduct expenses...	2780		
Balance in hand...	£10,080		£2780
Eighth year.		*Eighth year.*	
By balance in hand ...	£10,085	Annuities to 60 widows	£1200
By subscriptions ...	2860	Allowances to 141 children	1410
By interest on £10,085	504	Working expenses ...	250
Total income ...	£13,449		
Deduct expenses	2860		
	£10,589		£2860

From this table it will be observed that, inasmuch as the demand upon the fund would accrue *gradatim* while the income would be steady from the beginning, the first eight years' operations of the fund ought to produce a considerable reserve. Of course, the smaller the number of contributors, the slower the reserve fund would grow, but the result would be the same in the end, and eventually the fund would have an income of interest on its reserve of £500 a year wherewith to meet contingencies, and put by something from year to year.

We have next to consider some of the difficulties, and there are several considerations which suggest themselves, in arranging the details of such a system, to which we must call attention,

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The first that presents itself is the difficulty which would certainly arise in inducing Poor-law medical officers to become subscribers when they have no idea of marriage. Of course, if the joining of the fund were made an essential condition of appointment, this difficulty would be overcome, and every member of the service would be benefited by it. We should be content to start with men under forty-five or fifty as a nucleus, adding to it from year to year the young men, according as they took office, until after about fifteen years we should have the entire number upon the books of the fund.

The second difficulty is that some guarantee would be necessary that the member entering is in fair health. The member whose health is worst is he whose wife and children most need protection, and to fulfil its objects perfectly the fund ought to exclude no Poor-law medical officer. This is an axiom of importance, and theoretically true. If we could ensure, by compulsory enactments or otherwise, that members should join the fund when they receive their appointments, this difficulty would be in a great measure obviated, and the risk of unhealthy lives would be covered by the preponderating influence of healthy lives.

The third difficulty arises in connection with the position of a member who falls into ill-health, is no longer able to hold his appointment, and fails to obtain superannuation, so that he has neither a salary from which to make deductions, nor an income to enable him to pay the required sum.

Under such circumstances, the only course which appears possible would be to dispense with further payments, the fund being liable only for reduced annuities proportionate to the amount previously paid into it.

In conclusion, we must observe that we fully believe that the Poor-law medical officer is entitled to superannuation, but the organisation we are analysing does not in any way prevent the Poor-law medical officers from insisting on their just claim for this measure; nay, more, we even hope that when Government sees how willing and how anxious medical officers are to make provision for their wives and children all true statesmen in the Cabinet will be disposed to lend them a helping hand, knowing that the thrift and savings of the Poor-law medical officer must result in increased benefit to the whole country, and that Government itself would obtain a certain return or percentage from the accumulated savings of the Poor-law medical officers, so that any outlay on superannuation would be amply compensated for, if not covered by the advantages derived from having a Poor-law constituency above the reach of want. We need hardly say that the intention of such a fund is not in any way to supersede the necessity for life insurance or to interfere in any way with other provisions.

It will only, at the best, serve as a guarantee to the Poor-law medical officer, who is unable to make adequate provision, that his widow and orphans will not, in the event of his premature death, be actually dependent on charity.

We have observed, with regret, that in some of the petitions, in reference to the Poor-law medical service, a degrading tone has been taken, and the maintenance of the wives and children has been introduced to the "charitable consideration" of her Majesty, with a plea "that Poor-law medical officers are wholly unable to lay by anything for their families." We are painfully aware that the Poor-law medical officer is, unhappily, placed under such circumstances that he is unable to make a handsome provision for those depending on him, because his salary is small and his professional expenses are large, yet we are of opinion that by the exercise of a little self-denial and prudence and by the power of co-operation, he would be able to make a provision which would place those dependent on him above eleemosynary aid.

We object, in the name of the profession, to petitions framed in a strain of pitiful supplication, and we would prevent a repetition of such degradation. If the Poor-law medical officers of England are able to make provision for their wives and children this scheme will be unnecessary, if not, our data must be of invaluable service to them.

THE ARMY MEDICAL WARRANT.

The long-expected and important Charter of the Military Medical Service was issued so close upon our day of publication that a verdict upon its provisions at the moment must necessarily have been hasty and half-considered, and might have proved a mistaken judgment, and we therefore deferred expressing any opinion as to the merits or demerits of the new regulations until we had a fair opportunity of weighing them.

At once we feel justified in pronouncing the Warrant, as a whole, to be a good and fairly liberal measure, and we anticipate that it will be accepted by the profession as satisfactory, if not perfect. The scale of daily pay of the medical man is amended by it to a tangible extent, and it must be allowed that in this respect Her Majesty's Service is a fairly remunerated employment. Moreover, the power to a medical officer to retire into the Reserve at £1 a day, after twenty years' service and at the age of fifty-five, is a very substantial gain to him, and is worth a good deal in money's worth.

But the question between the War Office and the surgeons has never been a question of money, for although the pay has not been hitherto very liberal it has always been sufficient to attract candidates, if no other reason existed for their keeping aloof from the service. It is in the improvement which the Warrant effects in the social condition of the surgeon that its claim consists. In the first place a new rank of Brigade Surgeon has been created—the first time that a rank equivalent to the military brevet has been thrown open to the surgeon irrespective of his seniority. Henceforth there will be in the service something to work for and some honour to deserve, and we have at length bid adieu to the old system which rewarded officers simply because they grew old. Then, again, the restoration of horse allowance to the surgeon—though in itself a small matter—removes one of the most irritating and unjust distinctions maintained under the old system between the combatant officer and the doctor.

The restoration of the principle of exchange is at once a graceful concession and an act of obvious justice, and the abuse of the privilege is guarded against by the new rule, which requires every medical officer to have ten years'

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foreign service to qualify him for promotion to the administrative rank. Thus, those surgeons who exchange and remain at home when there is foreign service to be performed will sacrifice their ultimate prospects; while, on the other hand, those occasional instances in which surgeons have been compelled to go abroad, leaving their wives in extreme sickness, need never occur again. We must hope, however, that this boon will not be neutralised by any *arrière pensée* of rules hereafter to be devised. Finally, the extension of sick leave to twelve months is a very reasonable concession, and one which removes an excuse for much bickering and ill-feeling which has hitherto existed in the service on this score.

As against these improvements in the regulations, we think it right to put a matter to which a correspondent of the *Lancet* calls attention:—

"Clause No. 22 of the new Warrant runs thus:—A medical officer, after completing ten years' service, may be *permitted* to retire on the gratuity or pension laid down in Article 47, *when it shall be deemed expedient* by our Secretary of State, &c.

"By the old Warrant, a medical officer, after twenty years' service and upwards, desiring to leave the army, need only apply to retire; his resignation must be accepted without favour or affection, and he was perfectly free to make any plans for his future life he might think fit, without any fear of interference. If invalided, he received 16s. 6d. after twenty years' service, and 20s. on the completion of twenty-five years' service; he was able almost invariably to procure a Medical Board, so that practically he could command 20s. a-day after twenty-five years' service.

"But how stands the matter now? Unlimited power is placed in the hands of the Director-General! for, of course, the Commander-in-Chief would sanction, and the Secretary of State approve, whatever the Director-General recommended. A medical officer in favour would naturally find no difficulty placed in his way of retirement; but, should he be without interest or have given offence to the authorities, a dearth of medical officers, or any excuse the Director-General of the time might choose to give, would suffice to prevent his resignation being accepted, however urgent his reasons for retirement might be; if in ill-health he can only obtain temporary half-pay, and if of a sound constitution he must go wherever he may be ordered, no matter at what sacrifice, or absent himself, and so render himself liable to the penalty of having his name removed from the Army List, and his pay and right to pension forfeited."

There are two other points in the Warrant of great interest and worthy of comment. Regimentalism—which everybody saw was moribund—has parted with its last breath, and gone to the limbo to which the purchase system and the ten years' service system have been relegated. On the whole, we do not regret the fact, and though the dis-regimentalising the doctor was a painful process, we are satisfied that the operation is over and the profession none the worse for the ordeal. Henceforth the army doctor will lack the inestimable feast of reason and flow of soul, which we all know, is the attribute of the mess-room, and of association with the average combatant officer. A few of the juveniles of the army medical service will no doubt fret, because they are, in their own idea, less fashionable and more professional than they were; but we quite expect that when their worship of Dundrearyism cools down, they will feel that, on the whole, it is better to be the co-equal of educated gentlemen than the tolerated associate of a *jeunessee doré*. In any case the change was inevitable, and the necessity ought to be accepted without grumbling.

We have had pleasure in speaking of the Warrant in a vein of unwonted approval. We are obliged to make one important exception, and to condemn the proposed system of appointment of surgeons upon the nomination of medical schools as unexceptionably foolish and hopelessly objectionable. As to the method of working out this proposal, we confess ourselves as totally wanting in comprehension, but the faults of such a system are on the surface and are not affected by detail. Supposing it practicable that one-half the army surgeons are to be chosen upon the recommendation of medical schools, and the other half by competitive examination, the result would, to our mind, be calamitous. It would at once create two classes of medical officers—the competition "wallah," sneered at by the nominated surgeon as a "cad" whose position was made by book-learning, and the nominated surgeon, sneered at by his competitive *confrère* as a dolt, who was pitchforked into a position to which he could not win his way by brain or industry. We should have, as a chronic condition of the Queen's service, the same feeling towards the nominee as that which exists in civil practice towards a man who buys his Fellowship or receives it in a year of grace. Such a system would be the parent of every evil and every disturbing element in the department. But supposing such an arrangement desirable, we insist that it is wholly impracticable, for at once we say that medical schools are totally unfitted to make the selection which is to be entrusted to them. Before three years had elapsed, we believe the school nominations would have been resolved into a simple system of purchase and of favouritism, with all the concomitant nepotism and ill-blood which circumstances must inevitably produce. We confidently trust that the better sense of the War Office authorities will convince them that their wisest course is to strike their pen through the ridiculous suggestion.

In conclusion, we must not allow our readers to forget that there is a danger that what was done before may be done again, and that great vigilance must therefore be exercised, lest the benefits to which we have referred should be clandestinely curtailed by subsequent Army Circulars. To be fore-warned is to be fore-armed, and we believe we may trust our brethren within the department to give us—and those who, with us, are anxious to assert their rights—timely notice of any such move, however innocent it may seem to be.

With the exercise of such care, with an honest disposition on the part of the War Office and Horse Guards to give effect to the Warrant, and with a fair spirit of give-and-take on the part of the army medical officers, we are confident that the year 1879 will open up a new era of prosperity and popularity for Her Majesty's Army Medical Department.

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METHOD OF MEDICAL EDUCATION.—III.

EDUCATION GRADATIM.

WHILE insisting upon the insufficiency of an examination, *per se*, however well designed and conscientiously carried out, as a sole criterion of capacity for medical practice, we readily admit that it is the evidence upon which most dependence can be placed—it is, in fact, the only test which the licensing body has within its own control, which is entirely independent of both student and teacher, and which might, if extended and perfected, be made searching and very efficient as a proof of the student's knowledge. From circumstances to which we refer hereafter, it cannot be wholly reliable, and even if vested interests could be disregarded, it would still be necessary to adhere to curriculum in order that we may have some evidence that the student has actually seen and appreciated that upon which he answers at his examination.

The professional education of the student may be divided into—(*a*) Preparatory; (*b*) Primary; and (*c*) Practical.

It is indeed one of the most serious faults of existing systems that they take but little cognisance of this very natural gradation of study, and mix up clinical work, anatomical study, and preliminary scientific learning to the helpless confusion of the youthful student.

And here we must pause to urge upon our readers that the existing system of education is greatly defective, in that it does not fully recognise the prudence of proceeding step by step from the elementary, through the full medico-chirurgical arena, on finally to the practical application of those studies. It is not many years since such gradation was wholly ignored, and the student being examined but once, at the termination of his career, was encouraged to combine the whole of his subjects of study in one unsystematic heap, and bring with him into the examination hall as much of the confused mass of knowledge as his brain would hold for the purpose of one great effort, which constituted the beginning, middle, and end of all his learning. Even now the student is permitted by some licensing bodies, under certain circumstances, to do this; and the system usually in operation—while it recognises the necessity for gradation to a certain extent—does not go, we think, as far in that direction as it should. The first examination for instance of the Royal College of Surgeons in Ireland is the acme of *three* sessions of study. It involves the production of three sessions' certificates in anatomy, physiology and dissection, two in chemistry, theoretical and practical, and one each in materia medica, botany, and forensic medicine. It comprises, indeed, the whole domain of medical education, saving its practical application to medicine and surgery, and comprehends everything that the student is expected to know, excepting the actual practice of his profession. Our suggestion is that this examination is too comprehensive—that it is placed too far forward in the education of the student—that it involves a mass of knowledge which it is very difficult for the examiners to test within the limits of one examination of reasonable length, and that it affords an inducement to students to postpone the whole of their theoretical work and the foundation of their profession until the last six months of their third year of study. Moreover, the extent of the subjects upon which the student has to be tested makes the preparation for examination an exhausting effort on the part of the student, and makes the examination itself a prolonged and severe test.

We think that this examination should be subdivided and relieved by an examination in preparatory subjects, to be held at the end of the first year, that that first examination should include chemistry and physics, botany, physiology, and structural anatomy; and that regional and practical anatomy, histology, materia medica, and forensic medicine should be reserved for the second and third examination.

We submit that the establishment of a preparatory examination at an earlier date than the end of the third session would be not only no additional incubus upon the student, but would be a sensible and grateful relief to him. It would enable and encourage him to rid his mind of the preparatory subjects which, under the present system, he is obliged to keep in study until the end of his career is approaching. It would ensure his applying himself to these subjects during the first months of his studentship, and would prevent the too prevalent habit of idling.

The "preparatory" education, as we have said, we take to mean the elementary education special to the study of medicine, apart from the "preliminary" general education of which I have spoken. It is sufficiently obvious that some such education is needful; yet, under our present system, its necessity is wholly ignored.

A school-boy of sixteen is plunged at once *in medias res*. He is "entered" for and required to attend lectures on muscular and osseous machinery without having the remotest notion of mechanical principles. He is told about the growth of structures without having heard previously a syllable of elementary physiology. He is taught of the chemical constituents of these structures without having ever previously heard even the names of those constituents. There is, in fact, in our schools usually no teaching suitable for the first year's student, nor is his time appropriated on any intelligible principle. He is "entered" for whatever courses he or his mentor pleases, and is a partaker in the instruction given for the benefit of advanced students, by which means he, in process of time, picks up a little which he understands from a vast quantity of matter which is utterly incomprehensible to him.

This arises from the fact that the lecturer has but one standard of lecture, and is unwilling to burthen himself with a subdivision of his subjects. He constructs a course of lectures as suitable as he can make them to the wants of the advanced student and the requirements of the examination for which that student is studying, and this course he repeats *in sæcula sæculorum*. Usually the information conveyed in it is insufficiently developed for the wants of the student who is finishing his education; always it is incomprehensible to the student who is just beginning, and we are convinced that much of the unpopularity into which lecture-teaching has fallen has arisen from the fact that lectures are made to suit but one

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class of students, and are regarded by the others as an incubus.

The "preparatory" education of a student should, in our opinion, consist in—

(*a*) Elementary Chemistry.
(*b*) Elementary Physiology.
(*c*) Elementary Anatomy.
(*d*) Physics—heat, light, electricity.
(*e*) Elementary Mechanics.
(*f*) Elementary Botany.

We think it hardly necessary to argue as to the necessity for the knowledge of these subjects as preparatory to the study of medicine or surgery. It will, we are sure, be felt by all our readers how unreasoning and unreasonable it is to require a school-boy to attend and listen to lectures on animal functions and physiology, he being wholly ignorant either of the nature of the material upon which he is lectured, or of the physical conditions which influence it. Can it be defended that a student should be taught of the ingestion of oxygen by the lungs and of aliments by the stomach, and of the elimination of carbonic acid, urea, and bile, he having hardly even heard of these substances?

Is it tolerable that he should be told of the nerves of special sense, the transmission of stimuli to the cones of the retina, or the nerve of the ear, without having previously received the least teaching upon the nature of and laws which govern light and sound?

Is it not paradoxical to speak to him of the "rhizome" of podophyllum, and the "corm" of colchicum, when he may be in perfect ignorance of the elements of botany; to require him to comprehend the use of the clinical thermometer; the testing of urine chemically and microscopically before he has learned the use of a test-tube or a microscope; to preach to him as to the causes of displacement in a dislocation before he knows the elementary laws of mechanics?

To do so does not admit of defence, and yet all students are treated in this way, and either acquire laboriously, scrap by scrap, the preparatory knowledge which they are supposed to bring to the study of the profession, or else enter into the profession in gross ignorance.

We propose, therefore, that the first nine months at least of the student's time should be devoted to lectures on chemistry, botany, and physics, and elementary anatomy and physiology; that, so far as possible, he should not be entered for lectures on general anatomy, surgery, materia medica, or practice of medicine, or for clinical lectures in hospital until he has spent at least that period in such studies, and passed his first professional examination.

The student's mind having been disengaged from the preparatory studies above referred to, and being stored with the information necessary to his comprehension of the more advanced subjects, we propose that the next period of study should be devoted to making himself up in the full subjects of anatomy, physiology, practice of medicine, theory and practice of surgery, and other courses which are the groundwork of the practical work of the profession.

The time has now come to make himself thoroughly acquainted with the principles of medicine and surgery, and with the *minutiæ* of the structures with which, in practice, he will be engaged. His regional anatomy and histological physiology would now be thoroughly mastered, and his time devoted to acquiring a complete knowledge of the practice of medicine and surgery, and to pathology. For these studies, he would have two complete sessions, and will thus be enabled to offer himself for his second examination at the end of his third winter session, and by so doing, clear the ground for the devotion of his fourth year to actual eye and hand work of the hospital wards.

The nature of our scheme of education is sufficiently obvious to make it unnecessary that we should dwell longer upon the subject. We propose that the last period of education shall be strictly one of practical experience; we would have the student to devote his whole time to the manipulative surgery and diagnostic medicine of the hospital wards, and the pathology of the dead-house; to make himself fully conversant with therapeutics and prescription-writing, and the examination of urine with test and microscope.

Such a programme of study as we have sketched out would not be excessive either as regards the capabilities or the wants of the student, nor would it, we think, be at all difficult of arrangement, and we are convinced that if honestly followed out, it would ensure that the student would bring with him into practice a thoroughly competent acquaintance with his profession.

Notes on Current Topics.

A Statesman's Estimate of the Medical Profession.

In his Rectorial address, Mr. Gladstone adverted, among many other points of educational interest, to the position of medicine in the present time as a study and as a profession. What might have been expected from him he uttered—an eloquent exposition of the progress and aims of medical science; an earnest appeal to men, medical and lay, to acquaint themselves with the objects and details of professional work; and a vigorous defence of the nobility of the labours engaged in by those who devote their lives to the amelioration of the woes of the weak and diseased. At all times breathing inspiration in his addresses, Mr. Gladstone on this occasion was even unusually forcible, and it is not too much to expect that the real lively interest he has himself exhibited in the advance of medicine and surgery may be productive of the most important results hereafter. Though it is folly to expect that the lay mind can be awakened to the necessity for it to acquaint itself with the principles which guide the practice of professional men; yet it is a healthy and encouraging sign of improved appreciation of great truths, and the importance of their bearing on the general welfare, when the great leaders of public opinion deem it their duty to impress these truths on the mind of the nation. But the chief benefit derived is in the influence exerted on the actual students of the time. They cannot fail to derive increased enthusiasm from the expressions of one whose position and personal merits lend so heavy a weight to the words which fall

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from him, and in this direction especially, the impetus thus afforded will lead to the most direct and permanent results. How far we may be permitted to hope for a brighter future on behalf of the all-absorbing question of reform must for the present be only a matter of speculation. That it will be influenced for good, however, is not an entirely unjustifiable opinion.

Antiseptic Surgery.

The adjourned debate on antiseptic surgery took place on Wednesday last at St. Thomas's Hospital. As might have been expected, no important change of opinion can be chronicled differing from that to which we have already given free expression. The discussion was of the most interesting kind, and important from the great eminence of those who engaged in it. The chairman of the meeting, Mr. John Wood, opened the proceedings, and though he eulogised Mr. Lister's character and energy, he did not express himself an adherent to his views. Mr. Hutchinson's testimony was decisively in favour of the adoption of antiseptic precautions in all cases where through them any possible danger might be avoided. He advocated the greatest care in determining the conditions under which the rules for dressing should be fully carried out, and expressed an opinion that "the gauze and spray" might even, sometimes, do positive harm. The truth of this is not, perhaps, so apparent to all as to Mr. Hutchinson, but we can understand the caution he would convey, though he possibly goes somewhat farther in his dread of carbolic poisoning than the antiseptic surgeon pure and simple would be inclined to follow him. Sir James Paget was inclined to attribute a large measure of modern improvement in surgery to improved sanitation, nursing, and treatment, but admitted that such operations as ovariotomy, osteotomy, incisions into joints, &c., should be done only under the spray, and with antiseptic precautions. He further ascribed the great merits of recent advances to Prof. Lister. Mr. Lund, of Manchester, and Dr. Newman, of Stamford, both avowed themselves strongly on the side of the antiseptic school. Mr. Morrant Baker charged the antiseptic system with many evils, and quoted statistics of non-antiseptic operations (with few exceptions) from which he drew conclusions favourable to the aqua-purist view. Mr. Knowsley Thornton and Mr. McCormac were the other speakers. The result of the debate will, we hope, be a good one; though it may not convert the non-believers, it may set them thinking, and possibly to good purpose.

Hospital Nursing.

We are glad to find that we have aroused an interest in the question of hospital nursing through the prominent notice we have taken of recent events in connection with a certain metropolitan charity. Certain of our contemporaries have readily accepted the suggestion our remarks contained, and have dilated on the question of "sisterhoods" in relation to ward-work. We are glad to be able to add our testimony in favour of employing women of a lower rank than those who are usually members of sisterhoods, to perform the more directly manual work of nursing. It is right and proper that the ister, or head of a ward, should possess the education, as well as the more refined and sensitive feelings of a lady, and by virtue of these can we expect her to discharge her duties with greater satisfaction to her employers, and greater advantage to her charges. It is above all things desirable to obtain the best servants for hospital work; and we must admit that a comparison of results obtained under the old system of trained nurses, and the more modern one of trained sisters, does not encourage faith in the latter. At Guy's Hospital the change has not been for the better. We are assured that the ladies from the sisterhood are excellent observers of temperature, of pulse, and of respiration; but that the more menial, though equally important details of attendance, they are absolutely inadequate to fulfil untaught. This is not what should be. If the ladies who join the sisterhood intend to *be* nurses they should qualify for every part of nurse's work, or they should be content to leave the office to be filled by such as are prepared to follow the whole duties of it, and fit themselves to perform them correctly. We freely admit that "sisterhoods" are an invaluable institution under proper guidance, but we as freely declare that they are, at this present time, conspicuously mismanaged, and are productive of far less benefit to the sick poor than they are capable of conferring.

Cresylic Acid in Whooping Cough.

Vapour of cresylic acid, produced by means of a simple evaporating dish over a spirit or other lamp, is said by Dr. John Merratt, in the *New York Medical Record*, to have a marked beneficial effect in pertussis. From the immediate ease experienced under its influence, and the facility with which the vapour can be produced, the remedy is deserving of a much more extended trial than has yet been made of it. An additional advantage it possesses is that it is in no way injurious to healthy persons, and is not to any extent disagreeable. A considerable extension of the use of this drug seems possible, for it allays the irritation of bronchitis, and overcomes the constant desire to cough. Cresylic acid (cresolene) has the composition HC_6H_5O (Phenol) + CH_2 and is a product of coal tar.

The late Dr. Maclure.

Another loss has been sustained by the medical profession through the death a few days ago of Dr. Maclure. After only a few days' illness he sank rapidly, and died at his residence in Harley Street. Dr. Maclure was for some time lecturer on physiology at the Westminster Hospital Medical School, and many who were his pupils will long remember him with affectionate regret.

A Hint for Drug Vendors.

A retail milk dealer (a poor woman), who had been twice convicted under the Adulteration Act, and paid the fines imposed, has recovered, in the County Court, Southampton, the whole amount from the wholesale dealer from whom she purchased the supply. The judge also awarded her 10s. for loss of time in attending before the magistrates. The course pursued by this poor woman is exactly that which chemists anddruggists might pursue if they were really guiltless of complicity in the adulteration.

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Light Hues for Winter Clothing.

It would be well that our contemporaries, when writing sensational paragraphs for quotation in the lay press were a little more careful not to outrage the teachings of science and common sense. A week or two since a contemporary contained an annotation on the effects of colour on the radiating power of clothing. The views therein propounded were so erroneous, and were unfortunately so widely circulated by the daily papers, that in the interests of truth we cannot allow them to pass unchallenged.

Up to about fifteen years ago it was a matter of doubt whether colour did or did not regulate the absorption or emission of heat rays, but the experiments of Tyndall, in 1865, removed these doubts by showing most clearly that although the colour of a substance may materially affect the rate with which it will become heated by the luminous rays of the sun, yet "as regards the radiation and absorption of *non-luminous* heat, *colour teaches us nothing.*" (Tyndall's "Fragments of Science," vol. i., p. 90, 1879 edition.)

The experiments on which these opinions were based have, so far as we are aware, never been controverted, and in most text-books may now be found some equivalent to the following statement (from Ganot's "Physics," by Atkinson), viz, the colours have "no influence on the radiating power."

With regard to polar bears it would be hard to determine whether the animals are disciples of the exploded theory or not; but it is easy to conceive a reason for their colour, very different from that alleged. A "grizzly" on the snow, and a polar bear on dark soil, would be such conspicuous objects that the prey which fell into their jaws must be in as sleepy a state as the writer of the paragraph in our contemporary.

The Exodus of Nurses from Guy's Hospital.

In our issue of Nov. 26, we published a statement of the serious differences existing at this hospital by orders issued by the recently appointed matron: one of our contemporaries thought fit to assert that the statement was overdrawn, that it only concerned students, and that no serious difficulty existed.

In the last number of the *Guy's Hospital Gazette*—last in a double sense, for it contains an announcement that "its conductors will be unable any longer to continue its publication" under the restrictions attempted to be imposed by the treasurer—the editor concludes an article thus:—"We are happy in having received the treasurers, assurance that the changes shall in no way affect our (students') privileges. We wish, however, that a similar assurance had been extended to those who after years of active honest work find themselves face to face with a new system, inaugurated in a manner evidently intended to compel them to resign appointments that they have hitherto filled to the satisfaction of those of the staff who work for, or take interest in, the welfare of the hospital. But with this we shall be told we have no concern; and if the wholesale exodus of experienced nurses, the loss of sisters of well-tried efficiency, and the strongest efforts of the united staff are unavailing to alter matters, any representations which we could make would be fruitless. But with all due deference to the judgment of those in superior positions to ourselves, we would ask whether such sacrifices are atoned for by the retention in office of that power which has brought such things to pass."

St. John's Ambulance Association.

One of the most important improvements that has been introduced of late years into the police-force organisation is that by which the members of the force are instructed in elementary minor surgery. The men who have shown the greatest interest in the instruction given to them have in many instances acquired considerable aptitude in dealing with cases of injury; indeed, on more than one occasion, the conduct of individual members on emergency has been highly praised from the bench. The men are regularly taught now in classes, and many medical practitioners have given valuable assistance by personally superintending the working of the scheme. Last week certificates were awarded to two hundred of the Metropolitan and City police, who have passed a successful examination on the subject of the lectures and demonstrations they have been attending. The effect of these certificates is said to be a good one, and it is felt they will act as a stimulus to men to endeavour to fit themselves to be deserving of them. The movement is certainly a good one, and deserves all encouragement.

The Battle of the Forceps.

In a recent number of the *St. Louis Medical and Surgical Journal* we notice a paper, contributed to the Medical Society of that city by Dr. Thomas Kennard, entitled, "The Use and Abuse of the Obstetrical Forceps." We have had recently at the Obstetrical Society of London a discussion upon the value of these instruments, and it would seem as if the wave had spread across the Atlantic, stirring up the New World Obstetrical Societies into throes of labour, from which a bigger mouse may come than from the parent society in old England. At the Saint Louis Society a member read a paper stating that he used the forceps once in every three labours; and another member stated that he only used them once in every seven.

Dr. Kennard has rushed in to do battle against the modern knights-errant who, forceps in hand, and with a reserve of instruments of precision, armed *cap-a-pied* in every case of labour, make an excuse for the employment of their favourite instruments, and who thus made the female vagina a receptacle for the handiwork of the instrument maker and silversmith. His language is strong and forcible. The foibles of some of our gynecologists are well taken off. If Aristophanes were alive he would revel in such a subject; and there is somewhat of the old comedian's vein in Dr. Kennard's conclusions. "The battle of the forceps" is not yet over. It is well for us in England to hear the opinion of one of our American brethren, so we present them with a portion of Dr. Kennard's address:—

"We have waves in medicine and surgery that sweep everything before them, and wash every enthusiastic seeker for glory into the grand Maelstrom that engulphs them all. Twenty years ago every woman imagined that she had ulceration of the womb, and of course every

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medical aspirant for fame insisted upon a look at that organ through the speculum.

"I well remember my first personal experience in that direction at a clinic of one of New York's most distinguished obstetricians, where some twenty of us, in Indian file, awaited our turn to take a peep at the women, many of whom had nothing the matter with them. . . . Five years later they imagined their wombs did not hang right, and through the influence of the misguided enthusiast, Dr. Hodge, who had revived an old and long forgotten idea, the young practitioner was inclined to make a toy-shop out of every woman's vagina, so that it became very questionable whether even refined and virtuous women had private parts any longer. Unfortunately a great many females manifested a morbid desire to be examined, and they encouraged the deep investigators in their dark researches. A few well-meaning men still imagine that it is incumbent upon them to prop up every womb, but fortunately their enthusiasm expends itself on their ingenuity in devising new vaginal toys, which not many women are now inclined to play with. The pessary wave has subsided, never again to return, except in spirts and splashes. Women have concluded that although their outside stays sometimes create a necessity for inside props, they still must entertain a decent respect for their private parts, the *sanctum sanctorum* of their physical organisation.

"Our instrument stores are full of pessaries, and it is very entertaining to see the ingenuity employed by some of our brethren of a mechanical turn of mind in varying their shape and size. We might well suppose that no two vaginas were constructed on the same plan if we did not know to the contrary. About the year 1867 the clitoridectomy wave threatened to sweep away the clitoris of every nervous woman who applied to the hospital of a London accoucheur who enjoyed the favour and patronage of royal folks, and had an idea—not a very incorrect one—that all cases of hysteria resulted from venereal cretinism.

"Neck splitomy was the next wave, but it soon subsided; and then impregnating by the syringe was tried, but it did not compete with the old plan, and no one but J. Marion Sims ever advocated it. The forceps wave returns periodically, and we must beat it back whenever it rolls too boisterously. Hence the few hurried words of caution I have read to you. Recently some surgeons have advocated and practised complete removal of the uterus and ovaries, and have taken only about seven lines to describe the method of this horrible operation in their fatal cases on patients who would have lived for years if they had not butchered them. More recently they have taken to spaying women as farmers do sow pigs; but as women were not intended for food except in dire emergencies, the great Creator did not see the sense of such mutilations, and hence the majority die from the operation. God protect the poor woman from the enthusiastic gynecologists and the extremists of every kind!"

The Ledwich School and the University of Dublin.

The following resolution was adopted by the Council at their adjourned meeting last week:—

1. That the following resolution of the Board respecting the Ledwich School of Medicine be approved of by the Council:—

Resolved—"That the Ledwich School of Medicine having applied to the Board of Trinity College for their recognition of said School of Medicine, and having communicated under the signatures of the proprietors and lecturers of the School that the following resolution had been, in order to obtain the recognition of Trinity College, unanimously adopted by the proprietors and lecturers of the School, viz.:—Resolved—'That we, the undersigned proprietors and lecturers of the Ledwich School of Medicine and Surgery, hereby guarantee that three-fourths of each full course of lectures delivered must be attended by each University student, in order to obtain the certificate of attendance, such attendance to be verified by a roll called at each lecture'—the Board of Trinity College, agree, on the faith of the above assurance and undertaking, to place the Ledwich School of Medicine and Surgery on the list of the medical schools recognised by Trinity College."

It will be recollected that the recognition of the certificates of lectures at the Ledwich School was withdrawn by the University Board because of the issue of certificates by an hospital which was supposed to have intimate relations with that school, such certificates being proved unreliable. While sympathising with Trinity College in its desire to put a stop to the sham certificate system, we felt bound—on that occasion—to protest against the disfranchisement of the school for the offence of which the hospital was believed guilty. However, it will be observed that the ban is now withdrawn and the school admitted to the same rights as those enjoyed by other schools. The University would have deserved greater credit for its action in the matter if it had included within its *index expurgatorius* other schools which were just as much open to suspicion as the Ledwich.

Unfermented Wine—a Cheerful Liquor.

At the Salford Court, one Pilling, a chemist, appeared recently in answer to a summons taken out against him under the Food and Drugs Act, 1875, for selling to the inspector two bottles of what purported to be "unfermented port and sherry wine, manufactured from the juice of the grape, and used for family and sacramental purposes," which wine, on being submitted to the borough analyst, was found to be not of the substance, nature, and quality demanded by the purchaser. The result of the analysis was that Mr. Bell, the analyst, found absent all the constituent parts which constituted the pure juice of the grape, and the liquid contained in the bottles was practically nothing more than coloured water. The so-called "unfermented wine" was sold in considerable quantities among total abstainers, and was said to be used largely for sacramental purposes. What the defence would be he could not conceive, unless the defendant confined himself to contending that he sold the liquid as he purchased it from the manufacturer. He reminded the bench, however, that the 25th section of the Food and Drugs Act provided that a person selling any adulterated article was liable to be fined unless he produced a written guarantee to prove that it had not been tampered with since the purchase took place.

The inspector said he did not actually ask the defendant to supply him with "the juice of the grape," but he expected when he made the purchase to get what was stated on the bottle, namely, "unfermented wine, manufactured from the juice of the grape."

The public analyst said he would not swear that there was not an infinitesimal quantity of the juice of the grape but the proportion was certainly not equal to 10 per cent.

In cross-examination, witness admitted that several of

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the constituents which went to form the liquid purchased might have been contained in the juice of the grape.

Mr. Green submitted, in defence, that the liquid purchased by the inspector was really what it purported to be, namely, "unfermented wine," manufactured from the juice of the grape. It was not sold, or intended to be sold as pure juice of the vine, and therefore, the prosecution, he held, must fall to the ground.

Mr. Bell, one of the firm of manufacturers in Liverpool, said the wine was manufactured principally from grapes, and had a very large sale, there being no fewer than 3,284 wholesale customers for it. Fifteen Nonconformist churches in Bradford were supplied with the wine, and there was one chapel where a dozen bottles were drunk every Sunday.

Mr. Hewson, manager of Messrs. Bell's works, said he manufactured the wine and it contained one-sixth part of pure grape juice, and five parts of sugar and water, with a small quantity of burnt sugar for colouring purposes.

The Stipendiary said he was of opinion that the summons must be dismissed, inasmuch as it was not proved that the wine did not contain some portion of pure grape juice, and no standard was fixed by the law by which he could decide whether the proportion was sufficiently large or not to justify the sale.

Metropolitan Hospital Sunday Fund.

The annual meeting of the constituents of the Metropolitan Hospital Sunday Fund was held in the Egyptian Hall of the Mansion House on Thursday last. In the unavoidable absence of the President of the Fund, the Lord Mayor, Sir Rutherford Alcock occupied the chair. On opening the proceedings he said it must have been particularly gratifying to the clergy, as it was to the Council, to find, notwithstanding the depression of trade, and the distress so generally prevalent, combined with a wet day, that the total amount contributed by the various congregations exceeded that of the previous year by £1,696, the total amount actually received being £26,501 4s. 1d. The working expenses of the year had somewhat increased, and this arose from the circumstance of the compulsory removal of the secretary's office, and the cost attendant thereon. But it is hoped that the present Lord Mayor will once more grant them the use of an office, and save this additional outlay. No difficulty had arisen in the distribution of the fund. The few hospitals that had been invited to a conference had preferred to leave their cases in the hands of the Distribution Committee, thus showing the confidence reposed in this body. The sum of £25,221 8s. 2d. had been distributed between eighty-one hospitals and forty-six dispensaries; in addition to which £260 had been set aside for the purchase of surgical appliances, and which had already proved a boon to many sufferers amongst the hospital patients, whose maladies demanded prompt aid, and who otherwise must have been thrown upon such societies as the Surgical Aid, and compelled to tramp over London begging for a number of letters equivalent in value to the cost of instrument, thus creating a scandal no less offensive to humanity than it was detrimental to the cause of true charity.

In a few well-chosen words of thanks and praises, the Rev. Mr. Bristowe moved the re-appointment of the Council for the ensuing year, and on the motion that the existing laws of the constitution of the fund be continued, a reverend gentleman expressed a hope that the Hospital for Incurables should in future partake in the distribution of the fund. It was, however, very strongly urged that this institution is to all intents and purposes an asylum, and not an hospital, and, more than that, it is a voting charity. After some discussion it was agreed to relegate the question to the Council for them to consider and report upon at the next annual meeting. On the motion of Bishop Claughton the next Hospital Sunday was fixed for the 13th June, 1880.

Anatomo-Pathological Researches on Hydrophobia.

Dr. Brigidi (*France Médicale*) has noticed the following pathological changes:—Great hyperæmia of brain and spinal cord, as well as membranes, and in one case serous effusion in the subarachnoid spaces. Enlargement of the cerebral and medullary cells, which were found to be full of vibrios. Similar appearances were found in the blood, mixed with bacteria, and extensively marked in the circumference of the vessels. The central medullary canal was distended, and full of the same granular substance.

Dr. Brigidi does not pronounce on the question as to whether the development of the vibrios has been a cause or effect. He believes that the morbid process observed in the nervous centres is of an irritative and degenerative nature, and that under the influence of the vibrios it may spread with extreme rapidity.

Lady Doctorates.

Two ladies have just received the degree of Doctor of Medicine in Paris. One of these ladies is Mrs. Chaplin Ayrton, wife of the Professor of Applied Physics at the City and Guilds of London Institute. Mrs. Chaplin Ayrton commenced the study of medicine at the University of Edinburgh; but, owing to well-known occurrences her studies there were interrupted, and she recommenced them in Paris. The title of the thesis she presented to the Faculty of Medicine before obtaining her degree was "Recherches sur les Dimensions générales et sur Developpement du Corps chez les Japonais,"—she having accompanied her husband in a visit to Japan. Mrs. Marshall was also one of the Edinburgh lady medical students, and had to start afresh in Paris. The subject of her thesis was "The Influence of Sex in the Production of Mitral Stenosis"; and it is said that she proved to the satisfaction of her judges that the disease is much more common in women than in men. Mrs. Marshall is a sister-in-law of Mrs. Garrett-Anderson, M.D.

Last week the Court of Appeal refused the application for a new trial in the cause of Phillips *v.* the South-Western Railway Company. It will be remembered that Dr. Phillips was injured on the defendants' line and received a verdict for £8,000,; this he considered insufficient, and upon a second trial got this increased to £16,000. The decision of the Court of Appeal confirms the latter finding.

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Strychnia Poisoning Treated with Chloral Hydrate.

Dr. C. M. Worthington reports, in the *Pacific Med. and Surg. Journ.*, a case of strychnia poisoning treated by electricity to relax the spasm of the facial muscles so that liquids could be swallowed; by half-drachm doses of Llebreich's chloral hydrate and one dose of one-quarter grain of apomorphia hypodermically. The patient recovered. The chloral hydrate was given every two hours.

The Actonian Prize.

The Managers of the Royal Institution of Gt. Britain have awarded the Actonian Prize of £105 to Mr. G. S. Boulger, F.L.S., F.G.S., for an essay on the "Structure and Functions of the Retina in all classes of Animals, viewed in relation with the Theory of Evolution."

Sir George B. Owens, M.D., J.P., has been chosen to fill the office of High Sheriff of the city of Dublin for the year 1880.

Captain Richardson, the leading partner in the well-known firm of John Richardson and Co., manufacturing chemists, Leicester, has been added by the Lord Chancellor to the list of magistrates for the borough of Leicester.

A new pharmacopœia has been published in Norway, but it is little more than a new edition of the Pharmacopœia of 1870, with a few modifications. A Pharmacopœia Scandinavica is in course of preparation, which will be used throughout Denmark, Norway, and Sweden.

Whatever be the cause, the Army Medical Service has suddenly become popular with the younger branches of our profession. At the examination held a few days since, there were actually more passed than there were vacancies for. In proof of this we need only refer our readers to the long list of candidates in our "News" columns.

The death-rates from the seven principal zymotic diseases in the principal large towns last week ranged from 0·5 in Brighton, and 1·2 in Portsmouth and Norwich, to 5·6 in Plymouth, 6·3 in Dublin, and 8·3 in Liverpool. Scarlet fever showed the largest proportional fatality in Newcastle-upon-Tyne, Dublin, Liverpool, and Bristol; and measles in Nottingham, Liverpool, and Plymouth. Small-pox caused 3 more deaths in London, 2 in Dublin, but not one in any of the other large towns. There were 777 deaths in London from affections of the respiratory organs.

Surgeon-General C. A. Gordon, M.D., C.B., with the sanction of the Government of India, has offered a prize of 500 rupees to the writer of the best essay on fevers as affecting the British soldiers serving in India. The competition is open to all medical officers of the British and Indian Medical Departments of the three Presidencies, retired, or on full pay, if on the 31st of August they had severally served five years or upwards with British troops. The essays are to be sent in by the 31st of December, 1881.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns were—in Calcutta 26, Bombay 31, Madras 38; Paris 28; Geneva 19; Brussels 31; Amsterdam 25, Rotterdam 20, The Hague 23; Copenhagen 35; Stockholm 20; Christiania 21; St. Petersburgh 31; Berlin 23, Hamburg 26, Dresden 19, Breslau 25, Munich 33; Vienna 27; Buda-Pesth 27; Rome 38, Turin 27; Alexandria 32; New York 24 per 1,000 of the populations. Small-pox caused 28, and typhoid fever 28 deaths in Paris.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Death-Rate of Glasgow.—The severity of the recent weather has been made very manifest in the suddenly increased death-rate in this city. For the week ending December 13th, it amounted to 31 per 1,000 of the population per annum, against 30, 25, and 22 for the corresponding periods of 1878, 1877, and 1876.

A Family Poisoned by Eating Sausages in Greenock.—On Saturday, the 13th inst., information was given to the police of a shocking occurrence at 35 Cathcart Street, Greenock. From inquiries made it appears that an old woman named Kerr, residing with her daughter, and Mrs. Ward and family, at the place above mentioned, was following her usual occupation of "middenraking," when she found a quantity of sausages. On her return home she stated that she had found them, and they were duly cooked, the old woman, Mrs. Ward, and her five children partaking of them. Soon afterwards Mrs. Ward complained of feeling unwell, as also did the children. Mrs. Kerr, strange to say, was not affected till late the following day. Mrs. Ward was completely prostrated, and, in fact, she and her mother and children had a most painful night, and everything that could be done to relieve their suffering was done by Dr. McDougall. Although the greatest attention was paid to her, Mrs. Kerr only survived till morning. On Sunday Mrs. Ward and her family were progressing favourably, and no fear is entertained of their ultimate recovery. On Monday a post-mortem examination of the body of Mrs. Kerr was made. The event has caused great consternation in the neighbourhood, and throughout the town. The post-mortem examination revealed no poison, but indications of death from eating putrid meat. The others are progressing favourably.

Glasgow Samaritan Society.—On the 15th inst., the annual meeting of the Samaritan Society in connection with the Western Infirmary was held in the Religious Institution Rooms, Professor Roberton presiding. Mr. Rutherford submitted a report, which stated that there had been 501 cases relieved since last January, and that a large quantity of clothing had been distributed to patients. There had also been 54 convalescents sent to the Dunoon Home, 20 to Kilman, and 5 to Saltcoats. The report was adopted, and office bearers appointed.

Aberdeen Royal Infirmary and Out-door Patients—A Commendable Resolution.—The question regarding the large increase of out-patients from all quarters of the city, including the dispensary districts, now asking advice and medicine at the Infirmary, came up for consideration at a special court of the managers of the hospital held on the

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15th inst. Dr. John Urquhart, who at the previous meeting had submitted an amendment on Lord Provost Jamieson's motion for the unqualified adoption of the report by the committee of management, said that as the amendment of which Mr. Francis Edmond, advocate, had given notice at last meeting of the court, left all that he desired should be left to the direction of the medical officers of the infirmary, he would now withdraw his amendment in favour of that of Mr. Edmond. The Lord Provost said that since there seemed to be a feeling in favour of Mr. Edmond's amendment, he, too, would withdraw his motion, and allow the question to go back to the committee of management in that form, although he felt quite convinced that the recommendation embodied in Mr. Edmond's amendment was impracticable. Professor Struthers also withdrew in favour of that of Mr. Edmond, which was after discussion agreed to as follows, viz., "That the Court having considered the report by the Committee of Management, submitted to the Quarterly Court on 10th March last, along with the opinions previously and since obtained from members of the medical staff and the superintendent; and having also considered the existing regulation of the infirmary, that no person can be received as an out-patient who resides within the boundaries of the Aberdeen Dispensary, along with the agreements between the managers of the infirmary and the directors of the dispensary, all relating to out-door patients; and keeping in view the terms of the late Mr. Burnett of Den's bequest, resolves that the said regulations and agreements be adhered to and confirmed; with this qualification or explanation that the medical officers, in their turns, after giving in the first place the usual time and attention to their in-door patients, and in the second place advice and a card for medicine in the infirmary to in-door patients beyond the dispensary boundaries, may, in the third place, give advice in special cases to out-door patients within the said boundaries if not on the poor's roll, and a card entitling them to receive medicine from the dispensary, but only on condition that every applicant produce an application and recommendation, and a declaration of inability to pay, all in the terms reported by the committee of management; and on this further condition as to the said special cases, that they are recommenned by a professional person as serious cases, and be reported as such by the medical officer to the superintendent of the infirmary." In unpleasant contrast to the wise spirit of the above resolution is the custom at the Royal Infirmary of Glasgow, where advice and medicine are given *indiscriminately* to all comers, and a system thus fostered and encouraged which is a scandal to the city, and a flagrant injustice to its medical practitioners.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages says:—The death-rate in the eight principal towns during the week ending with Saturday, the 13th December, 1879, was 28·0 per 1,000 of estimated population. This rate is 1·9 above that for the corresponding week of last year, and 4·6 above that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 16·9, and the highest in Paisley, viz., 46·8. The mortality from the seven most familiar zymotic diseases was at the rate of 3.6 per 1,000, being slightly above the rate recorded for last week. The increase can only be attributed to the number of deaths from whooping-cough, which was rather prevalent in Glasgow. Acute diseases of the chest caused 243 deaths, being an increase of 66 on the number recorded during the previous week. An increase was observed to a greater or less extent in all the towns, except Greenock and Perth.

Royal Scottish Academy.—Professor Turner, Honorary Professor of Anatomy to the Royal Scottish Academy, delivered last night the second of two demonstrations in the Life School. At the outset of the lecture the professor explained that for the greater part of the time he intended to direct attention to the hand, a part of the body which was especially human. Apes had, he said, undoubtedly hands, but the hands of these animals were very imperfect indeed as compared with the human hand. At the close of an interesting address Professor Turner indicated that if time permitted he proposed to deliver two more demonstrations in the course of the session. The professor was accorded a hearty vote of thanks on the motion of Sir D. Mackee.

Action against a Galvanist.—At the Edinburgh Sheriff Court, on the 17th inst., Sheriff Hallard heard proof in an action against Dr. Kintoul, Leith. In April of last year, John McLay, sawyer, pursuer, was stabbed in the right arm-pit, in consequence of which his forearm and hand had become paralysed and devoid of sensation. With the view of having the muscular power of the injured limb restored, he consulted the defender as to the application of galvanism or electricity, by means of which, he alleges, he was assured of a cure in a very short time. The pursuer, believing the representation of the defender, allowed him to apply galvanism by means of a galvanic battery, and he avers that in the course of the operations the defender ignorantly and recklessly placed the injured hand in a vessel of boiling water, and allowed it to remain there for about half-an-hour, with the result that when taken out the skin peeled off, the tissue was found to be destroyed, and mortification ensuing, amputation had to be resorted to. For such alleged unskilful treatment pursuer claimed damages to the extent of £150. Several eminent Edinburgh physicians were examined for pursuer. At the close of the proof the Sheriff made avizandum.

Faculty of Physicians and Surgeons, Glasgow.—The Widows' Fund.—The Faculty of Physicians and Surgeons of Glasgow promote a bill before the House of Commons for regulating the management of their widows' fund, for authorising a transfer of the fund and its liabilities, and for winding up the fund. It is proposed that from the passing of the Act no new contributors shall be admitted; and powers are sought to elect as trustees persons not contributors, and reduce the number of trustees; to appoint a judicial factor; to vest the property and obligations of the fund in new trustees and judicial factor; to contract for the transfer of the fund and its liabilities; to contract for the purchase of annuities and provisions for widows and children of deceased contributors, and divide the remainder of the fund among surviving contributors, and to agree with contributors desirous of retiring from the fund.

Glasgow Maternity Hospital.—Dr. Samuel Sloan has been appointed Physician-Accoucheur in room of Dr. Tannahill, resigned.

Stirling.—Death of Dr. Beith.—Dr. Andrew Beith, the oldest medical practitioner in the Stirling district, died at his residence in Craigs, Stirling, at the age of 78. About two months ago Dr. Beith was thrown out of his gig, and was so severely shaken that he was able to be out only once after the accident. Dr. Beith for many years was parish medical officer and physician to the Combination Poorhouse, and until very recently he held the office of burgh medical officer under the Public Health Act. Dr. Beith was highly respected, and his death causes a blank in many circles in Stirling, where he will be much missed.

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Literature.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. (a)

"This work is essentially a clinical digest. It includes the result of my individual experience." Such are the opening words of the author's preface, and a perusal of the work enables us to say that they are perfectly true. Dr. Emmet's work is essentially a record of his clinical practice, well told and clearly expressed. After a review of the "The Relations of Climate, Education, and Social Conditions to Development," the author devotes four chapters to consideration of "The Instruments used in Examination," "Surgical Appliances," "Modes of Examination," and "Causes of Disease." These chapters occupy 93 pages. Then follow chapters on "Principles of Treatment," &c., "Pelvic Circulation, and Applications to the Uterus," some 50 pages more. Nearly 100 are then occupied by the consideration of "Ovulation and Menstruation," "Abnormal Changes in the Menstrual Flow, and Congenital Malformation of the Vagina," "Pelvic Cellulitis," "Displacements of the Uterus," and their treatment, "Flexures of the Uterus," "Prolapse," "Laceration of the Perineum," and "Subinvolution," are then considered. "Inversion" and "Cancer" are treated in separate chapters. Two more are devoted to the consideration of a subject to which Dr. Emmet give great prominence, namely, "Laceration of the Cervix Uteri." Quite a third of the volume is allotted to the surgical treatment of uterine and ovarian disease, including that of fibrous and ovarian tumours, the various forms of fistulæ, and the author's special favourite, that of laceration of the cervix uteri, which are not of infrequent occurrence after labour, especially if the forceps have been used before the os has been fully dilated.

From this *resumé* it will be seen that the surgical treatment of disease occupies a very prominent place in the work. Indeed, it is as a record of the author's views in the department of "Uterine Surgery" that the work is specially valuable. Dr. Emmet is a gynæcologist of great experience; his book contains much that is valuable, and not a little that is novel. The chapters devoted to the treatment of "Laceration of the Cervix Uteri" come under this heading, for although Dr. Emmet, as long ago as 1862, published a paper on this subject, his views are as yet but little known on this side of the Atlantic.

"32.80 per cent. of all women under my observation (in private practice during five years) who had been impregnated, and had suffered from some form of uterine disease, were found to have laceration of the cervix." Such is Dr. Emmet's experience, *vide* page 447. A little further on he adds, referring to his tables, "it is to be noted that two instances of laceration occurred from miscarriage, and ten as a consequence of criminal abortion," a statement which reveals a melancholy picture of the morality of women in America. In reference to the subject of laceration Dr. Emmet makes a remark which it would be well that those engaged in midwifery practice here would bear in mind. He says, "it is evident there are some who are in the habit of delivering with the forceps without apparently the slightest reference to the stage of labour." We fully endorse Dr. Emmet's inference that to this most reprehensible practice the consequences he describes are frequently traceable, a practice, we regret to say, advocated by some practitioners even in this country.

Starting from these premises, Dr. Emmet proceeds to build up his theory, which, briefly stated, is this, that until lately this condition of laceration was *universally* mistaken for ulceration, and sometimes for the early stages of epithelioma, and for corroding ulcer of the uterus; and that for its cure he considers an operation necessary, notwithstanding in many cases that the parts may have completely healed.

We are most unwilling to analyse critically the phraseology used by Dr. Emmet, but in the present instance we feel that it is our duty to point out that in treating this subject he has been so carried away by a single idea that he is betrayed into not a few inconsistences and errors. The sentence we have just quoted is an instance. How can "the condition of laceration" have been "universally" mistaken for ulceration if it has also been mistaken for epithelioma? While to say that it was universally so, is to bring a sweeping charge of, at once, ignorance, stupidity, and gross carelessness against the whole profession.

It would be impossible for us in our limited space to analyse as we would wish the tables and facts so carefully brought together on this subject by Dr. Emmet. We shall briefly refer to his treatment. To quote his own words, "the chief purport of the treatment is to bring about union of the lacerated surfaces, and the question naturally presents itself as to the circumstances under which an operation is called for. I would state that in every instance where the condition is evident, and where enlargement of the uterus still remains, or where the woman suffers from neuralgia, I consider the operation necessary, notwithstanding the parts may have completely healed."

From this it is evident that the operation is, in Dr. Emmet's opinion, very frequently called for. The operation is then described at length. The edges are to be denuded, carefully brought together, and held in close contact with silver wire sutures.

Much stress is laid on preparatory treatment, and it is laid down as a rule that "so long as there can be detected, by pressure with the finger, any tenderness in the neighbouring connective tissue, it is not safe to operate."

In concluding our reference to this subject we must add that, in our opinion, this operation is, in some cases, of much value, but that Dr. Emmet appears to us to practise it too frequently, and certainly lays undue stress on lacerations of the cervix. As a proof we may quote his opinion, page 493, "that nearly all, if not all, cases of epithelioma, or cauliflower growth, have their exciting cause or origin in a laceration of the cervix." We have seen a goodly number of cases of this disease occurring in women who have never been pregnant, and believe this statement to be quite erroneous.

The chapter on inversion of the uterus contains a *resumé* of the various methods of treatment in practice. Perhaps the most valuable suggestion it contains, and one which we believe to be original with our author, is, that when the fundus has been passed within the os uteri, but that the further reduction is impossible, "that the fundus be confined within the uterine canal," an opening being left to permit the escape of the menstrual flow; "but before resorting to denudation for bringing about permanent closure, that sutures alone be employed. This gives the opportunity of making another attempt at reduction if Nature fails to accomplish it."

The whole book deserves an attentive perusal. It is an admirable exposition of the present state of uterine surgery from the pen of a talented gynæcologist, and will tend, we believe, to advance this important branch of surgery. It is not so suitable to the general practitioner, who has neither the time for, nor means of, performing the troublesome and tedious operations it treats of, and he will not find in it clear and concise directions for the treatment of the ordinary forms of uterine disease which are of such common occurrence.

(a) "The Principles and Practice of Gynæcology." By Thomas Addes Emmet, M.D., New York. London: J. and A. Churchill.

Literary Notes and Gossip.

Dr. Arthur Hill Hassall has just published a small work on "San Remo and the Western Riviera, Climatically and Medically Considered." He has produced a pleasant and readable book, and from the general style and binding, the work seems to be intended for the drawing-room table. We have seen Dr. Hassall's name in connection with almost every article of food, and always decidedly in favour of it; not so by his fault but that of the system on which public analysis has been hitherto conducted. In his new *rôle* he will probably be quoted as much in favour of "St. Remo."

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Almost simultaneously with Dr. Hassall's work, we were favoured with a copy of another by Dr. Sparks, bearing a similar title, "The Riviera," &c., and with similar objects, viz., the attraction of English visitors to the shores of the Mediterranean. The papers originally appeared in the *Medical Times*, but have now been re-written and extended to a crown 8vo of 400 pages. Dr. Sparks is not so well-known to the public, and for that reason his book will not probably sell to the same extent as Dr. Hassall's; it nevertheless contains a good deal of interesting matter, and for such as are bent upon spending the winter on those shores, no better guide will be found. We think, however, that

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patients will do better, at least this winter, by staying at home, the cold being unusually severe, and the snow excessive on the shores of the Mediterranean.

* * *

THE new library hall of the New York Academy of Medicine, which was formally opened last month, cost 9,556 dollars. The entire real estate owned by the Academy now amounts to about fifty-two thousand dollars. Its library contains upwards of ten thousand volumes, and its tables upwards of ninety medical periodicals. When it moved into its present quarters at the beginning of the present year, its library amounted to five hundred volumes only. The new hall is described as a model for society purposes, convenience, light, and ventilation.

* * *

LONDON has lost three valuable citizens during the past few weeks, and the profession three of its best known members, by the decease of Mr. Callender, Mr. Harry Leach, and Mr. Soelberg Wells. The latter gentleman was perhaps the best known in literary circles, his work on "Long, Short, and Weak Sight" and his "Treatise on Diseases of the Eye" being quoted as authoritative in almost every civilised language Mr. Harry Leach's literary labours were of a humbler kind, but not less successful; his "Ship Captain's Medical Guide," published under the authority of the Board of Trade, has passed its seventh edition; and the second edition of "The Pocket-Doctor" is well nigh exhausted. He was also the writer of the chapter "On Scurvy," in Cooper's "Surgical Dictionary." Mr. Callender's only literary effort beyond papers to medical journals and Societies' Transactions, was an essay "On Femoral Hernia,"

* * *

DR. HY. DAY, of Stafford, has published in pamphlet form his paper, "Observations and Comments on Certain Convulsive Disorders," which was read before the Medical Society of London. It is an interesting record of an experienced practitioner's observations on Chorea, Paralysis Agitans, and Epilepsy.

* * *

WE too often hear of persons being taken up by the police for being drunk and incapable, who are in reality suffering from some form of disease classified under the very broad and comprehensive term, "fits." There is great difficulty in the diagnosis of such cases, and much indignation has been unjustly vented on the police. Dr. Hedge Waters has published a small *brochure*, "The Treatment of Fits," to serve as a kind of guide to divisional police surgeons, and to assist them in diagnosing such complicated cases. From his experience in connection with the Metropolitan Police, he is enabled to speak with a certain degree of authority; as his work is principally based on typical cases which he has seen. We trust that his pamphlet will be widely circulated amongst the police force, for it may prevent many serious mistakes being made, and many a life may be saved by the adoption of the measures therein recommended.

* * *

WE have been favoured with copies for review of both the Carmichael Prize Essays, which we hope to notice later on. Mr. Rivington's work, to which the first prize was awarded, is one of such stupendous research, that it will require much close reading to do justice to its contents. Dr. Laffan's work, though less pretentious, is, from a cursory examination, fully entitled to the position it achieved among the twelve competitive essays.

* * *

A FEW days since there died at Herne Bay, whither he had retired from a busy London practice, at the ripe age of 82, Mr. Thos. Hunt, a member of our profession, whose literary efforts a few years since attracted considerable attention from the facetious portion of the lay press. "Hunt on the Skin," was too much for *Punch's* sense of the ridiculous to resist. "'Hunt on the Skin,' 'tis too bad to be thus instructed publicly in newspaper advertisements; it would be shocking in cold weather, in hot—bah! it makes one feel creepish all over. Gentle reader, whenever you see this reminder in the literary announcements, 'Hunt on the Skin,' take *Punch's* advice and don't." Hunt's little book was certainly illustrative of the familiar query, "What's in a name?" By it, the treatise—one not of the highest order of merit—sold extensively, and the author made a considerable practice.

* * *

MEMORIAL orations, though common in France, are rare occurrences in English-speaking countries, and this rarity adds greatly to their value and significance. Dr. Ephraim McDowel, of America, has well-deserved this honour, and his name will descend to posterity as the father of ovariotomy, an operation which has added so much to the honour of modern surgery, and still more has added many years of life to hundreds of women, who would otherwise have died at an early age. Dr. Gross has done justice to his memory in the oration before us, and all who are interested in ovariotomy should read this record of the work performed by the pioneer of the operation which has been brought to such perfection by surgeons of our day.

* * *

THE translating and editing of the valuable series of Professor Witkowski's "Movable Atlases" is being gradually completed. The last part is "The Eye and the Mechanism of Vision," the text of which has been translated, and in many parts re-written by Mr. Henry Power, F.R.C.S., a name which will carry accuracy and thoroughness with the work. The three remaining parts have, we understand, been undertaken by Dr. Stretch-Dowse, "The Brain;" Dr. Campbell Black, "The Male Genital Organs;" and Mr. Lennox-Browne and Mr. Hy. Sevill, "The Ear" and "Teeth" jointly.

* * *

WE have received parts viii. and ix. of Klein's "Atlas of Histology," and are pleased to notice that the latter parts fully sustain the promise of the initiatory number. The subjects included in the parts before us, comprise the blood-vessels and lymphatic glands, the teeth, salivary glands, oval cavity, pharynx, œsophagus, and stomach. The accompanying plates illustrating these chapters, do great credit to the artistic skill of Mr. Noble Smith.

* * *

THE representative of the Edinburgh College of Surgeons on the General Medical Council, Dr. Andrew Wood, is not only a distinguished physician and a good debater, but a poet of no mean order. True he has published no original poems, at least, so far as our knowledge goes, but he has translated and put into excellent English metre, several of the noblest classical works of Horace, Schiller and Lessing, and now comes forward with a volume of poems, eminently fitted for Christmas-tide. Dr. Wood has chosen Schiller's "Lay of the Bell," and other forms, as his latest effort, in which he fully establishes his reputation for lyrical elegance and ease. This work of Schiller is eminently open to treatment, it is full of sound philosophy and structural melody, and as the translator has adhered consistently to the text, the charm of the original is well preserved in its English dress.

* * *

IN our last column of "Literary Notes and Gossip" we mentioned with regret that our contemporary, *Guys Hospital Gazette*, had been placed under the inquisitorial control of the Treasurer to the Hospital, and that nothing would in future be permitted to enter its pages without first undergoing supervision. Such a state of things is, of course, incompatible with honest journalism, and this week the humiliating announcement is made by the editors of that journal, that "under the circumstances they will be unable any longer to continue its publication." That such an abuse of power should be possible in this age! that a layman should be allowed to gag the press, in order to suppress opinions contrary to his narrow-minded bigotry is simply astounding! Whilst congratulating the editors of *Guy's Hospital Gazette* upon their determination, the question arises what will the staff do?

* * *

THOUGH Radical in its political bias, there is practically no medical journal more conservative in its management than our contemporary the *Lancet*. The oldest of existing medical periodicals, it is the last to give way in modern improvements. 'Tis now many years ago—we hardly like to say how many—the *Medical Press and Circular* led the way in the cutting of its edges; one by one the others followed suit, and the *Lancet*, true to conventional tenets, is at last unwillingly dragged by the force of professional opinion it cannot afford longer to resist, to promise a similar concession to its readers in the new year. We congratulate our elder brother upon its reformation in this particular, and although differing from its "close-borough" style towards correspondents holding contrary views, we nevertheless wish it many another jubilee of useful and vigorous life.

* * *

IF all the Sunday lectures are to be of the same calibre as the one by Dr. Maudsley, there must be a greater number of intellectual men amongst the working classes of London than

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we imagined. For in a few pages, "Lessons on Materialism," he deals with questions which have agitated the greatest minds in every age and in every country. We all know the well-known lines in reference to Berkleyism,

"What is mind? No matter.
What is matter? Never mind."

We are not satisfied with this couplet, and hence we are striving to clear up the problem. Dr. Maudsley's address is a temperate exposition of Materialism, and we wish his example could be copied by his theological opponents.

* * *

Our usual parcel of Messrs. Cassell's works for the current month are as interesting and as well produced as ever. "The Countries of the World," by Dr. Robert Brown, has reached the end of its fourth volume, and the author has travelled with his readers into the habitat of one of the most interesting nations on the earth—the Japanese. The number opens with a beautifully-executed engraving of a ferry-boat, containing five Celestial beauties, and drawn by six swimmers, harnessed to the boat like the geese to a clown's tub. The number also contains a historical narrative of the Philippine Islands, and is full of admirably executed cuts.

* * *

"The Great Industries of the World" reaches its 23rd part, and will be completed by its 30th. It concludes an interesting article on miners and their diseases, and one on calico printing, continues others on tile-making, on leather work, on big guns, on jute, and on steam navigation, and commences one on potters and lead workers and their diseases. The whole number is admirably illustrated and, irrespective of its educational value, it and the preceding numbers of the work must serve an important purpose in forcing upon the British artisan the conclusion that if our country is to maintain its manufacturing industries against foreign rivalries, he must be prepared to work as hard, and content himself to fare no better than his American and Continental competitors.

* * *

"Science for All" for the month opens with a coloured frontispiece of a group of corals, the description of which forms the first article in the number. Then follows an article on burnt-out volcanoes, by Professor Bonney, one on celestial objects viewed with the naked eye, the colour of the sea, and on Flowering. Each and all of these subjects are dealt with in the most attractive popular form, sufficiently superficially to be interesting to the commonplace reader, sufficiently accurately and scientifically to be instructive and useful as an item of education. The illustrations are abundant and excellent.

* * *

"The Practical Dictionary of Mechanics" has reached the end of the letter H, and gives short historical and explanatory notices, with profuse illustrations of every conceivable piece of mechanism within that alphabetical limit. It is superfluous to praise the turn-out of these works or their literary style. They are in all respects excellent, and we are pleased to believe that the enterprising firm of Cassell, Petter, and Galpin are abundantly rewarded for their speculativeness in issuing such useful and admirable educational works.

* * *

New Books and New Editions.—The following have been received for review since the publication of our last list, Nov. 19th:—"Notes on Fever Nursing," by J. W. Allan, M.B. "How to Use a Galvanic Battery," by Herbert Tibbits, M.D. "Clinical Lectures on the Diseases of Women," by J. Mathews Duncan, M.D. "The Royal Guide to the London Charities, 1879-80," by Herbert Fry. "Manual of Skin Diseases," by Malcolm Morris, M.R.C.S. "The Royal London Ophthalmic Hospital Reports," vol. ix., part iii. "Psycho-physiological Training of an Idiotic Hand," by E. Seguin, M.D. "Health and Comfort in House Building," by Drs. Drysdale and Hayward. "Annual Report of the Sanitary Condition of Wandsworth." "Klein and Smith's Atlas of Histology," parr ix. "Dislocation of the Hip," by Oscar H. Allis, M.D. "The Treatment of Hepatic Disease," by Wm. Stewart, M.D. "The Lay of the Bell, and other Poems," by Schiller; translated into English Metre, by Andrew Wood, M.D. "The Influence of Colloids upon Crystalline Form and Cohesion," by W. Miller Ord, M.D.

Correspondence.

ANTISEPTIC SURGERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your leading article on Antiseptic Surgery of December 17th you have so inexplicably misinterpreted the remarks I made upon the subject, at the meeting of December 3rd, that I must beg of you to give prominence to the following correction:—

You state in the article referred to, with perfect correctness, "that Mr. Bryant declared himself unwilling to yield the whole glory of modern surgical improvement to the influence exerted against disease by antiseptic treatment, had, whilst admitting that vast changes had come over the methods of dealing with wounds, with their dressing, and all subsequent treatment," *you add most incorrectly*, "he yet strenuously resisted the ascription of any part of this improvement to the antiseptic agent *per se;*" adding *correctly* further on, "to the excellence of modern hygienic arrangements, to the better comprehension of the conditions and etiology of disease, to a keener appreciation of pathological transformations, and the influence of these on morbid changes, to the detailed observance of nursing and dietary minutiæ, would Mr. Bryant ascribe the vast improvement that all bear witness to;" but you again add *most incorrectly* that to these *alone* would I give credit; whereas, Sir, the truth is that I expressed my decided opinion that the introduction into practice of antiseptics by Mr. Lister was the last and crowning triumph of surgical improvement, and I thanked him warmly for their introduction. Indeed, I claimed to be an antiseptic surgeon as much as Mr. Lister, although I may not use the spray, and asked emphatically if any other antiseptic system existed outside the spray system or Listerism.

To this question I did not obtain an answer, but I live in the hope that in the course of time such a favour will be granted.

Your remarks upon other portions of my observations are equally misleading and inaccurate, and particularly those respecting the table of operations which I ventured to criticise, for that table which you describe "as being in number so limited and in detail so meagre" was published by Mr. Lister's right-hand man, with Mr. Lister's permission, and from his note-books, with the view of satisfying the reasonable wish that has been frequently expressed that a statistical account of some of the results of the antiseptic method of treatment in Mr. Lister's own hands should be published. The series, moreover, contained, as the reporter describes, a *selected series of cases*, which must be looked on as *crucial tests* of the treatment, and included *all* Mr. Lister's operations on healthy joints performed under the spray (a period of eight years), together with such accidental wounds of joints as occurred during the same period.

This table, which you describe as so limited in character and so meagre in detail, I deemed worthy of criticism, and on Mr. Lister's behalf would ask you to condescend to study it, for the careful study of authentic facts such as these tends towards accuracy, and does as much to suppress rash assertion as to give precision to practice.

I will not, however, venture to repeat here all the criticisms I made at the meeting you refer to, although I may express the surprise I felt when I found the oft-repeated assertion that "loose cartilages may *now* be removed by direct incision from the knee without any apprehension of evil results" was based upon the experience of only *three* cases, and another assertion, no less striking, "that a joint may be cut into with the *certainty* that no danger will follow, with perfect safety, and without risk," was based upon the limited experience of another sixteen cases. This surprise was also much enhanced when I read that several of these sixteen cases were of a very trivial nature, some of the others were good in their results, a few bad, and the remainder satisfactory; the whole, when read without a bias, possibly suggesting that the practice which had been adopted

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in their treatment was good, but no more. They certainly by no means afforded conclusive evidence as to its advantages.

These, Sir, were the chief criticisms I made, and which I now repeat, for I maintain that more good is to be gained by freedom of speech, when employed with the honest wish to arrive at truth, than by disturbing facts or building up temples of assertion upon limited data; and that "antisepticism" has done too much good in the practice of surgery, and "Listerism" has too firm a hold upon the professional mind to be injured by any such criticisms as I have ventured to make upon the facts which its distinguished originator has given to us, for our instruction, as crucial tests of his treatment.

In conclusion, Sir, allow me to repeat that I claim to be an antiseptic surgeon in its true sense as much as Mr. Lister, although I may not adopt Listerism as a rule of practice; and I ask again if Mr. Lister or any of his disciples admit that any antiseptic surgery exists outside the spray system? I ask you, Sir, to give an early and prominent position to this disclaimer.

I am,

Yours faithfully,

THOMAS BRYANT.

1 Upper Brook Street, London, W.,
December 20, 1879.

MEDICAL EDUCATION FROM THE STUDENT'S STANDPOINT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to an article published in your last number on "Medical Education," I would beg to say a few words in defence of a class of medical students who have been grossly and unjustly maligned.

With respect to the reception of "boys of undefined age," I might say that the curricula of all colleges (as far as I am aware) require at *final* examination proof of being at least 21 years of age. Then why concern ourselves at what age he commences his studies?

With the four following statements in the article I have nothing to do; they might refer to a class of students that I or any of my similarly-situated brethren would be ashamed to have anything to do with. They undoubtedly refer to that class that make up the "sundry manipulative procedures usually adopted for the treatment of the sick" in the grind-room during their final six months of study, and pay the usual (but exorbitant) sum of fees for certificates and diplomas to which they otherwise, than in a business point of view, have very little right!

But, Sir, the part which particularly interests me, and has moved me to trespass on your valuable space, is that referring to those gentlemen taking service "behind an apothecary's counter." With reference to them it is stated, in common with other behind-counters and clerks, that they are engaged at this business all day, while lectures and clinical instruction are going on. Now, Sir, if the author of that article had gone to the trouble (as he ought to have done) of making a few inquiries relative to apothecary-assistants, he would have found that they have two or three hours every morning for hospital attendance and lectures, in addition to evening hours for dissecting. Of course it would be scarcely necessary for me to point out many of the greatest men in the profession who in their student days held the position of "compounder."

It is also stated that pecuniary motives urge the "needy student" to undertake the last-mentioned occupation. Here, again, gross ignorance is displayed. How I ask, could a student pay for hospital, dissections, lectures, and clothe himself on £1, or at most £2 per month!!? Could he not get four times that in a commercial office, and thereby qualify sooner if his motives for accepting the post were only pecuniary? I firmly believe that in the breast of most apothecary-assistants there is another motive of far more import to the profession than that of scraping together a few pounds. I believe *the* motive to be—in order to obtain a *thorough* knowledge of "pharmacy" and "materia medica," *which can be obtained nowhere else.* Surely every compounder is familiar with some dozens of errors made *"by the head men of the day"* in writing prescriptions, which would not have occurred had the prescriber known anything of the properties and nature of the substance he was prescribing.

In conclusion, Sir, may I ask one question? Which is the better man—the one who spends his time in pleasure, and at end of allotted period pays his handful of money for his certificate and letters testimonial, and is at once transformed into a physician and surgeon; or the man who takes service behind an "apothecary's counter," or any other honourable employment, works himself up honestly and diligently from the lowest round of the ladder with anything but a full purse?

I hope, Sir, that you, in your capacity of Editor of a widely-circulated medical paper, will, by giving insertion to this letter, help the weaker members of the profession, and not allow them to be sneered at by those whose only qualification to do so seems to be a heavy purse.

I am, &c.,

ÆSCULAPIUS ROSA.

[1. As regards the age at which a student may qualify, our correspondent is in error. The attainment of 21 years is not, even in theory, enforced by all licensing bodies, and some of those who set it down amongst their requirements do not insist upon proper evidence of age. Moreover, we hold that it is much more important to prevent boys commencing medical study before either their mind, body, or education are fit for it than to prevent young men entering practice before the age of 21.

2. Our correspondent misunderstands us. We have never said that students are, as a rule, such as those referred to in his third paragraph. On the contrary, we have been careful to point out that our charge is against, not the student, but against the system, which leaves it altogether to his own inclination whether he shall idle or work, and which muddles his studies together in such a way that they are made unnecessarily difficult for him. We know that many students work thoroughly well, but we assert that they do so not in compliance with medico-educational regulations, but in defiance of them; and that if they did comply strictly they could not learn their business as well as they do.

3. We hold to our opinion that many students accept service in an apothecary's shop in order to save the expense of living in lodgings, and we believe that the "time allowed for lectures" is often imaginary. Nor do we admit that the "two or three hours" in the morning for hospital, and the "evening hours" for dissection are anything but a sham, for we are quite well aware that the student will be allowed these hours only when there is no business in the shop; that he, having been shut up all day behind the counter, is wont to cut short the hospital and the dissection in favour of a little necessary recreation, and that, even if he rigidly devoted the time which he is allowed—in theory—for these purposes he must necessarily omit the greater part of his studies. At once we declare that the whole day, and every working day for three years, is the very least sufficient period for learning to be a competent practitioner, though a couple of hours a day, and three months in a grind-room, may be enough to make the student a licentiate, and we utterly protest against any system which affords facilities for young men to occupy public or commercial positions, and to shuffle into the profession upon a disreputable pretence of medical study. As to the advantage of the study of practical pharmacy, we hold that with that handmaid to medical practice neither physicians nor surgeons ought to have anything to do, any more than a portrait painter has to do with the manufacture of his paints or his canvas. But we know that the general practitioner system in England, and the Poor-law medical system in Ireland, make a knowledge of dispensing necessary, and we, therefore, highly approve of that knowledge being acquired in an apothecary's shop, and we are far from depreciating the

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status of students who so acquire it. We don't, however, regard it as "medical study," and we therefore look upon the substitution of a year's such work for a year's hospital and dissecting-room work—which is permitted in England—as only a means of evading one of the theoretic four years of study.—ED. M. P. & C.]

WOOL-SORTERS' DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I send by this post copies of the *Bradford Observer* of Dec. 4th and 11th, containing leaders, paragraphs, and letters on "Wool-sorters' Disease." It is not uncommon in Halifax from the sorting of camel's-hair. I have returns of several deaths. I have found the bacillus anthracis in the blood of animals inoculated with the blood of persons suffering from this disease. Previously I thought it a septicæmia. It differs, however, very much from anthrax or charbon, as described by Sanderson and in Ziemssen; I may call it pulmonary anthrax. I have tried for over two years to impress upon employers the necessity of washing or steaming dangerous wools before they are sorted. This will *certainly* prevent the disease. They will not do this unless compelled. Several coroners' inquests have recently been held on victims, and in consequence some firms have done something towards what is necessary, but not sufficient. I may mention a fact, recently under my own observation of three men out of nine, working in one room, who died from this disease within about a month of each other.

The mortality from disease of lungs (excluding phthisis), 13th Regist. Dist. 1851-60 of males aged 20 years and upwards, was 17·4 per cent. of the total mortality. In the Shipley sub-district, including Saltaire—where alpaca and mohair are largely used—the proportion for five years, 1872-6, was 68·2 per cent. What is to be done to compel employers to adopt the simple means necessary to prevent these frequently-recurring deaths? It appears to me that an inquiry by the Medical Department of the Local Government Board and the expression of public opinion through the press are most important, and if you contribute towards this through the columns of the *Medical Press* you would much oblige

Yours very truly,

W. H. BELL, M.D.

Bradford, Dec. 13th, 1879.

[In the *Medical Press and Circular*, April 10th and Nov. 13th, 1878, will be found articles on "Wool-sorters' Disease." We have already pointed out the necessity for legislative action to check this disease. We then emphatically expressed our opinion as to the possibility of stamping it out in the following words:—"It is, or should be, a preventible disease, and we are not saying too much in affirming that it ought to be stamped out from our vocabulary and become a memory of the past. We think the time has fully come for a scientific report on the disease." We are indebted to Dr. Bell for drawing our attention to the subject again, and for papers sent, and shall endeavour to comply with his wishes, particularly as we know that he possesses a rich experience on this sad affliction, and that he writes with almost the authority of an expert.—ED.]

Novelties.

LE DR. OLLIER'S MECHANICAL SAW.

ACCORDING to the *Journal de Medecine et de Chirurgie*, Nov., 1879, we learn that M. Ollier has introduced a new instrument for the purpose of resection, consisting of a small circular saw, which is set in motion by the revolutions of a wheel, to which it is attached by an india-rubber band.

It has been constructed for him by the well-known instrument maker, Collin, and M. Ollier has used it for a year with excellent results. Such a machine would only be useful in a large hospital, whilst at the same time it might be attended by serious mishaps arising either from some movement of the patient or misdirection of the surgeon. It is, however, curious, as an illustration of the mechanical direction which surgical instruments are taking, and might possibly lead to the construction of an instrument more compact and less liable to risk.

In dentistry, the introduction of the American drill, worked by the foot, has been found successful by many practical dental surgeons, and we have reason to believe that it would be easier to construct an instrument on the same principle which might be applicable in many important operations, especially for resection and excision, and which we consider would be far superior to the invention of M. Ollier, as it would not require an assistant to furnish the driving power.

BISHOP'S GRANULAR EFFERVESCENT CITRATE OF CAFFEINE.

WE have made trial of this preparation in some cases of migraine, and we found that it was attended by the most marked results, and as this preparation is presented to us in such an agreeable form, we may expect it will be largely used, both as a sedative, anodyne, and diuretic, for it has all these properties. Its beneficial action in migraine may be explained on the theory of M. Herz, that it is an arterial neurosis dependent on the great sympathetic nerves. It may also be found useful in all diseases associated with asthenia, such as melancholia, over brain-work, sleeplessness and depression of spirits from alcohol, and where a mild excitement is required to induce a proper state of nutrition.

BISHOP'S GRANULAR EFFERVESCENT EXTRACT OF NUX VOMICA.

NUX vomica is not as largely used as it deserves to be, and we gladly welcome a preparation which affords us the means of prescribing it in an agreeable and accurate form. In Bishop's granular form the bitterness of the preparation is considerably masked, and as each drachm contains 1-12th of a grain, to be taken in a third of a tumblerful of water, we are able to proportion the dose. A very useful little measure is supplied with each bottle, so that patients can measure with accuracy the dose. Messrs. Burroughs and Co., of 8 Snow Hill, London, are the agents for these preparations of Bishop and Company.

CONCENTRATED MINERAL WATERS.

MR. CONDY, well known as the manufacturer of the celebrated fluid which bears his name, now introduces to our notice a system of concentrating and oxygenating mineral waters, by which any known mineral water can be produced at pleasure. He takes any given water, as Vichy or Friedrichshall, extracts from them in concentrated form their medicinal qualities, charges them with nascent oxygen, then bottles them in their reduced bulk, so that a person may carry the constituents of a case of mineral waters with him in his pocket. With a teaspoonful of concentrated Vichy and a tumbler of soda water the inventor guarantees a draught of pure Vichy water. Certainly the idea is a most ingenious one, and if found to answer all that is said for it, the difficulty of transport of a favourite water when travelling will be materially diminished.

EUCHLORINE.

DR. ARCHER FARR, Medical Officer of Health for Lambeth, is responsible for this disinfectant. Various preparations and combinations of chlorine with other substances have been manufactured from time to time, but mostly with indifferent success when practically tested, whether "Euchlorine" will fare better, it is, as yet, hard to predict. We have not as yet interested ourselves

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analytically, but upon applying the ordinary tests, it answered exceedingly well. It, moreover, possesses this novelty, that upon mixing equal parts of Nos. 1 and 2 effervescence takes place, and ozone and the oxides of chlorine are evolved; and by regulating the quantities it serves as an air purifier in the sick room or hospital ward, and is equally potent as a disinfectant when thrown down closets or drains after it has served its first purpose during effervescence. It has certainly a more agreeable odour than chlorine, and from its other excellent qualities should become one of our most popular disinfectants. The maker is Mr. White, Chemist, 332 Kennington Road, S.E.

Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Licentiates of this College on December 22nd:—

Adams, Alexander Peers; Greenholme, Kingston Hill.
Bates, Henry Leslie; Streatham Common, S.W.
Bond, Charles John; 80 Albert Street, N.W.
Branson, Cecil Lugard Smyth; 30 Tavistock Road, W.
Crew, William Thomas; 11 Falmouth Road, S.E.
Dimmock, Henry Peers; 13 Moore Street, S.W.
Ensor, Theodore Francis; Milborne Port.
Faulkner, Joseph; 36 Darnley Road, E.
Jones, Charles Montagu Handfield; 49 Green Street, W.
Lathbury, Charles John: Breaston, Derby.
Lewis, Christopher John; 16 Park Place Villas, W.
Lewis, George Stephens; Guy's Hospital, S.E.
Lovell, Robert Haynes; St. Mary's Hospital, W.
Mort, Herbert Brownlow; Southport.
Rich, Evelyn Arthur; Winchester.
Townsend, Knowlson; 18 Broughton Place, Edinburgh.
Warrburton, Arthur; Betley.

The following candidate, having passed in Medicine and Midwifery, will receive the College licence on obtaining a qualification in Surgery recognised by this College:—

McKee, Gerard Macklin Eccles; 2 Overstone Road, W.

University of Dublin.—At the Winter Commencements, held on Wednesday, December 17, the following degrees in Medicine and Surgery were conferred:—

Bachelor in Surgery.

Manning, George Henry
Beatty, Wallace
Williams, J. Almeric de Courcy
Pratt, Joseph Dallas
Johnston, Robert Henry

Bachelor in Medicine.

Manning, George Henry
Beatty, Wallace
Moore, Malcolm Henry
Sawyer, Richard Henry Stewart

Master in Obstetrics.—White, William Henry

Master in Surgery.—Wheeler, William Ireland.

Doctor in Medicine.

Hamilton, Thomas Kinley
Halpin, Nicholas John
Sharkey, Edmund
Fitzgerald, William Alexander
Flood, Stephen (*in absentia*)

The following honorary degree was also conferred:—

Doctor in Med. and Surg.—Reynolds, Jacob Henry (*honoris causa*).

King and Queen's College of Physicians in Ireland.—At the usual monthly examinations for the licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, Dec. 8, 9, 10, and 11, the following were the successful candidates:—

For the licence to practise Medicine—

Barney, Richard Winter
Barry, Edward Frederick Sheehy
Berry, Edmund
Harding, James Joseph
Harris, Hugh
Hartt, Charles Henry
Henn, Edmund Poole Howell
Jackson, Thomas
Keelan, Michael
MacDonogh, Eliza Foster
O'Reilly, Francis John

For the licence to practise Midwifery—

Barney, Richard Winter
Barry, Edward Frederick Sheehy
Berry Edmund
Harding, James Joseph
Hartt, Charles Henry
Henn, Edmund Poole Howell
Jackson, Thomas
Keelan, Michael
MacDonogh, Eliza Foster
O'Reilly, Francis John

Up to and including December 12 the following Licentiates in Medicine of the College have been admitted to Membership in accordance with the provisions of the Supplemental Charter:—

Ashe, Isaac, Dundrum
Browne, H. P., Delgany
Chapman, John H., Dublin
Cormack, John Claude, Liverpool
Cox, Henry T., Portland
Craig, Richard M., A.M.D., Cyprus
Crespi, Alfred, Lundi Island
Dick, James N., R.N., London
Eames, Wm. James, Devonport
Foster, Balthazar W., Birmingham
Fuller, Joseph, Bristol
Hatchell Joseph H., Maryborough
Heard, R. L., Bray
Johnston, Andrew C., Aberlady
Jones, John Thomas, London
Keays, William, A.M.D., Cyprus
Kidd, Abraham, Ballymena
McVeagh, John Francis, Dublin
Madden, Thomas More, Dublin
Murdoch, Sidney, Dublin
Norman, Conolly, Monaghan
Oxley, Martin G. Black, Liverpool
Partridge, Thomas, Stroud
Patton, Alex., Finglass
Paul, Ernest Watson, Bridgwater
Peele, Edward, Dublin
Porter, Frank Thorpe, Dublin
Ross, Daniel McClure, Monaghan
Scott, R. R., A.M.D., Southampton
Scott, William, Aughnacloy
Styrap, Jukes de, Shrewsbury
Thomas, William, Sheffield
Thompson, James, Leamington
Walsh, John, Blackburn
Warren, Frederick W., Dublin
Williams, Thos., R.N., Dartmouth
Woodward, G. P. M., London
Worswick, Fred. H., Manchester

Army Medical Service.—The Director-General of the Army Medical Department presents his compliments to the Editor of the *Medical Press and Circular*, and will feel obliged if he will cause the enclosed list of the successful candidates at the recent competitive examination for Her Majesty's British Medical Service to be published in his columns:—

Names.	Marks.	Names.	Marks.
F. R. Barker	2,590	R. D. Donaldson ..	1,75
A. H. Keogh	2,525	H. L. E. White ..	1,745
C. B. Hill	2,420	C. M. Johnston ..	1,740
J. R. A. Clark	2,330	J. L. Hall	1,705
H. E. B. Flannagan ..	2,295	A. H. Burlton	1,700
H. J. Michael	2,280	E. North	1,695
T. Dorman	2,215	G. F. Poynder	1,693
A. W. G. Inman ..	2,185	J. K. Sherman Bigg ..	1,675
T. M. Corker	2,180	G. F. A. Smythe ..	1,665
E. H. Myles	2,145	H. L. Battersby ..	1,655
G. S. Robinson	2,125	A. Hewitt	1,645
F. B. Moffitt	2,115	E. Landon	1,640
C. A. Webb	2,075	G. Mulvaney	1,635
J. G. S Lewis	2,065	J. E. Nicholson	1,635
H. Martin	2,050	T. W. Beale	1,625
A. E. J. Croly	2,010	F. E. C. Hood	1,625
R. O. Cusack	2,010	W. O. Wolsley	1,610
E. F. Smith	2,010	T. F. McNeece	1,605
W. A. Cowen	2,000	R. V. Smith	1,590
R. H. Forman	1,995	B. T. McCreery ..	1,580
S. J. Flood	1,965	A. G. O'Connor ..	1,575
D. S. Williams	1,955	A. McM. Bolster ..	1,570
G. W. Robinson ..	1,940	D. Wardrop	1,545
N. Cameron	1,920	G. T. Goggin	1,520
J. Watson	1,910	H. G. Christian	1,485
O. Todd...	1,905	J. M. Jones	1,470
A. O. Geoghagan ..	1,876	F. M. Baker	1,465
C. R. Egan	1,810	C. Williamson	1,460
J. D. Day	1,805	R. Oliver	1,415
W. R. Henderson ..	1,805	A. Asbury	1,400
R. T. Cumming ..	1,800	J. M. Carleton	1,375
A. M. Kavanagh ..	1,795	F. R. Maclean	1,365
J. H. Harwood	1,765		

The following gentlemen having obtained the qualifying number of marks, have also been accepted:—

H. L. Cox
J. P. Carmody
R. W. Barnes
T. P. Walsh
G. H. K. McO'Callaghan
P. H. Fox
H. A. Wall

Harveian Society of London.—The annual general meeting of the Harveian Society will be held on January 8th, for the purpose of electing the officers and council for the ensuing year, and transacting the usual business. The following is a list of the names of gentlemen proposed by the Council as officers of the Society for the year 1880:—*President*—* Henry Power, Esq. *Vice-Presidents*—George Eastes, M.B.; Robert Farquharson, M.D.; * E. J. Gant, Esq.; * W. H. Day, M.D. *Treasurer*—* James E. Pollock, M.D. *Hon. Secretaries* J. Milner Fothergill, M.D.; George Field, Esq. *Council*—* Henry Chas. Stewart, Esq.; T. Fitzpatrick, M.D.; H. E. Sewill, Esq.; H. T. Mapleson, Esq.; Edmund Owen, Esq.; T. Buzzard, M.D.; * G. C. P. Murray, M.D.; * W. Squire, M.D.; * G. Danford Thomas, M.D.; * W. Ward Leadam, M.D.; * J. W. Langmore, M.D.; * Owen Roberts, Esq. An asterisk is prefixed to the names of those gentlemen who did not hold the same office the preceding year.

South London School of Pharmacy.—The Seventh Annual Dinner and Distribution of Prizes was held on Friday, last, December 19th, in the large hall at the Horns, Kennington, under the chairmanship of Dr. Muter, Principal of the School. About 140 sat down to dinner, the evening being diversified with music and theatricals, the prizes being distributed by Dr. Julius Pollock with his customary urbanity. The following is the list:—*Senior Chemistry*—

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Medal, Mr. Eaton; Certificate, Mr. Harburn. *Botany*—Medal, Mr. Parkes; Certificates, Messrs. Banks and Grover. *Junior Chemistry*—Medal, Mr. Banks; Certificate, Mr. Littlefield. *Materia Medica*—Medal, Mr. Littlefield; Certificate, Mr. Slicer. *Pharmacy*—Medal, Mr. Webb; Certificates, Messrs. Fidler and Beech.

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

A GENERAL PRACTITIONER.—The leading consultants object to give advice in reply to country practitioners in the columns of medical journals; it is not unnatural that they should think that what is worth having is worth paying for.

A CANDIDATE FOR THE PASS.—With so many good text-books on surgery you cannot do wrong in taking either. The best and most modern are, Erichsen's, Gant's, and Bryant's.

ROYAL INSTITUTION.—On Saturday, Dec. 27, at 3 p.m., Professor Tyndall, "On Water and Air." (First Christmas Lecture.)

THE CINCHONA CURE FOR DRUNKENNESS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As I find in the *Medical Press and Circular* of Nov. 26, p. 466, a quotation giving Dr. Hayne's opinion and experience regarding the "Cinchona Cure for Drunkenness," and as my experience in that matter is perhaps as much as Dr. Hayne's, and of a very different kind, I believe that, in fairness to a very important question, you will give publicity through your magazine to the purport, at least, of what I send you. No wonder that Dr. Hayne's experience was a failure, seeing he speaks of a case where a party took the remedy during the day, and then took strong drink at night. This is to violate an essential condition in the cure. This representative case is no case of trial at all, and it is to be feared that the other cases referred to by Dr. Hayne are of a like kind.

I send you a copy of the *Aberdeen Daily Free Press* containing an article I have marked, which article was written by the Editor as the result of his own personal investigation. Besides I could give you the names of many who are now entirely cured from the alcoholic appetite by the cinchona cure.

I am, most truly yours,

Deeside Hydropathic Establishment, near Aberdeen. ALEX STEWART, M.D.

ARMY MEDICAL SERVICE.—The next examination for admissions into the Army Medical Service will take place at the University of London on the 9th of February and following days.

E. H. C.—The prescriptions appear more than curious. We will take the opinion of one or two pharmaceutic authorities, and publish results in our next.

P. B.—We regret that we cannot depart from our rule of declining to advise patients in these columns.

A DISCLAIMER.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In publishing his "belief" that certain handwriting is mine, Mr. Smith (of the London Temperance Hospital) has pledged himself to "an inaccurate diagnosis," and has thus prepared for application to himself a charge of that "malicious defamation" which he seems anxious to fasten on others.

Whether or not you, Sir, have allowed a "defamatory letter" from me to appear in your columns, as alleged by Mr. Smith, and whether or not a reprint has been circulated in London, or elsewhere, are matters I need not argue with him. So far as I am concerned the question before the public is the *origin of the immersion paraboloid*; and I could only sustain my comments on Dr. Edmunds' claim in your columns by reopening the discussion—which you have closed. Those who are interested in the question may refer to the *English Mechanic* of Nov. 28th, the 12th inst., and the current number.

Yours, &c.,

224 Regent Street, Dec. 19, 1879. J. MAYALL, jun.

VACANCIES.

Belmullet Union, Bangor Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Medical Officer of Health. Election, Dec. 26.

Birmingham General Hospital.—Resident Surgical Officer. Salary, £120, with board. Applications to the House Governor before Dec. 29.

London Hospital Medical College.—Warden and Secretary. Emoluments amount to between £300 and £350. Applications to the Acting Secretary before Jan. 5.

Manchester, Hospital for Sick Children at Pendlebury.—A Senior and a Junior Resident Medical Officer. Salary, £100 and £30 respectively, with board. Applications to the Chairman of the Medical Board before Jan. 4.

Monaghan Union, Scots own Dispensary.—Medical Officer. Salary, £120, with fees, and £15 as Medical Officer of Health. Election, Dec. 30.

Oughterard Union, Lettermore Dispensary.—Medical Officer. Salary, £110, with fees, and £12 as Medical Officer of Health. Election, Dec. 31.

South Molton Union.—Medical Officer of Health. Salary, £130. Applications to the Clerk of the Guardians South Molton, before Jan. 9.

Sunderland Infirmary.—Physician. Honorary. Applications to the Secretary before Jan. 28.

Worcester General Infirmary.—Physician. Honorary. Applications to the Secretary before Jan 14.

APPOINTMENTS.

ADRIEN, E. W., M.R.C.S.E., Medical Officer to the Balrothery Union Workhouse.

ORR, J. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Wollaston District of the Wellingborough Union, Northamptonshire.

SCOTT, J., M.B., C.M., an Honorary Surgeon to the Manchester Southern Hospital for Diseases of Women and Children.

SCOWCROFT, J. E., F.R.C.S.Ed., L.R.C.P.Ed., an Honorary Surgeon to the Bolton Infirmary.

STEVENSON, W. E., M.B., M.R.C.S.E., House Surgeon to the Hospital for Sick Children, Great Ormond Street.

WHARRY, A. J., M.R.C.S., House Surgeon to the Great Northern Hospital.

Births.

CROGHAN.—On Dec. 16, at 142 Capel Street, Dublin, the wife of Dr. E H. Croghan, of a son.

MERRICK.—On Dec. 1, the wife of Alex. Stewart Merrick, M.D., Resident Medical Superintendent Belfast Hospital for Insane, of a son.

TURNBULL.—On Dec. 8, at Kelso, N.B., the wife of G. H. Turnbull, M.D., of a son.

Marriages.

WILSON-NOLAN.—On Nov. 18, Thomas Wilson, M.R.C.S.Eng., of Edgewortstown, to Lizzie, daughter of A. Nolan, Esq., Nenagh, co. Tipperary.

HUNT—MILLER.—On Dec. 10, at St. Jude's, Mildmay Park, London, N., the Rev. J. J. Hunt, of Bolton, to Jessie, second daughter of C. M. Miller, M.D.

Deaths.

DAVIS.—On Dec. 11, at Waterloo Road, Dublin, John N. C. A. Davis, F.R.C.S.I., Deputy Inspector-General of Hospitals, Army Medical Department.

DUNLOP.—On Dec. 6, at Blacket Place, Edinburgh, John Dunlop, M.D., Deputy Inspector-General of Hospitals and Fleets.

GEORGE.—On Dec. 4, at Weston-super-Mare, Richard Francis George, M.R.C.S.E., aged 81.

MACDONALD.—On Dec. 7, at Lynedal House, Isle of Skye, John Macdonald, M.D., of Buenos Ayres.

MACLURE.—On Dec. 13, at Harley Street, Duncan Maclachlan Maclure, M.B.

O'CONNELL.—On Dec. 13, at Templemore, co. Tipperary, Daniel O'Connell, L.R.C.P.Ed., aged 38.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 31, 1879.

CONTENTS.

Original Communications.

NOTES ON BENZOATE OF SODA IN A CASE OF GUMMATA OF THE SKIN (LUPUS SYPHILITICUS).

By J. B. BERKART, M.D.,

Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, &c.

ON the 19th of July, 1879, Mr. N. consulted me on account of a number of sores, which, within the last two years, had gradually developed themselves all over his body. He stated that he had taken for a considerable time large doses of mercury, and then of iodide of potassium, but had derived no benefit from the treatment; for scarcely was an ulcer formed in one place when one commenced to break out in another. He felt, moreover, very weak, he had lost his appetite, and was greatly depressed in mind.

Mr. N., æt. 38, is the father of three children, of whom the youngest is seven years old, but he has been a widower three years since. He did not remember having ever had a serious illness. He has had, fourteen years ago, gonorrhœa, from which, however, he had completely recovered in a few weeks. With the exception of occasional attacks of gastric derangements, he had always enjoyed good health until four years ago. At that time he had noticed, in the palm of his left hand, an eruption of red spots, which, on applying for advice, were considered as being of syphilitic origin. Although he freely admitted that he had exposed himself to the danger of a syphilitic infection, he was yet positive that he had never had a sore on the penis, nor enlarged lymphatic glands anywhere. After a course of mercurial fumigations the red spots had soon disappeared without leaving any traces. He had never had sore throat, disease of the skin, nor had he lost his hair. Two years ago he had accidentally noticed a small sore, which, without causing pain or inconvenience, had developed itself in front of the left leg, at about the middle of the tibia. He had at once submitted himself to anti-syphilitic treatment, but not only had that sore greatly increased in size, but others had shortly afterwards formed on various parts of his body. He had, in the course of time, lost flesh, and had a week ago a fainting fit while his wounds were being dressed.

Stat. Præs. Patient is of small stature, rather thin, and very anæmic. A number of ulcers situated at the point of junction of the hairy scalp with the forehead, on both parietal and the occipital bones, encircle the top of the head like a wreath, as it were. There are ulcers also on the top of the head, on mid-sternum, in the inter-scapular region, on the abdomen,—the greater portion of them on the left side; on the left side of the penis, and of the scrotum; on the left thigh, and on the right arm, and on the right calf. On the middle of the left tibia in front there is a larger dark brown cicatrix, about 3″ in transverse diameter. On the right forearm, in the middle of the radius, there is a dark red spot of the size of sixpence, surrounded by a dusky areola; it is slightly elevated over the surface, firm to the touch, painless, and adherent to the subjacent tissues. The rest of the skin seems healthy.

Most of the ulcers are of circular shape, with the exception of those where several have coalesced, and they look as if punched out of the skin; the edges are somewhat thickened, but there is no trace of inflammatory reaction around them. Their depth varies; some are quite superficial, others penetrate for almost ¼″ into the subcutaneous tissues. They are covered with a scanty greyish-white, very tenacious substance, which, when removed and examined by means of the microscope, appears to consist of large, homogeneous cells, strongly refracting light, without nucleus, and giving with methyl-violet the reaction of amyloid. There are nowhere enlarged glands to be felt. Temp. normal, and the patient states that he has never felt feverish. Pulse is small, very soft, 90. The muscles are thin and flabby; the thorax is well developed, cardiac impulse is neither seen nor felt, and the heart is apparently covered by the lungs. The percussion of the right side

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of the thorax is dull in front from the second to the fourth rib. There is no respiratory murmur on the right side, and that on the left is very feeble. The sounds of the heart are clear but feeble; those of the aorta are markedly conducted outwards to the right axilla. The tongue is pale, large, and flabby. His bowels act daily, and there is nothing apparently abnormal in the abdomen.

The diagnosis of this case could not be doubtful. The rapid formation of the sores all over the body following the cutaneous eruption on the palm of the hand; the shape of the ulcers and their peculiar edges, and the absence of all inflammatory reaction around them; the scanty tenacious secretion; the state of the skin between the sores; all these signs make it highly probable that the case is one of gummata of the skin,—a true lupus syphiliticus. It has, of course, to be considered that the patient positively denied the existence of an initial sclerosis, and of enlargement of the lymphatic glands. But it is not impossible that the primary sore may have been slight and superficial, rapidly tending to recovery, as it frequently occurs, and without implicating the lymphatic glands. Possibly there may be also a constitutional proclivity to the formation of lupus,—a proclivity which the syphilitic infection may have roused into activity.

The question of treatment was very embarrassing. The patient had for a considerable time taken large doses of mercury, and also of iodide of potassium, without any benefit. His digestive organs were at the time so deranged that it was deemed advisable to discontinue for a while all active treatment, but to allow them to recover their functional energy. The question of subcutaneous injections of mercury was also considered; but apart from the objection of the patient to that treatment, it was thought that a short delay of all therapeutic interference may possibly show whether a sufficient amount of mercury had already been introduced into the system.

The patient was therefore ordered merely to apply iodoform to the ulcers.

July 26.—There was no improvement. The patient was still more depressed in spirit because the gumma on the right forearm, above mentioned, had broken down, and was now formed into a round ulcer. Not far from this a dark red spot appeared. His appetite was in no way improved, and his weakness had increased. It was therefore necessary now to do something. Considering the favourable results which Schüller has obtained in scrofulous ulcerations by means of benzoate of soda, it was thought that this drug might prove useful also in the present case. The patient was consequently ordered:—

℞ Sod. Benzoat., ʒss.;
T. Cardam. co., ʒss.;
Aq. Menth. Pp. ad ʒj.

M.S.—To be taken twice a day.

As he objected to the iodoform on account of its smell, water dressing was substituted for it. He was directed to take, as soon as his appetite was improved, two tablespoonfuls of cod-liver oil twice a day.

Three weeks later he again presented himself. His appetite was now considerably improved, and he felt much stronger. The more superficial sores had quite healed, and were, as in the penis and scrotum, covered with epidermis, while nothing but a slight induration indicated the seat of the previous disease. On the chest, the hands, and the abdomen the reparative process was equally active; the loss of substance was everywhere repaired, and epidermis began to form from periphery towards the centre. Only the sores around the head had made little progress towards recovery, but this delay could be accounted for by the local irritation, produced partly by scurf of the scalp, partly by ointments which the patient had used to avoid having a bandage around his head, and partly by his wearing an old felt hat soaked in perspiration. On the forehead, more especially, the sores looked angry and spreading. To avoid further mischief the head was ordered to be shaved and to be carefully washed, and the sores were protected by bandages against irritation. The benzoate of soda and cod-liver oil were continued as hitherto. In the course of fourteen days, cicatrisation appeared also on the forehead.

The improvement of this case was certainly more rapid than is usually attainable by means of mercurial and iodine preparations. I limit myself, however, for the present, to the statement of facts, but refrain from drawing far-reaching inferences. Perhaps, after a larger experience, it may be possible to decide whether benzoate of soda exerts a favourable influence on the protracted forms of constitutional syphilis.

ON BRONCHITIS.

By G. HARRISON YOUNGE, L.R.C.S.I., L.K.Q.C.P.I., &c.

Bronchitis is a disease than which there is none more frequent or more important. Its importance depends as well on its frequency as on the serious morbid changes which may remain behind, and on the number of deaths which it causes, especially in young children and old persons. It is therefore essential that we should be acquainted with the disease in its every detail, and be prepared to treat it in all its varieties.

Bronchitis usually results from exposure to cold, but it may arise from other causes. Thus we have mechanical bronchitis, resulting from the irritation of the mucous membrane, due to the constant inhalation of air rendered impure by the presence of particles of dust, iron, &c. Again, we have secondary bronchitis, occurring in fevers, gout, and Bright's disease, and depending on the vitiated state of the blood. Another important cause of bronchitis, and one which should always be borne in mind, is mitral regurgitation; in this case it is due to the constant state of congestion of the lungs. There are numerous classifications of bronchitis, but the most practical is into Acute and Chronic. Another important division is that based on the part of the bronchial mucous membrane affected, viz., ordinary bronchitis, where the mucous membrane of the large bronchial tubes is implicated; and capillary, where the disease is confined to that of the small tubes. Of course both of these forms frequently co-exist.

The symptoms of bronchitis are chilliness and coryza, followed by pyrexia. The temperature rises to 101° or 102°; the skin becomes hot and dry, the pulse rapid and full, the tongue is furred, there is thirst and loss of appetite, the urine becomes diminished in quantity, high in colour, and deposits lithates; the bowels are constipated; there is cough, at first frequent, preceded by an unpleasant sense of tickling in the throat; it sometimes comes on in paroxysms, and is especially troublesome at night. There is a feeling of post-sternal oppression, and of soreness and tenderness at the lower part of the sternum, caused by constant coughing. At the commencement of the attack the secretion of the mucous membrane is diminished; soon a clear, viscid, frothy mucus is expectorated; after some days the expectoration becomes thick, muco-purulent, and only partially aerated. The physical signs are quite distinctive in uncomplicated cases. Bronchitis is bilateral; percussion is normal. At the commencement of the attack sonorous rhonchi are heard on auscultation over the larger tubes, while over the borders and apices of the lungs vesicular breathing is heard as usual. These morbid sounds are caused by the air entering tubes whose calibre is lessened by the swollen and dry state of the mucous membrane. When the bronchial secretion becomes profuse, large bubbling râles take the place of the dry sounds.

Capillary bronchitis, or suffocative catarrh, is a highly dangerous affection. It is much more fatal when it attacks, as it usually does, young children, or persons who are past middle age. The attack may be primary, or it may supervene on an ordinary case of bronchitis. The symptoms are very severe, and are generally quite characteristic. The attack is ushered in with the usual febrile symptoms; soon, however, urgent dyspnœa, with

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occasional paroxysms of orthopnœa, sets in; cough becomes violent and paroxysmal, expectoration is very difficult, owing to the very viscid nature of the sputa, the circulation through the lungs becomes greatly embarrassed, the right side of the heart is engorged, the jugular veins are distended, the face assumes a dusky hue, and the lips are livid. If the case proceeds to a fatal termination the face becomes covered with cold sweat, the surface begins to cool, the pulse becomes weak and irregular, the expired air is cold. The patient becomes comatose, and in some cases dies convulsed from the action of carbonic acid on the brain. The physical signs are the same as in the former variety, except that in this case fine bubbling râles are heard instead of the large ones.

Chronic bronchitis usually follows the acute. In old persons, however, it comes on every winter, when it is known by the name of winter cough. It is this winter cough which is the great cause of emphysema; it should, therefore, be looked upon as a most serious affection, and should receive prompt and careful treatment. The symptoms and physical signs of chronic bronchitis are the same as in the acute. The diagnosis of uncomplicated bronchitis presents no difficulty. In some cases, however, where complications occur, it may not be easy to determine the exact nature of the disease. Thus, there may be dulness on percussion; this is due to the mucous membrane having lost its usual sensibility. The patient is, therefore, not aware of the necessity for coughing. The accumulated secretions gradually gravitate to the base of lungs and produce the dulness. This dulness has not infrequently been mistaken for pneumonia. It may, however, be readily recognised by the absence of the characteristic symptoms of pneumonia, such as the prolonged rigor, the rapid rise of temperature, the pungent burning skin, the great disturbance of pulse-respiration ratio, &c. On physical examination the dulness in bronchitis will be found to occupy the most dependent part of the lung, not, as in pneumonia, mapping out a lobe. The dulness will also change with change of posture, while vocal fremitus and resonance are diminished.

Chronic bronchitis with dilated bronchi may be mistaken for phthisis. Dilatation of a bronchus may be caused either by collapse of a lobule of the lung, the bronchus then dilating to fill the vacuum thus formed, or from long continued and difficult cough, the bronchus giving way at some weakened point. These cases resemble phthisis in the following points—emaciation, sweating, debility, cough, expectoration. It may usually be diagnosed from phthisis by the fact that phthisis begins at the apex; dilatation generally takes place at the root of the lung, in the vicinity of the large bronchi. In phthisis there is hæmoptysis; in dilated bronchi thisis absent. The sputa are fœtid in dilated bronchi, they are not in phthisis. Attention to the above points, together with careful physical examination, will generally be sufficient to clear up the case. If not, the progress of the case will remove all doubt.

In speaking of the morbid anatomy it is necessary to know that bronchitis may prove fatal and yet no marks of inflammation appear on the mucous membrane. This, however, can only occur when the smaller tubes alone are affected. It is due to the fact that the mucous membrane of the capillary tubes approaches in character a serous membrane, and serous inflammations frequently disappear after death. In ordinary cases the mucous membrane is covered with thick tenacious mucus. When this is removed the membrane underneath is found thickened, red, and irregular. In some cases even slight ulceration of the mucous membrane may be seen.

Plastic bronchitis deserves mention here, as, though not often met with, it may be mistaken, when it does occur, for phthisis or pneumonia. Its symptoms are wasting, cough, hæmoptysis, and expectoration of plastic casts, called bronchial polypi, and dulness on percussion. It may be diagnosed from both phthisis and pneumonia by the fact that plastic casts of the bronchial tubes are expectorated, and on physical examination vocal fremitus and resonance are diminished instead of increased.

Syphilitic bronchitis is an affection deserving of careful consideration from the fact that it is liable to be mistaken for phthisis, and which, if not properly treated, will assuredly become phthisis. The symptoms resemble those of phthisis in the following points. There is great emaciation. In the syphilitic affection, however, the patient has a peculiar dull, cachectic appearance, which is very suggestive of syphilis. There are night sweats, but in this case the cutaneous exhalation is clammy, and has a heavy unpleasant smell. Hæmoptysis is a marked symptom, but the expectorated blood, instead of being of a bright arterial hue, is dark in colour, and somewhat grumous. Diarrhœa is a very troublesome and persistent symptom, which usually defies all ordinary treatment. There is dulness on percussion, but instead of being at the apex, as in phthisis, it occurs in scattered patches over both lungs, being due to gummatous deposits. Cough is not usually so troublesome a symptom as in phthisis. Expectoration is usually profuse, and the expectorated matter is fœtid.

From the above we see that the following are the chief points of distinction between these affections:—

1. In syphilitic bronchitis the sweat is clammy and unpleasant in odour; in phthisis it is not.
2. In syphilitic bronchitis the expectorated blood is dark and clotted, in phthisis it is bright in colour.
3. In phthisis the dulness is apical, while in the bronchitis it occurs in scattered patches.
4. The expectoration is fœtid in syphilitic bronchitis, it is not in phthisis.
5. In phthisis the patient is bright and hopeful, while in syphilitic bronchitis the expression is dull, heavy, and depressed.

The morbid appearances distinctive of syphilitic bronchitis are the presence of gummata in the substance of the lungs. These growths are situated in the connective tissue between the air vesicles and bronchial tubes. They are surrounded by a layer of connective tissue, which contains a number of blood vessels; inside this is a covering of fibrous tissue; the centre of the tumour is filled with a dirty yellowish-grey substance, which after a time undergoes caseation.

It is now necessary to consider shortly the most important sequelæ of bronchitis. Of these, that which first claims attention is phthisis. Frequently repeated attacks of bronchitis may produce phthisis in subjects in whom not the slightest hereditary tendency exists. If such is the case how much more likely is phthisis to result in persons who are already predisposed to the affection. In patients who are phthisical bronchitis works the greatest havoc, so that in these cases it is of the greatest importance to treat the slightest attack at once, and continue the treatment until the disease is thoroughly cured.

Another very important sequella of bronchitis is emphysema. It most frequently occurs in old persons who have suffered for some time from winter cough; yet no age is exempt from it, and it may even be met with in young children where strong family predisposition to fibroid degeneration exists.

Emphysema may be caused either by collapse of a lobule of the lung, when the surrounding vesicular portion becomes emphysematous to fill the space formerly occupied by the collapsed lobule. This, however, is of comparatively little importance. Or the whole or greater part of the lungs may become affected. In these cases it is caused by frequent cough, especially where any obstruction exists to the free expiration of the air. When such is the case, the air is forced into the air vesicles, which distend and burst. After a time the lungs permanently lose their elasticity. When this takes place a disease becomes established, which causes the greatest possible inconvenience to the patient, and which exerts a most detrimental influence on his general health.

In the treatment of bronchitis the indiscriminate use of expectorant medicines frequently does much harm. Thus

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I have several times seen cases where the mucous membrane was dry, inflamed, and irritable, yet in these cases turpentine was ordered, which being a powerful styptic, as we know, could only aggravate matters. Yet, if the prescribers are asked why they use turpentine in these cases, their invariable answer is, "Because it is an expectorant"! Such treatment is manifestly incorrect and unscientific, for expectorants have their special modes of action as well as any other class of medicines. If we consider these special modes of action we find that tartar emetic and ipecacuanha increase the secretion from the mucous membrane. Alkalies, especially ammonia, increase the amount of, and at the same time liquefy the mucus, thus assisting its expectoration. Blue pill increases the secretion, and also acts as a powerful alterative. It is very useful when combined with ipecacuanha.

The medicines which facilitate expectoration are carbonate of ammonia, senega, squill, and stimulants. Turpentine diminishes the secretion, but from its stimulant action it also assists expectoration; it is therefore specially indicated in debilitated patients in whom there is profuse expectoration.

Opium, morphia, and hydrocyanic acid relieve cough, but they should only be given where they are really necessary, as they diminish the secretions.

When a person is seen suffering from the premonitory symptoms of bronchitis, the attack may sometimes be cut short by a hot mustard bath and ten grains of Dover's powder at bed-time. I have often seen this treatment successful in what threatened to be a very severe attack of bronchitis. If, however, this does not succeed in checking the disease, the patient should be confined to the house, or if the attack is bad to bed. The temperature of the room should be kept at about 65 deg.; it should be well ventilated, but the patient must be carefully preserved from all draughts. The action of the skin should be promoted either by vapour or camphor baths.(*a*) If the bowels are irregular 5 gr. of calomel, followed, if necessary, by a dose of castor oil in the morning, acts better than any other aperient. In bronchitis, occurring in strong adults, I prefer tartar emetic, in one-sixth gr. doses, to any other remedy; it frees both the bronchial and cutaneous secretions, and lessens the inflammation. It may very advantageously be combined with spt. ammon. arom. Tincture of aconite in 2 m. doses every hour is very useful, especially in phthisical persons, where the great object is to overcome the inflammation in the shortest time possible; it should, however, be used with caution. Leeches to the chest and dry cupping afford great relief. Linseed meal and mustard poultices should be kept frequently applied.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterwards spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with flying blisters about the sternum, afford the best results.

In chronic bronchitis it is of great importance to improve the general health. The diet must be carefully regulated; stimulants are needed in most cases; and a general tonic plan of treatment should be adopted. The condition of the bowels should be inquired into, and if necessary corrected. If the heart is affected tincture of digitalis should be given. Where there is bronchorrhœa, turpentine, chloride of ammonium, and the balsams, together with inhalations of turpentine, creosote, or iodine, are most effectual in relieving excessive secretion. If there are fœtid sputa carbolic acid inhalations will usually correct this unpleasant symptom. When the healthy action of the mucous membrane is becoming re-established arsenic is very beneficial; it increases the appetite, improves the state of the blood, and restores the tone of the pulmonary tissues. If there is anæmia tincture of the perchloride of iron may be combined with the arsenic; if this is done the bowels should be kept regularly acting, or the iron will have little effect. Iodide of ammonium and sulphur are most useful in gouty bronchitis.

Persons who suffer from winter cough should, if possible, reside during that season in some mild climate. If this cannot be they should be kept constantly under observation, and the slightest pulmonary symptoms should receive attention and treatment.

In syphilitic bronchitis mercury should on no account be given, or the case will become one of phthisis. Iodide of potassium and iodide of iron, with decoction of cinchona, will generally greatly relieve the symptoms. Cod-liver oil with good diet will assist in restoring the patient.

(*a*) To give a camphor bath the patient is undressed and placed on a cane-bottomed chair, being then surrounded by a cloak. About one drachm of camphor is placed in a crucible and burned under the chair; after remaining for a few minutes in the vapour the patient is removed to bed, in a short time a gentle perspiration sets in, which is most beneficial. The bath may be repeated every second day.

Clinical Records.

PUERPERAL ECLAMPSIA BEFORE LABOUR—RECOVERY.—THE VALUE OF CHLORAL AND CHLOROFORM.

Under the care of Dr. GRELLOT,

With remarks by Dr. J. LUCAS CHAMPIONNIERE, (*a*) Chirurgien des Hopitaux de Paris.

MME. H., æt. 28, a woman of nervous temperament, had been married some years; about two years previously had a false conception, without any consecutive complication. I was called to her 30th September last, when she presented all the appearances of puerperal eclampsia, the result probably of a fright from having seen a woman die, a month previously, in an epileptic attack. The paroxysms came on very frequently. On vaginal examination I found the neck of the uterus undilated. I prescribed a potion of six grammes of bromide of potassium to be taken, in two draughts, at a quarter of an hour's interval. The first was returned, the second retained, though this had not much effect on the symptoms. On my second visit the pulse was 130, temperature very high, unconscious. I could not expedite delivery, nor could I bleed, so the following lavement was prescribed:—

Hydrate of chloral, 5 grammes; (*b*)
Distilled water, 250 grammes;
Yolk of egg, 1 gramme.

This injection was absorbed. The attacks ceased, the uterine neck dilated, and in twenty-four hours delivery took place naturally. The child, though small, was living, and mother and child have since done well.

Remarks.—In reference to the preceding observation, we may recall to the minds of our readers the present position of the treatment of eclampsia by chloral. A very remarkable memoir of Dr. Testut, *couronné* by the Academy of 1877, exhausts the question, and if we admit his conclusions, chloral is *the* treatment for this condition. It consists in introducing into the economy in the most speedy manner 4 to 10 grammes, commencing with 4 grammes, and administering it progressively in one-gramme doses. It is certain that it is an excellent

(*a*) *Journal de Med. et de Chirurg.*, Nov., 1879.

(*b*) By consulting our Metric Tables the reader will be able at once to convert the French measures into English equivalents.

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medicine. According to Dr. Testut the stomach should be avoided, as a means of introduction, owing to the danger of injuring the mucous coat. The subcutaneous method presents dangers owing to the eschars resulting. The rectal method should be usually adopted, and he prescribes :—

Hydrate of chloral, 10 grammes ;
Distilled water, 100 grammes.

The first injection consists of 4 grammes of the above. Its effects are watched, and if necessary the injection is repeated every hour, of the strength of one gramme, until the eclamptic symptoms cease, and the patient has fallen into a profound state of anæsthesia. She must be incessantly watched, so that on a return of the symptoms fresh measures may be adopted.

If the rectal way is impracticable the arm must be chosen, and a solution of chloral in distilled water, neutralised by a solution of some drops of carbonate of soda, be subcutaneously injected.

I admire the high value of chloral, and there are cases where it acts in a marvellous manner. I have seen a woman in whom, after three most violent attacks, two grammes of chloral definitely suppressed the eclampsia. As a rule a much larger dose is required. I have seen chloral fail completely. Without, then, detracting from the usefulness of chloral in certain cases, I shall speak of the treatment which I recommend. I believe especially in the efficacy of anæsthesia, combined with general bleeding, if there are symptoms of congestion. I may say I have never seen a woman die who has undergone this treatment regularly and correctly, shortly after the *debut* of the symptoms of eclampsia.

Anæsthesia is easy, but it should be sustained, and chloroform administered anew, as soon as there is the least symptom of a return of the attack. Neither should she be left ; she should neither be touched, irritated, or tormented in any way. When the face is very congested, before anæsthetising I draw off four to five hundred grammes of blood, according to the strength of the patient ; and if during the process of anæsthesia the congestion is pronounced, I interrupt it in order to bleed. I must condemn the practice of leaving the patient as soon as she has been some time without an attack. We need not fear to give large quantities of chloroform. I have myself administered from 280 to 300 grammes. Chloral is an excellent medicine, but chloroform has a more powerful action on the paroxysms.

AN ANALYSIS OF RECENT ADDITIONS TO OPHTHALMOLOGICAL LITERATURE.

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

THE last half of the year 1879 may be marked in the professional calendar as especially prolific of ophthalmological and aural literature, and amongst the books published within that period—many of which are, as is usual, ephemeral productions, written to obtain a practice and a name—we find some sterling works which indicate the scientific activity of the professors of these specialities, and which present to us the outcome of much thought upon this branch of surgery ; albeit nothing very novel or very srtiking is recorded which may mark this epoch in the annals of ophthalmology and otology. The first book before us is the translation by Dr. Burnett, of Washington, from M. Landolt's lectures on the methods of examination of the eyes. (*a*)

The author's high character as a scientific ophthalmologists and especially as a *savant* in regard to anomalies of the accommodative function, gives weight and interest to his lectures, and afford a sufficient reason for their republication in English by Dr. Burnett. M. Landolt has done much towards perfecting and promulgating the dioptric system of mensuration of the optical conditions of the eye, and upon this part of his subject, at least, his views may be accepted as most reliable. Dr. Burnett introduces the lectures to his readers with the statement that his reprint of them "is not a mere translation of the French editions of Landolt's 'Diagnostique des Maladies des Yeux' and 'Manuel d'Ophthalmoskopie,' but that both the original and the translation have been carefully revised by the author and so much new matter has been added that Dr. Burnett's rendering of the lectures is in many important particulars a new book.

The author announces in his introduction that "he intends to leave to physiologists the task of working out those problems which are purely scientific, and only occupies himself with those which are indispensable to our daily practice." We must therefore be content to regard these ectures as made for practitioners, and to look behind them and before them for the results of Dr. Landolt's actual scientific works. In the first chapter we find well-deserved care given to the objective examination of the patient, his cranial and facial peculiarities and their value as an indication of anomalous states of the eye. We have not seen this subject so well dealt with in any work, and the chapter will repay perusal even by the experienced ophthalmologist. Speaking of the necessity for careful examination of the everted lid and of the retro-tarsal fold, the author says : "It is astonishing what we sometimes find hidden away under the upper lid. It is not only the seat by preference of granulations, but also of foreign bodies of all kinds. A grain of sand, a bit of coal, &c., nearly always seek refuge here. Would you believe that I have found in three different cases eye-stones which the patients had introduced under the upper lid in order to drive out a grain of sand ?"—to which the translator adds that it is the custom in some portions of the United States to introduce "for this purpose, a flax seed into the eye." We have ourselves seen a case in which a grain of oats had remained for several weeks in the same position, while the patient was leeched, blistered, and purged for the cure of all sorts of imaginary diseases.

In this chapter the author dwells upon the importance of observing the distance between the two eyes, and insists that abnormality in this part of the facial contour is the chief cause of insufficiency of the internal rectus. For the purpose of measuring the amount of this anomaly he—having recapitulated the disadvantages and uncertainties of the ordinary methods—proposes the use of an apparatus invented by himself, which he names a "chiasmometer." It seems deserving of being illustrated and described in the author's own words :—

"It is a box (Fig. 1) having the form of a rectangle, of sufficient length, one end of which has two holes (*o o'*) for the eyes and a depression for receiving the nose.

"Each of the two openings is provided with a short tube in which to place the eye, and they can be separately closed by a movable slide from the inside.

"A vertical plate divides the box into two parts ; it is situated exactly in the middle of the distance separating the further extremity of the box and the line uniting the centres of rotation of the eyes.

"The further extremity of the box is closed by two plates, which can be moved separately in a lateral direction. In each of these is a vertical slit (*i'* and *i*). A similar slit

(*a*) A Manual of Examination of the Eyes, a Course of Lectures delivered at the Ecole Pratique by Dr. E. Landolt, Director of the Ophthalmological Laboratory at the Sorbonne, Paris ; translated by Swan M. Burnett, M.D., Lecturer on Ophthalmology and Otology in the Medical Department of the University of Georgetown, and Ophthalmic Surgeon to the Central Dispensary, Washington. Authorised translation, revised and enlarged by the Author. London : Baillière, Tindall, & Cox. Philadelphia : D. G. Brinton, South Seventh Street. Royal 8vo., pp. 307.

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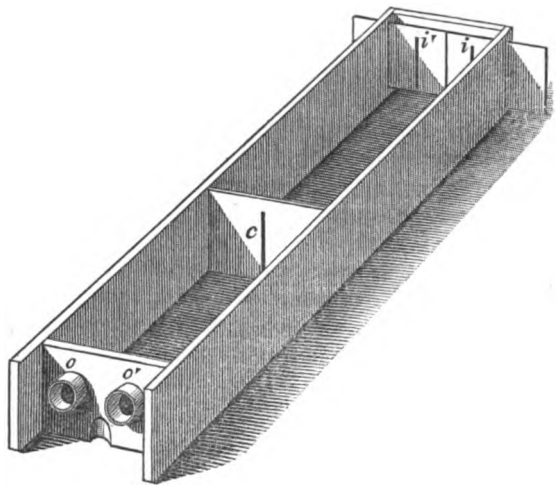
(*c*) is made in the middle of the central diaphragm. A cover encloses the whole.

"To measure the distance between the two eyes we apply them to the anterior extremity of the box, each one looking through its appropriate opening. By means of the slide on the interior one of the openings, for example, the one corresponding to the left eye, is closed, and the right eye alone looks into the box. This eye can see nothing so long as the slit in the middle and the slit on the left at the other end do not correspond with the visual axis of that eye. We can bring this about, however, by a suitable movement of the left movable plate at the further end of the box.

"We proceed in a similar manner with the other eye.

"You can easily understand that the distance (*i' i*) between the two movable slits so placed will represent the distance (*o o'*) which separates the two eyes, since the distances are bases of two equal triangles.

FIG. 1.



"It is easy, however, by using the same principles, to arrive at the same result in another manner. Take, for instance, a rectangular plate with a needle fixed in its centre, and at one of its extremities two movable needles; the eyes placed at the other extremity sight, one after the other, by the central fixed needle, at the needles beyond, moving the latter until they are covered by the central one.

"Thinking that it is easier for our patients to mark definitely the moment when they perceive a light, I usually employ the first form of apparatus. To this apparatus I have given the name of *chiasmometer*, because it is based upon the crossing of the visual lines.

"To obtain greater exactness in this method we can place in the central slit a fine thread or hair, which should appear exactly in the centre of the illuminated space when the central slit coincides with one of the slits at the further end.

"The great advantage of this method is that it requires neither a parallelism of the two eyes nor a simultaneous fixing of the same point. This enables it to be applied even to strabismic eyes, and to cases where there is an insufficiency of the muscles."

(*To be continued.*)

Transactions of Societies.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

DR. KEELING communicated the particulars of

TWO CASES OF EXTRA-UTERINE FŒTATION.

CASE I.—M. W., æt. 28, married, was admitted into the Jessop Hospital on May 28, 1876. A slight, but fairly healthy woman, married for four years, but without family. From the very confused and uncertain account given, the following particulars as to her uterine history were gleaned. Menstruation had always been abundant, but regular, and with usual interspace of time until spring of 1878, when she had an excessive discharge, and was thought to have aborted. After this, and for a period of about five months, there was a constant sanguineous discharge from the uterus, not materially increased at the monthly periods; and during this time the abdomen enlarged, the breasts became fuller, and morning sickness was present. The patient was judged by herself and friends to be pregnant, notwithstanding the constant discharge from the womb, and as this ceased in the early part of September, and remained in abeyance thereafter for four months, during which time the other symptoms of pregnancy became more marked, there remained but little doubt as to her condition. In the third week of January of the present year (some twelve months after the commencement of her uterine troubles), labour pains came on, with free sanguineous discharge, and continued in a weak lingering form for about sixty hours (Dr. Martin was then in attendance). After this the labour was apparently arrested, and the pains ceased. The discharge, however, continued, and the patient became very ill and weak. In answer to my questions, she described the discharge as a "red, thick fluid, without much smell." In the course of a few weeks the patient got about again, and on April 5th was well enough to come over to Sheffield at Dr. Martin's wish. When I saw her all discharge had ceased, the abdomen had gradually become smaller, and the breasts shrunken. The body was tender on pressure. In the early part of May, and again a month later, she had what appeared to be a natural menstrual period. Dr. Martin agreed with me in looking on the case as one of missed labour, the cause of which was, however, not very apparent. We agreed in an attempt to reinduce uterine action, and, for this purpose, she came into the hospital, where she was seen also by my colleague, Dr. Jackson. The following is a note of her condition taken on June 12th:—A rounded, elastic, dull tumour occupies the central line of the abdomen, reaching from the symphysis pubis to a little above the umbilicus, with a breadth of about seven inches at its widest part, where it bulges over towards the left side. The tumour tender on pressure; flanks tympanitic; breasts flaccid; areolæ large and dark. A dark line down centre of abdomen. No fœtal or parietal sounds to be heard. On examination *per vaginam*, it was found that the cervix was taken up into the body of the uterus, the os externum being small, round, open, and drawn up very high. The sound passed without much difficulty or pain to a depth of four inches. Acting on the view that the uterus had been impregnated, that Nature had attempted to extrude the contents, and that from some cause, had failed to do so, I determined to endeavour to reinduce uterine action by first opening up the os uteri, and then if it seemed desirable, administering ergot. Accordingly, on June 15th, a bougie (No. 12) was passed through the os to the extent of two inches, and left in for forty-eight hours. The result of this was about nil, and on the 17th I passed a sponge tent. A few hours afterwards this was removed and two fresh ones were introduced. By this means the os was opened to the extent of two fingers' breadth, sufficiently so to admit of a better examination of the interior of the uterus. The finger could now be passed about one and a-half inches beyond the os externum, but it came in presenting part, nor bag of membranes; on the other hand, there was felt on the left side a hard, rounded, resistent body, like a small fœtal head, but separated from the examining finger by a fleshy wall, which appeared to be the side of the uterus. It thus became clear that nothing further was to be effected in the direction hitherto pursued. The fœtus, if fœtus there were, was not lying free in the uterine cavity. In the meantime, the general condition of the patient was most unsatisfactory. She had become restless and feverish, with a rapidly rising pulse and temperature. There was a fœtid discharge from the vagina, frequent vomiting, with pain and tenderness about the pelvis and abdomen, but no labour. The question now arose whether one was justified in opening the abdominal cavity, and searching further. This I felt strongly inclined to do, but thought it better to wait awhile in the hope that the patient's condition would become more favourable. I had, moreover, to contend with the ignorant opposition of jealous friends, unwilling to run an inevitable risk, and unable to appreciate, until too late, the precarious position of the patient. The further history of the case is shortly this. After local measures had been abandoned, the general condition of the patient improved somewhat for a time. Then peritonitis set in, with diarrhœa and constant sickness; eventually the body became greatly distended to such an extent as to mask entirely the presence of the tumour. Death occurred on July 26th, eight weeks after admission. A few hours after death

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a post-mortem was made. A most abundant escape of very fœtid gas occurred on pricking through the abdominal walls, and on laying this fully open, a dark, gangrenous, foul space was displayed, with bits of fæces lying loose here and there amongst the intestines, and had given way in half a dozen places. There was a pint or more of dark, grumous, stinking fluid in the cavity. Occupying the true pelvis, and rising up into the left side of the abdomen, was the wasted and half-decomposed body of a fully-formed fœtus. The child lay free in the peritoneal cavity, rolled up tightly into a ball, and attached only by a dark rotten cord to the left side. One could make out little or nothing of a placenta. Where it should have been there was merely a black sloughy *débris*, in which omentum, intestine, and peritoneum were alike involved. The remains of a membranous envelope could be traced still partly enveloping the child, most distinct below, where it formed an imperfect cyst, the wall of which was intimately adherent to the iliac vessels and left ureter behind, the latter duct being considerably distended above the point of union. At the side the cyst wall lined the true pelvis, closely adherent in front, it ran into, and became incorporated with, the uterine tissue. The uterus itself was found empty, flattened down closely at the back of the symphysis pubis, to which it had been apparently glued by adhesive inflammation.

Case II.—Mrs. A. N., æt. 48, tall and thin, was married at twenty years of age, and has had one child, born during the first year of marriage. She did not become pregnant again until about ten years ago, when she had what was supposed to be a miscarriage. This was followed by a severe illness, during which she passed blood from time to time from the bowels, and suffered much from pain in the region of the pelvis. She continued in a delicate condition of health until the latter part of 1876, when the symptoms became much worse, and blood was discharged freely from the rectum. She imagined she was suffering from piles as the anus was swollen and sore. The real nature of her ailment was revealed, however, by the passage from time to time of portions of fœtal bone. She was at this time under the care of Dr. Booth, who sent the woman into the Women's Hospital (Jessop's) in February, 1877. At the time of her admission she was in a weak emaciated condition, and complaining of constant pain in the pelvis and about the anus. On examining the lower part of the abdomen, I found a firm, tender swelling occupying the right side of the pelvis. It could be felt distinctly through the vagina and abdominal wall, and appeared to be about the size of the first. Menstruation was scanty but regular. The uterus was pushed over towards the left side, otherwise it appeared normal. She had sudden and severe attacks of pain about the pelvis and rectum from time to time, with discharge of blood from the anus, and at such times on several occasions bits of bone were found entangled in the opening whence they were extracted, mostly by the patient herself. She became an out-patient in July, and continued from time to time to bring me up bits of bone voided as before. Some eighteen months ago she passed what she describes as a good handful of "white-looking clean skins," and this appears to have been the last of the delivery *per anum*. Unfortunately she threw this away without showing it to me; probably it may have been the cyst in which the fœtal *débris* was lodged. I saw the patient yesterday week. She is now in fair health and free from pain. The lump in the pelvis has disappeared, the rectum and anus appear healthy, and there has been no further loss of blood. The case has, I think, come happily to an end, and as menstruation has ceased, she may be considered safe for the future.

Department of Lunacy.

PSYCHOLOGICAL RETROSPECT.

It may interest some of our readers to give a short summary of the important psychological events which have occurred during the past year. Much discussion has taken place amongst our would-be reformers in lunacy, by agitation and writing in the medical and lay press, to induce the Government to re-frame the present lunacy laws. The question has been brought prominently before the House of Commons, but it has been shelved for consideration next session. Mr. Dillwyn introduced a Bill to which we have previously alluded. This was printed *in extenso*, and divided into numerous clauses, some good and some useless, the chief purport of the Bill being to enable the justices to purchase private asylums in their immediate jurisdiction. This clause is not, however, a compulsory one, but optional on the part of the proprietors of private asylums. In a former summary of this Bill we stated that it was inadequate, and useless for the purpose for which it was intended, and we think that this opinion is now entertained by all those who have considered the matter. The Habitual Drunkards Act has now become law, and comes into operation at the beginning of the coming year. We cannot give any opinion as to how this Act will work so as to benefit a large and, unhappily, increasing class of individuals who are addicted to an indulgence in stimulants. No establishments have as yet been opened in which chronic inebriates can be placed, though doubtless we shall ere long meet with many enterprising individuals anxious to try their skill in dealing with these cases. To these we say, pause and reflect before risking much capital on the venture, and remember that the new Act is rotten from the very bottom, and gives but little power to those undertaking the management and supervision of such cases. It is not a compulsory Act, but a voluntary one, and it is hardly to be expected that persons will, of their own accord, present themselves before a magistrate and consent to incarcerate themselves as habitual drunkards for twelve months. The clause introduced by the Archbishop of York, prohibiting such medical men as are connected with asylums from having the legal control over habitual drunkards is of itself condemnatory of the Act. The general cry of those physicians who have been largely consulted in such cases is the want of an institution where patients can be placed *nolens volens* as soon as they have proved themselves liable to be included in the category of habitual drunkards. The Commissioners in Lunacy have issued their twenty-third Report, and from this we gather that lunacy is steadily on the increase, there being 69,885 persons of unsound mind on the official register. Intemperance is again at the head of the list of causes for the lunacy, but this has unfortunately been the case for some years. The present report is a valuable one, and we have some important remarks of the commissioners given us on the condition of our lunacy laws and their general working, also on the much disputed question of private asylums; we have alluded to both of these in our columns. The Royal College of Physicians have been taxed, but whether rightly or wrongly we are not prepared to say, with refusing their Fellowship to those physicians who are connected directly or indirectly with private asylums; and the question was brought under their consideration. Some important lunacy trials by persons who have been under certificate in private asylums have been heard and decided. The first, Nunn *v.* Hemming, where the jury decided against the plaintiff without leaving the box, and the other, Nowell *v.* Williams, which lasted for fifteen days, and was also decided against the plaintiff, though, at the present moment, the verdict has been set aside on the ground of

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some technical informality in admitting a letter to be put in as evidence, a rule *nisi* was granted, but this has still to be argued before it is made absolute. So much time was wasted in endeavouring to prove the plaintiff a 'dangerous lunatic," we are at a loss to understand why this term should have been introduced. It is *not* necessary to prove a lunatic to have been "dangerous" to justify his incarceration in an asylum, and we must refer the Solicitor-General to our Lunacy Act. We regret that this lawyer went out of his way in an unusual manner to vent his fury and abuse on those whom he injudiciously termed "mad doctors." We suppose, however, that a lawyer is bound to make as much as he can of a bad case, and it is part of his second nature to abuse the witnesses. Men of the highest eminence gave evidence in this case, and when we mention such names as Drs. Maudsley, Bucknill, Tuke, and L. Forbes Winslow, we must pronounce the tone taken by the Solicitor-General as unjustifiable in the extreme. Several important cases in which the testamentary capacity of an individual has been disputed have been before our courts, also criminals condemned to death, and subsequently acquitted on the plea of insanity. Among the most important and peculiar of the latter, we may mention that of Gerald Mainwaring, who murdered a policeman whilst "mad" from drink. It appears that the jury "tossed up for their casting vote, when they found that the life of the unhappy man hung upon the decision of one voter, the numbers being even, *pro and con.* This case we have also alluded to in our columns. A petition was forwarded to the Home Secretary with the arguments against the verdict, and the sentence was respited. We may mention that whenever a sensational lunacy case comes before our law courts, and the verdict given is against the plaintiff, immediately the medical proprietors of asylums are attacked by a few of the ignorant scribes. One of our contemporaries has been unusually hard upon private asylums in a series of articles. We close our last article on "Psychology" for the fast dying year with a conviction that we have done our best to uphold the rights of those gentlemen who have made insanity their special study; we have endeavoured to shield asylum proprietors from base and false inuendoes; we have brought prominently before our readers the most important lunacy data, and we trust in the coming year to again throw open our columns for the free consideration and discussion of all questions appertaining to lunacy.

THE Lettsomian Lectures for 1880, under the auspices of the Medical Society of London, will be delivered by Mr. Teevan, F.R.C.S., at 8.30 p.m., on Monday next, January 5, 19, and February 2. The subject will be the "Treatment of Stricture of the Urethra, Enlarged Prostate, and Stone in the Bladder, with special reference to recent progress."

A GREAT literary genius has just passed away in the person of Mr. Hepworth Dixon. Deceased was but 58 years of age, and was in his usual health when an apoplectic fit carried him off suddenly on Saturday last, at his residence in the Regent's Park. He was busily engaged preparing for the press the third and fourth volumes of his celebrated work "Royal Windsor," when he died.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 31, 1879.

ANNUS MEDICUS 1879.

IN taking a retrospect of the past year we cannot help feeling that it has been one of great financial depression and agricultural distress, which combined must tell upon the profession, and especially upon rural practitioners. All—or all with very few exceptions—must have felt the effects of this unexampled year—at least unexampled in our remembrance. The effects of the depression of trade and of the poor agricultural prospects have been, as we pointed out before, to cause an unusually large entry at our medical schools. Consequently the effects of 1879, as regards the profession, will be felt for some time after the general effects have been effaced by time.

The year has been sterile as regards legislative changes. The Habitual Drunkards Bill has at length been passed, and is to remain in force for ten years, during which time it is on trial. If it is found to work successfully, then it will take a permanent form. Of the urgent necessity for some such Act there can be no doubt. As to the "Medical Acts Amendment Bill," as usual, it has not been passed.

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The Bill of the British Medical Association was again introduced by Mr. A. Mills; the Duke of Richmond also brought forward a Government Bill; while Dr. Lush introduced a Bill on behalf of the Medical Alliance Association. The Government Bill differs from the other two in not interfering with the constitution of the General Medical Council. The introduction of representatives of the profession in the General Medical Council was a feature in both the other Bills. The Government Bill provided for people being registered where the corporations declined to affiliate them; this was intended to open a way to the Register for female practitioners. The result of all this is that Lord George Hamilton promised on behalf of the Government that the whole subject should be considered by a Select Committee appointed for the purpose. In the Medical Council Dr. Quain proposed an amendment by which women could reach the Register without the wide and indirect clause of the Government Bill. The registry of women, and of foreigners duly qualified in their own countries, but desirous of practising in England, occupied a good deal of the time of the Medical Council. Another subject of discussion was that of a Conjoint Minimum Examination for each division of the kingdom; and last, that of a revision of the constitution of the Council. That the General Medical Council, as at present constituted, does not represent the profession, is only too certain. As to the future conduct of the corporations, Dr. Andrew Wood declared that, as far as the Scotch corporations were concerned, they would loyally abide by the decision of the Parliamentary Committee on the subject of the Conjoint Examination Scheme, whatever that decision might be.

The Select Committee of the House of Commons appointed the Right Hon. W. E. Forster as its chairman, and commenced work by first calling Dr. Acland, as President of the General Medical Council, and then Mr. John Simon. They have since taken the evidence of Sir James Paget, Sir Dominic Corrigan, Prof. Turner, Dr. Andrew Wood, and others. We sincerely trust that the work of the Committee will lead to a settlement of the vexed question of medical reform.

The position of medical men in the Services has long been unsatisfactory, and the dearth of candidates for the vacancies of late has been such, that the War Office has been compelled to face the subject. The abolition of regimental attachment, and the formation of an Army Medical Department, failed to make the Service more popular. A new Army Medical Warrant received the Royal signature on November 27th, which cancels several articles in previous warrants. Of this it is too early to speak, but it has had the effect of attracting a larger number of candidates to the examinations than has resulted for many years past. By it admission is to be by two portals, "public and open competition," and by "nomination;" retirement is to be "voluntary" and "compulsory," the latter chiefly referring to those who entered under the warrant of 1876 for a limited period of ten years' service. Exchanges may be permitted under certain circumstances. Rewards and honours are unchanged from the warrant of 1876. The Director-General may extend "sick-leave" on full pay beyond the six months granted by a medical board. Then come some arrangements about temporary half-pay, and non-effective half-pay. The whole is designed to make the Services much more attractive.

Among the events of the year are the introduction of much-needed reforms in the election of candidates for the Medical Benevolent College at Epsom.

The introduction of animal vaccination into this country has been strongly advocated recently, and Dr. Cameron introduced a Bill into the House this year for the purpose of securing it along with arm-to-arm vaccination. More recently a conference was held by the Parliamentary Bills Committee of the British Medical Association, at which Professor Warlomont, of Brussels, was present, and gave his experience of the plan in Belgium. After the expression of opinions by numerous speakers, the meeting was adjourned.

The strong tendency to make modern medicine more practical in its character, and to train the student more for the bedside and less for the examination table, is being manifested everywhere. The first object to be attained is to discover, if possible, what qualifications and capacities the youths who aspire to enter the medical profession possess; whether they are likely to make useful practitioners or not. The present entrance examinations are found not to bring out these matters sufficiently clearly, and it is thought desirable to have an examination in certain subjects at the end of the first year of medical study. Such examination, it is held, would help to weed out the idle and the incapable, those men who are a nuisance about a medical school; and who, if they ultimately succeed in entering the profession, do it little honour, and tend to lessen the faith of the laity in the practical value of medical services. The General Medical Council has issued some regulations in regard to the registration of medical students, which it believes will tend to further this end; while the Metropolitan Counties Branch of the British Medical Association has taken up the subject energetically. This subject we propose to discuss at further length in our subsequent numbers. At present we can only say that a committee was formed to investigate the matter, who issued a series of questions to teachers of medicine and surgery, and to the general practitioners of the branch. The result is that the committee recommend an examination in botany, physics, and elementary inorganic chemistry, at the end of the first year; partly in order to test each man's industry, partly to take off a part of what is now the primary medical examination. They also are strongly of opinion that each student during a part of his course of medical study should be with a general practitioner, so as to become familiar with private practice and its requirements, of which at present many men are densely ignorant, when, with their newly-acquired diploma in their pocket, they go out into the world to seek their fortune. They also were of opinion that the age of 22 should be reached before the student be allowed to go up for his diploma. Another of their conclusions was that more time should be spent by students in the wards and out-patient departments, so as to become more familiar with disease; and that they should be required to bring testimony to that effect from their teachers. At a subsequent meeting this last resolution was rescinded as being impracticable.

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Certainly some means of ensuring clinical work from students is very desirable.

A second report of the British Medical Association on the action of anæsthetics gives an account of the action of the dichloride of ethidene. It appears from their experience of it that this agent does not exercise any injurious effect upon the respiratory mechanism, while the pulse becomes slower and fuller under it, and in the deepest anæsthesia it was steady and regular. There was never any pallor of the countenance, nor blueness of the lips. They regard it as possessing all the advantages of ether without its drawbacks. The Committee propose to continue their investigations, especially as regards the effects of anæsthetics upon the respiratory centres, the arterial tension, and upon protoplasm.

Of the contributions to the Societies perhaps the most interesting is that of Dr. Hughlings-Jackson to the Harveian Society on "The Diagnosis of Epilepsy," in which he marshalled the subjective sensations and the objective phenomena with much lucidity. He also pointed out the relations of the viscera to the brain, and showed how epilepsy may be caused by visceral disturbance. He stated that epilepsy proper, whether slight or severe, is rarely owing to gross inorganic disease; while epileptiform seizures frequently are so associated.

Another very important and practically valuable contribution was Dr. Matthew Duncan's paper, read to the Medical Society of London, on "Antiseptic Midwifery." He advocated an extension of the use of antiseptics in midwifery; not resorting to them merely after there was evidence of putrefactive change having gone on, but using them habitually in order to prevent septic change. He described how antiseptic injections should be resorted to, and gave elaborate instruction as to how to avoid any danger of propelling the fluid through the Fallopian tubes into the peritoneal cavity. The Cæsarian operation might be performed under the Listerian spray, as is the case with ovariotomy. Great good has come from the use of antiseptics against danger of infection from without; the further use of them will give much protection from the danger of septic action starting within the parturient patient's body. All washings of the pudenda, and dressings applied thereto, should be with carbolised materials. He also insisted upon "the carbolic hand" in obstetrics, both as regards the ordinary examination with the finger, and the introduction of the hand for the purpose of turning, or for the removal of the placenta. All instruments should be smeared with carbolised oil. He pointed to Dr. Keith's great success in ovariotomy performed antiseptically, and hoped in time to see midwifery equally successful. Of Dr. Keith's last 75 cases there has been no fatality.

At the Pathological Society there was an interesting discussion on lardaceous disease. Dr. Dickinson described it as a widely prevailing tissue change, which is shared by the blood-vessels, and the distribution of which outside the blood-vessels is regulated by their course, as if they were the channels of the morbid influence. It is nearly certain that the blood-vessels carry to the tissues a material which penetrates and infiltrates them. But his lardaceous matter has not been found in the blood. Rokitansky thought the material albuminous; while Virchow held it to be a form of starch, hence the term "amyloid" disease. Lardaceous deposit resembles fibrine which has been deprived of its alkali. Lardaceous disease consists in a general deposition of the fibrine or albumen of the blood modified by loss of alkali or gain of acid. Dr. Pye-Smith referred to the non-digestibility of lardaceous matter by which Kuhne had succeeded in separating it for analysis. At the Royal Medico-Chirurgical Society a committee was formed to inquire into the relation of croup and diphtheria; and there was an animated discussion upon the report, with the usual diversity of opinion.

In Ireland the year 1879 has been more eventful than elsewhere, as being the first working year of the new Public Health law and the era of the new Vaccination Act. The administration of the sanitary law of Ireland has been, ever since 1866, the subject of a continued contest between the boards of guardians (who are the responsible administrators of the law throughout Ireland), the Local Government Board (who ought to be the supervisors of the system), and the medical profession, who seem to be the only people having any aspirations in favour of cleanliness. The boards of guardians have been unanimously hostile to any effort towards sanitary reform, and they have been aided and encouraged in this resistance to improvement by the Local Government Board, which has lost no opportunity of delaying, discouraging, and preventing the enforcement of the Public Health law. In spite of this opposition, the medical profession, as represented by the Irish Medical Association, carried through Parliament certain amendments, the intention of which was to make the law more easy of working and more binding on all concerned. The past year has been spent in an effort to induce the Local Government Board to do its duty in enforcing these amendments, but with no better result than a mulish resistance on their part, which, it seems likely, will only be overcome by the Court of Queen's Bench, or by Parliamentary exposure.

The vaccination system of Ireland has also been amended in many important respects within the past year, by means of the Bill framed by the Irish Medical Association, and muddled by the Chief Secretary.

In the Irish Local Government Board Mr. Henry Robinson has taken the place of Sir Alfred Power, and the Poor-law medical officers are just now undecided in opinion as to whether they prefer the *régime* of King Stork to that of King Log. Everyone is, however, pretty well decided in opinion that the new leader of the department is cast in very much the same mould as his predecessor, and is an autocrat of the ordinary official type, and nothing more.

The King and Queen's College of Physicians has obtained a new charter, which creates a new order of members in addition to that of Licentiate and Fellow which have hitherto existed. This proceeding does not seem to have had any *raison d'être*, save to gratify those alumni of the College who like a higher title without—in reality—giving them any privileges, or making them members of the corporation in any true sense. The new charter leaves the whole administration and authority of the

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College in the hands of a small self-elective body of Fellows whose qualification for office is a secret vote.

The ill-health of Dublin reached such monstrous proportions within the past year, that even the Corporation and its medical officers could no longer conceal or explain away the existence of a terrible mortality within the city. After a doze of some eighteen months, the Chief Secretary was awakened by the public clamour to sufficient consciousness of the facts to admit of his appointing a Royal Commission, and at the same time trying to tie their hands regarding the scope of their inquiry. But thanks to the determination shown by the Commissioners—Mr. Rawlinson and Dr. MacCabe—and the activity of the Sanitary Association, the investigation was not burked, but was pursued to a satisfactory termination. Its most notable incident was the extraordinary change of front of the Corporation, who, having been for years obstinate in its assertion that the mortality and unhealthiness of the city were all moonshine, now threw itself into the arms of the sanitary reformers, and offered to the Commissioners a most complete and abject recantation. The Report has not yet been presented, but we have every reason to believe that it will bring comfort to the enemies of dirt and disease.

The new Irish University Bill has become law within the year, and—*par consequence*—the Queen's University ceased to exist as a medical licensing body. Perhaps we shall best express the feeling of the profession upon this event by the motto "*De mortuis.*" In any case, the establishment of a new University cannot but be pregnant of interest and importance to the profession. If the new institution gives its medical and surgical degrees upon a full and sufficient education and examination, it will give to Ireland benefits which it has never yet possessed. If, on the other hand, it seeks to attract students by the distribution of cheap and nasty qualifications, it will be an incubus and a drag upon the progress of the Irish School of Surgery and Medicine.

The British Medical Association held its annual meeting at Cork, under the presidency of Dr. C'Connor, President of the Queen's College. Dr. Hudson delivered the address in Medicine; Dr. Fergus that in Public Health; while Mr. Savory delivered the address in Surgery, the latter criticising Listerism in a well-arranged address. The meeting was a very successful one, in spite of the long journey and the bleak, wet summer; the visitors carrying away with them pleasant memories of Irish hospitality, and of the scenery in Kerry.

In Scotland substantial manifestations of sympathy have been extended during the year to several members of our profession who lost their all through that crushing commercial calamity which befell the country, the failure of the City of Glasgow Bank. Notably is the case of Dr. Adams of Glasgow, who was presented by a few friends and patients with his residence, at a cost of about £2,000. Dr. Fergus, of the same city, was presented with his portrait by a distinguished artist, and several valuable articles of plate, at a meeting of some of the most influential citizens, and touching allusion was made to his severe loss. The sympathy thus evinced was alike creditable to the public as to the profession. Almost all the others who similarly suffered are now working at their profession with their pristine devotedness to it; and it is sincerely to be hoped that if time does not permit them the repossession of their means, they will at least attain to that peace of mind and resignation which are far better, and which so certainly spring from honest labour and the consciousness of well-doing. In the management of the medical institutions of Glasgow there are indications of enlightened reform. By the regulations relating to the Royal Infirmary, which the late Dr. Fleming was mainly instrumental in bringing about, the physicians and surgeons to this institution were practically regarded as appointed for life, and made their arrangements accordingly. It is understood that the directors, recognising now the unfairness of any such arrangement to the profession generally, and the possible detriment to medical science, have resolved that the appointment of physician or surgeon to the Royal Infirmary shall not be held longer than for *fifteen* continuous years, and that there shall be one year of ineligibility. Even this period of incumbency in the case of many of the present holders of office may be considered too long. This step is, however, one in the right direction, and will be hailed with satisfaction by the great majority of the profession. The directors of the Glasgow Maternity Hospital have also wisely resolved that the post of physician-accoucheur shall not be held for a longer period than four years, a year of ineligibility also intervening in this case. It is extremely desirable that men of acknowledged ability be secured for these offices.

Among the most important contributions to our knowledge of therapeutic agents of the past year is the work of Prof. Rutherford, F.R.S., as to the action of certain drugs upon the liver. It was found that taraxacum exercised but a feeble influence upon the liver, while ipecacuanha was found to exercise a powerful stimulating action on the secreting apparatus of the liver. Prof. Rutherford is inclined to hold that the good effects of ipecacuanha in dysentery are due to its action upon biliary secretion. Experimentation has established the action of nitro-hydrochloric acid as a hepatic stimulant of considerable power. The research into the action of sulphate of soda as compared to that of sulphate of magnesia, revealed some very instructive information. It was found that while the magnesium sulphate acted energetically upon the intestinal secretions, it exercised no influence upon the hepatic secretion. On the other hand, the sodium sulphate acts powerfully upon the liver, increasing the secretion of bile. This vindicates the preference some practitioners have manifested for sulphate of soda as against sulphate of magnesia in cases where it is desirable to stimulate the biliary, as well as the intestinal, secretions; despite the less disagreeable taste of the magnesium sulphate. Then it was found that colchicum is a powerful hepatic, as well as intestinal stimulant in the dog; and probably it has the same action upon man. Aloes exercised a very energetic action; while rhubarb, generally credited with a powerful action upon the liver, was found to be less potent than supposed, but still certain. Hydrastin, euonymin, and other comparatively new remedies, were found to be hepatic stimulants likely to be useful in practice. As to the action of mercury, some valuable information is afforded. It was found that calomel did not increase the

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elimination of bile, while it increased the action of the intestinal glands; but that the corrosive sublimate acted energetically upon the liver. The experiments did not throw any positive light upon the hypothesis that some portion of the calomel swallowed is converted in the stomach into the perchloride; but it was found that by the addition of a tiny dose of the perchloride to a dose of calomel the liver of the dog is powerfully stimulated. Prof. Rutherford distinctly asserts that the experiments were performed to ascertain the effects upon the *bile-secreting* rather than the *bile-expelling* apparatus. As regards the latter, he does not profess to have ascertained anything of value. As regards other medicinal agents, salicine, and, still more, salicylate of soda, have been largely employed, and their action watched; but though certain clinical facts have been fairly established, the *modus operandi* of the action of salicine is shrouded in as much mystery as ever. The subject of the antagonistic action of certain drugs is attracting more attention; and a case occurred at the Leeds Infirmary where the injection of a quarter of a grain of sulphate of atropia saved the patient's life in opium poisoning, when everything else had failed. The use of belladonna for the arrest of the night sweats of phthisis is on the increase; and it is found that the addition of a full dose of sulphate of atropia to a dose of morphia when the sleep is broken by cough, prevents the profuse perspirations which are apt to follow the administration of morphia alone.

One of the most valuable contributions of the past year is that of Dr. William Roberts, of Manchester, on the digestive ferments. After explaining the normal ferments in the saliva, the gastric juice, and the pancreatic secretion, he points out how we may apply this knowledge practically. In the diastase found in large quantities in malt and malt extracts we find a means of increasing the action of the saliva upon starch. But as the action of the salivary secretion and the malt diastase are alike arrested in the presence of the acid in the stomach, it is necessary to add the maltine to the starchy mass a little time before it is swallowed. By the use of pepsine it is possible to materially assist gastric digestion when the secretion of gastric juice is defective. The gastric juice dissolves albuminous bodies, converting them into peptones by a process of hydration allied to the hydration of starch by diastase, which converts it into sugar. But the great matter he ably illustrates is how to utilise the digestive ferments of the pancreatic secretion. After the food has passed the acid stomach it becomes alkaline, and then the conversion of starch into sugar goes on again under the influence of pancreatic diastase; the albuminoids are further digested by the action of trypsin, a pancreatic ferment which is active only in an alkaline medium; further, fat is emulsionised by the pancreatic secretion. In cases of greatly enfeebled digestion milk can be digested to a great extent before it is swallowed without losing its appetising qualities. A very nutritious compound can be made by adding some active pancreatic extract to a mixture of gruel and milk, with some bicarbonate of soda. By such means the body may be fed when the stomach and digestive powers are greatly enfeebled, and in fevers, in acute inflammations, in diseases of the stomach itself, such artificial digestion promises to be of priceless value. But to this subject we will return before long.

During the year much attention has been given to health resorts at high altitudes in the treatment of phthisis. Of their utility there can be little doubt; but it remains to be seen whether health resorts at home, with English comforts and rational treatment, will not be equally useful to a class of patients who cannot well proceed to a Continental health resort. As to the views held that the conditions of these health resorts are such as to be themselves sufficiently curative, and that medicinal and dietetic treatment in early phthisis are not required, we beg to enter our most earnest protest. Patients are led away with the idea that a residence at the coveted spot is all that is required; that a winter spent at Davos, for instance, is the treatment *par excellence* for early phthisis; and that if a cure has not been attained the patient may go there another winter; and that such procedure does away with the necessity for appropriate medicinal treatment, especially during the intervening summer; such views may be all very well for the medical men residing at these health resorts, but the hollowness of their claims to our respect is only too apparent.

The subject of typhoid fever has attracted attention this year both by the publication of Surgeon-General Gordon's report on Typhoid Fever in the British Army in India, and by Sir Wm. Jenner's address on the Treatment of Typhoid Fever, delivered at the Birmingham Medical Institute. As this is Sir William's first utterance on the treatment of a disease with which his name is so indissolubly associated, it has been much spoken of. He holds that there exist no means of cutting the fever short. The food should be liquid, and should not consist too largely of milk—broths, vegetable juices, strained fruit juices are to be used; and grapes to be rejected on account of their skins and stones. If milk be not digested the curd is apt to do much mischief. If the bowels are confined they should be opened by simple enemata. Small doses of mineral acids, he thinks, are useful. Opiates are to be avoided. He treats the diarrhœa chiefly by food; a little sulphuric acid being given when the fluid stools are too alkaline. He is not opposed to resort to alcohol in fit doses; and he thinks it good to keep the intestines empty. Where there is hæmorrhage he advises rest: starch enemata, with a few drops of laudanum and some acid by the mouth, are also of service. He thinks loose stools associated with superficial ulceration of the bowel; while constipation suggests a single small deep ulcer. The faintness due to hæmorrhage is not to be treated by stimulants, for obvious reasons. He is not convinced of the value of the cold bath treatment: nor of the value of quinine or salicylate of soda to reduce temperature. He trusts rather to the powers of Nature than to energetic treatment.

Among the new books and new editions which have proceeded from the press this year, we have the fifth volume of Reynold's System of Medicine, completing the series; a new edition of Professor F. Roberts's well-known Handbook of the Theory and Practice of Medicine; of Billroth's work on Surgical Pathology; of Leishman's Midwifery; of Sir Henry Thompson's work

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on Diseases of the Urinary Organs; of Milner Fothergill's work on the Heart and its Diseases, including the Gouty Heart, a really new book; of Bucknill and Tuke's Psychological Medicine; and of Habershon's Diseases of the Stomach. Of new works, there are Dr. R. E. Thompson's Physical Examination of the Chest; Guttmann's Handbook of Physical Signs, translated for the New Sydenham Society; Heath's Students' Guide to Surgical Diagnosis; Morris's Anatomy of the Joints of Man; Matthews Duncan's Lectures on Diseases of Women; Emmet's Gynæcology; Galabin's Students' Guide to Diseases of Women; Gowers's Manual of Medical Ophthalmology; Austin Flint's Clinical Medicine; Eulenberg and Guttman's Physiology and Pathology of the Sympathetic System of Nerves; St. John Roosa's Diseases of the Ear; George P. Field's Diseases of the Ear; Nettleship on Diseases of the Eye; Watson on Eyeball Tension; Whistler on Syphilis of the Larynx; Dowse on Syphilitic Diseases of the Nervous System; Morell Mackenzie on Diphtheria; while of works on Treatment, a new edition of H. C. Wood's Therapeutics; another of Bartholomew's Materia Medica and Therapeutics; Harvey's First Series of Therapeutics; Naphey's Modern Medical Therapeutics, Naphey's Modern Surgical Therapeutics, both in their sixth edition; Handsel Griffiths's excellent Manual of Materia Medica and Pharmacy, the author, a rising Dublin physician, having died suddenly before putting his work to press; and Fenwick's Outlines of Medical Treatment, have appeared. An excellent and valuable memoir of Comparative Anatomy is provided in the work of Gegenbaur, translated by Jeffry Bell, under the supervision of Prof. E. Ray Lankester, F.R.S.

We regret to have to record so many deaths of well-known members of the profession during the past year. Among those who have died in 1879 we find J. Macrobin, Emeritus Professor of Medicine in Aberdeen; Dr. J. G. Fleming, Ex-President of the Faculty of Physicians and Surgeons of Glasgow, and Dr. Coats, long its treasurer; E. Ledwich, Senior Surgeon to Mercer's Hospital, Dublin; the accomplished and respected Charles Murchison, LL.D., F.R.S., Physician to St. Thomas's Hospital, and Lecturer on Medicine in the School, a man of rare endowments and industry, whom the profession honoured and could ill afford to lose. Shortly afterwards with the same disease, aortic valvulitis, Tilbury Fox died in Paris, where he had gone for a little relaxation. His death gave the finishing blow to his aged father, Luther Owen Fox, of Broughton, Hants, one of the best known and ablest country practitioners south of the Thames, who had long been in declining health. Charles Maunder, the distinguished operator, and Surgeon to the London Hospital, followed; then Inspector-General Domville; then Geo. W. Callender, the well-known Surgeon to St. Bartholomew's Hospital, died on board ship on his way back from a tour in the United States. Arthur Leared, Senior Surgeon to the Great Northern Hospital, an accomplished Icelandic scholar, succumbed to an attack of typhoid fever, the seeds of which were sown in Morocco, from whence he had just returned when he felt ill. Then following—Dr. P. Black, Senior Physician to St. Bartholomew's Hospital; very recently in the South of France, whither he had gone for his health, died Soelberg Wells, Ophthalmic Surgeon to King's College Hospital. Later still Dr. Harry Leach, the well-known Medical Officer of the Port of London, so long connected with the *Dreadnought*. Of less well-known worthies the deaths have been numerous, and amongst them "Diana Smith," the heroic surgeon to the whaler which was caught in the ice in September, 1865, without preparations for staying the winter, and whose "race with death" after she was blown out of the ice with gun-powder, forms one of the saddest stories of human suffering. Also James Charlesworth Copland, the bearer of a distingaished medical name, a much-respected member of our editorial staff; a profound scholar and observant man, whose sterling worth merited honours which his retiring disposition shrank from. Others there are, if our space would only permit of our mentioning them.

Of the year 1879 it can only be said that it has been an unfortunate year in every way. Bad weather, agricultural and commercial depression, a satisfactory medical Bill unattained, few high-class books, and a heavy death-roll; these are its characteristics. May we trust, then, 1880 will bring with it better times, brighter days, and blither prospects.

Notes on Current Topics.

Arsenical Contamination by Vapour.

Professor Foster read a paper on Monday evening week at the Medical Society of London "On the Contamination of Atmospheric Air by the Vapour arising from Arsenical Pigments." The experiments made to determine this question proceeded on the old lines laid down by Phillips some twenty years ago, and the results obtained, as might have been expected, were quite of a negative character—that is to say, they were conducted under conditions so totally different to those met with in every day life, and therefore no truly reliable answer could be looked for. A few glass bottles containing an arsenical pigment being kept for some hours or days in a temperature of 100 deg. F., whilst the aspirator tubes and test remained exposed to ordinary changes of the atmosphere were expected to solve the very difficult problem of poisoning by volat ilisation of arsenite of copper. Dr. Hamberg, an eminent Swedish chemist, came to the conclusion that the gaseous matter evolved was a very important factor in poisoning by wall papers; but then his experiments were carried on in a room of the house in which he lived, and the paper having been on the walls for a quarter of a century. He was rather susceptible of the action of the poison, and observed that the colouring matter of the paper had gradually undergone an alteration. No attempt was made by him to increase the temperature of the room, and with the exception that the doors and windows of the room in which he had arranged his apparatus were more carefully closed, all went on as usual.

It has never been suggested that the peculiar symptoms arising from wall-paper poisoning are due to the vaporisation of arsenious acid or arseniuretted hydrogen. We have the clinical fact that poisoning takes place by wall

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paper, and whether by dust or gas it matters not. There is doubtless considerable difficulty in suggesting a perfectly satisfactory theory for the poisonous action of arsenical pigments upon those who are most susceptible to their influence; but is there not quite as much difficulty in attempting an explanation of the action of lead—how by reason of having slept in a room the walls of which have been freshly painted, lead paralysis ensues? Chemists have as yet been unable to detect lead in the form of either a carbonate or oxide in the air of the room in such cases. Nevertheless the fact of rapid lead poisoning by such means is a well-established fact.

Hydrofluoric Acid in Diphtheria.

Mr. Henry Bergeron has obtained very favourable results from inhalations of an atmosphere containing a definite small proportion of hydrofluoric acid gas. The quantity employed is one gram for each cubic metre (1·3 cubic yards) of air space in the room during three hours. The gas is generated by allowing the proper amount of acid slowly to evaporate from a vessel (of lead) placed on a table a short distance from the bed of the patient.

Removal of Trichinæ.

Dr. Hæberlein reports that an apothecary in Crailsheim, Mr. Blezinger, found alcohol, as well as salicylic acid, in quantities of 10 to 15 grams (⅓ to ½ oz.) to cause the rapid disappearance of trichinæ. Thinking to be able to preserve human flesh and pork containing trichinæ by means of salicylic acid, he sprinkled the latter, in powder, over the specimens, but found shortly afterwards that the trichinæ had entirely disappeared.

If this information is authentic it might be worth while to try the effects of salicylic acid upon persons infected with trichinæ.

Fracture of the Third Cervical Vertebra.

Dr. H. F. Eberman publishes in the *Amer. Journ. of Med. Science* a very singular and interesting case of fracture of the third cervical vertebra.

The patient, æt. about 70 years, was making his home in a stable adjoining an hotel, and was in the habit of sleeping in the hayloft. One morning on arising, and while descending the steps, he slipped and fell, striking his occiput violently on the ground, and thus forcibly throwing his head forward on his chest, and rendering him insensible for a considerable time.

After recovering from the shock he arose, and placing both hands to his neck, walked to the bar-room of the hotel (which is half a square from the place of accident), where he remarked that he thought his neck was hurt, and at the same time called for a glass of whisky, which he immediately drank. He then returned to the stable, laid down on the hay, and expired in about half-an-hour.

On post-mortem examination the third cervical vertebra was found to be fractured transversely through the body, the arch on the right side was broken entirely through, the articulating surfaces on both sides were fractured through the middle, the transverse process on the right side of the atlas was broken off, and the interspinous and posterior vertebral ligaments were ruptured, but the spinal cord remained intact.

The Responsibilities of Insanitation.

A case has recently been decided by Mr. Justice Fry which is likely to have very beneficial sanitary effects. A Captain Cutter took a house near Hanwell from a Mr. Mantell, and after some correspondence, in which Mr. Mantell's house-agent — a Mr. Hill — gave satisfactory assurances respecting the sanitary arrangements of the establishment, the tenant went with his family into the residence. This was in September last, and in the course of the two months following one of Mr. Mantell's children and his sister-in-law died of diphtheria. Mr. Hill had positively stated in a letter that there were no cesspools on the premises, and that the closets were supplied from a cistern distinct and separate from that which supplied the house with water for drinking and cooking. Mrs. Cutter had made particular inquiries on these points, for she had heard, as she stated in her correspondence with the agent, that there had been illness and death among previous occupants by the defective drainage. Both of the agent's assurances on the above points turned out to be erroneous. The cistern for domestic purposes was not independent of that which supplied the closets, and there was indeed, at some distance from the house, but still on the premises, a cesspool into which a portion of the house drains emptied themselves. When these facts were ascertained, Mr. Mantell took the action in question, and sought not only to set aside the agreement for a lease, but to obtain damages. Mr. Justice Fry gave judgment that the contract should be rescinded, and directed an inquiry as to the amount of damages to be awarded to Mr. Mantell. This judgment will clear up certain obligations of lessors of houses, respecting which obligations we have reason to believe considerable uncertainty has hitherto prevailed. All that is necessary is for the intending occupant to take the simple precaution of obtaining from the landlord or his agent a written statement—it need not be stamped or couched in legal jargon—that the drains and other sanitary arrangements are in a fit and proper condition. A lessee who will not take the trouble to make inquiries must be held to undertake willingly the risks of his house turning out a trap for the disease and death of its inmates.

Spring-top Gloves.

The present fashion of wearing "spring-top" gloves, has led to several somewhat serious accidents, and it is well that those who adopt them into use should be warned of the possible dangers they run. As usually made, the spring consists of two pieces of iron united by a hinge joint. The sharper ends of these irons are at the wrist end of the glove, and meet immediately above the palm. Being rigid and unyielding they act as a pair of blunt-pointed probes when directed into the flesh, and in case of a fall on the hand, particularly if it be a little bent on the arm, they are capable of doing very considerable mischief. Ordinarily the spring is covered over with a fur lining, but this wears, and goes at the ends after more or less use, thus exposing the tips in the situation most favourable for effecting injury. The greater convenience attending the use of these gloves has brought

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them into general wear, and the greater need, therefore, is there, that caution should be exercised about them. The plan of placing the spring on the back of the hand, is little less objectionable; but it is better to avoid the dangerous arrangement altogether. A spring armlet has recently been introduced as a fastening. This is less liable to do damage in cases of accidental fall than the arrangement we condemn.

The Davis Osteological Collection.

Dr. Barnard Davis's collection of skulls and skeletons of various races of men will, in all probability, become the property of the Royal College of Surgeons. It has been offered to that body for £1,000, and a general feeling prevails in the Council that the opportunity of acquiring such a rich and extensive collection should not be lost. In case the funds of the College should be thought in a condition too low to justify the immediate outlay of so considerable a sum, several offers of assistance from private individuals have been made; and in the interests of English science it is to be devoutly hoped that no untoward incident will prevent the accomplishment of the purchase. The value of Dr. Davis's collection is enhanced by the catalogue which has been most carefully made of it, and called "Thesaurus Craniorum." The ultimate decision of the Museum Committee of the Royal College of Surgeons, which has been deputed to consider the question of purchase, will be anxiously awaited by all who appreciate the importance of the study of comparative osteology.

Dr. Richardson's Legacy.

Dr. B. W. Richardson contributes an article to the January number of *Macmillan's Magazine*, in which he describes the history of the bequest made to him by the late Sir Walter Trevelyan, of Wallington. Ingenuously admitting the difficulty he is under of fulfilling the terms of the will, which direct the wine to be applied for scientific purposes, Dr. Richardson is compelled to declare his inability to do anything, immediately, with it; and it is apparently doomed to remain as much longer *in statu quo* as it formerly did in the cellars of the deceased baronet. But little benefit could be expected to arise out of comparative trials of the various liquors, numbering in all twenty-one kinds, and any useful application of them is barred by the conditions under which they are left. But it is still within Dr. Richardson's power to devote the stimulants to charitable purposes, and by exhausting them in hospital use, it might even be urged that the intentions of the testator were not violated. When something might be done with the gift, it seems a pity that the opportunity should be let slip.

Police-Office Accommodation for the Sick.

In only a few police offices is there any adequate arrangement existing for the proper and immediate treatment of such persons as are taken into custody by the police while ill, or immediately preceding illness. Cases illustrating the necessity for accommodation of the sort, are constantly being reported, and very many deaths are annually to be attributed to the deferred treatment which such prisoners receive. Dr. Hearne recently drew the attention of the magistrate to the matter at the Southampton Police Court, in connection with the death of a woman, who, having been brought insensible to the police station, was thence removed to the poorhouse, where she died. It was stated that objections are raised against the practice of transporting such persons to the workhouse; but, as Dr. Hearne contended, with the wholly inadequate means of relieving them afforded by the station, no other course is open. The cells were described as quite unfit to put people in; and as being dangerous to lock prisoners in, during the hot weather. This state of things, however, is by no means peculiar to Southampton; and it is highly necessary that some steps should be taken, ere long, to remedy an evil that is to blame for no inconsiderable number of preventible fatalities.

Domestic Electric Lighting.

The continued endeavours of Mr. Edison to obtain an electric lamp for domestic use appear to have been at length crowned with success. We are informed that the inventor "has perfected an electric lamp of extraordinary simplicity, costing only 25 cents, with which he proposes a general illumination of the village of Menlo Park on New Year's Eve. He has discovered that a steady, brilliant light is obtained from the incandescence of mere carbonised paper better than from any other known substance. Strips of drawing paper in horse-shoe form are placed in a mould, and baked at a very high temperature. The charred residuum is then attached to the platinum wire and hermetically sealed in a glass globe from which the air has been exhausted. This attached to a wooden stand, or ordinary gas fixture, is the whole lamp. No regulating apparatus is required, the flow of electricity being automatically increased and diminished at the central generating station. A single generating machine of simple construction, and applicable for domestic use, supplies about fifty lamps. The cost of the power is not stated. The quantity of electricity supplied to each house-holder is measured, by the deposit of copper particles in an electrolytic cell. The probability of the electric light being employed generally for house illumination will re-open the discussion, never definitely conclusive, respecting the effects, injurious or other, on the eyes. Some more decisive opinions should be possible now, seeing that the light has been for a considerable time in constant use in several business establishments in this and other countries. The desirability of its introduction to replace gas is apparent.

The London Fog.

During Christmas week the metropolis was visited by one of those fogs for which it is famous, and if there be any relief in a scientific explanation of a disagreeable infliction, it may be found in one by Professor Frankland. Noting that the persistent and irritating fogs which affect large towns frequently occur in comparatively dry air, he explains this persistency in a dry medium as due to the formation of a coating of coal oil, derived from coal smoke, upon the surface of the minute particles of water which compose fog, and which coating effectually prevents the

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evaporation of water. The remedy would therefore appear to lie in the use of a smokeless coal or of gas for heating purposes.

The Health of Dublin.

THE deaths registered in Dublin during the week ending the 20th inst. represent an annual mortality of 48·9 in every 1,000 of the population.

The average annual death-rate in eight large town districts of Ireland (including Dublin) last week was 42·1, in Belfast 40, and in Cork and Galway 45.

In 20 large English towns, inclusive of London (in which the rate was 28·9), the death-rate averaged 30·5; in Glasgow, 31·3; and in Edinburgh, 21·9.

In Dublin the deaths numbered 296.

One hundred and ten of the persons were under 5 years of age (52 being infants under 1 year old), and 84 were aged 60 years and upwards, including 39 persons aged 70 and upwards, 11 of whom were octogenarians, and 1 (a woman) was stated to have been aged 90 years.

There were 58 deaths from zymotic diseases registered, being 10 more than in the preceding week, and 25 over the average number for the 51st week of the last 10 years; they comprise 4 from small-pox, 16 from measles, 10 from scarlatina, 6 from croup, 7 from whooping-cough, 7 from fever (3 typhus, 3 typhoid, and 1 simple continued fever), 2 from diarrhœa, &c.

The registered deaths from small-pox (4) are 2 over the number in the preceding week, and the new cases of the disease admitted into the Dublin Hospitals, which had fallen to 11 in that week, rose to 19 last week; 26 patients were discharged during the week, 2 died, and 61 remained under treatment on Saturday, being 9 less than the number in hospital at the close of the previous week.

The deaths from measles (16) are more numerous than in any other week of the current year; 6 took place in the Ringsend and Irishtown portion of Donnybrook district, where 5 of the deaths from this cause, registered in the week ended 13th inst., occurred.

The number of deaths (10) from scarlatina is the lowest recorded since the week ended 8th November; but the number (7) from whooping-cough is the highest weekly number registered this year.

The Registrar-General.

ONLY the most intense surprise, mingled with regret, can be felt at the lamentable want of foresight which has induced the Government authorities to overlook the incontestable claims of Dr. Wm. Farr to the office of Registrar-General, vacant by the resignation of Major Graham. It is impossible that the Government can be ignorant of the essential nature of the work done by Dr. Farr in bringing the registration returns to the pitch of excellence they have attained; or in case this is so—a most unlikely probability—then it reflects most discreditably on the general intelligence of those concerned. In any other case, however, this tacit ignoring of the inestimable value of Dr. Farr's great works is a painful surprise to all who are interested in the progress of the statistics of medicine and hygiene. By the appointment of a gentleman whose name is entirely unknown as that of a scientific man outside the ranks of his own immediate friends, and thus superseding a public servant who has worked long and successfully in the public cause, the Government have shown a careless disregard for the hygienic welfare of the country that we can only hope may not be quickly productive of very serious evils to the community at large.

Army and Naval Examinations.

IT is announced that examinations of candidates for commissions in the medical service of the Royal Navy will be held in February next, further particulars regarding which will be duly announced; also that an examination for the medical department of the army will be held at the London University on the 9th February next, and following days.

MR. BELL, one of the two clerks to the General Medical Council from its existence, died a few days since. Deceased has been ailing since his discharge from office last year, feeling acutely the position such discharge entailed.

THE first step towards the establishment of the post of Public Prosecutor has just been taken by the issue of a circular from the Home Office, stating that Mr. Maule, Q.C., will, from the 1st of January, be appointed Director of Public Prosecutions for England and Wales.

IT having been decided, at a public meeting of the inhabitants of Eastbourne, to erect a hospital to the memory of the late Princess Alice, a sum of £2,000 has been subscribed, leaving about a similar amount to be contributed. The hospital is to be named the Princess Alice Memorial Hospital.

THE *London Gazette* of last week contains the last distribution of honours for the Zulu campaign; the appointments made are to the Most Distinguished Order of St. Michael and St. George, and amongst the names of those officers selected for the decoration we find that of Surgeon-General John A. Woolfryes, M.D., who is already a Companion of the Bath.

IT has, we believe, been decided that the form which the English memorial to the late Princess Alice shall take is the endowment of the Hospital and School for Nurses in Darmstadt, which her late Royal Highness founded. The surplus, after the endowment of the Hospital, will be given towards the maintenance of other kindred institutions in which the Princess was personally interested.

THE deaths in London referred to diseases of the respiratory organs, which in the ten preceding weeks had increased from 190 to 777, further rose last week to 799, and exceeded the corrected weekly average by 288; 549 resulted from bronchitis, and 167 from pneumonia. So great a fatality from these diseases has not been recorded in London since the end of 1874.

THE death-rate last week from the seven principal zymotic diseases ranged from 0·8 and 1·2 in Portsmouth and Norwich, to 6·5 in Nottingham, 7·6 in Dublin, and 8·2 in Liverpool. Scarlet fever showed the largest propor-

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tional fatality in Newcastle-upon-Tyne, Bristol, Liverpool, Dublin, and Sunderland; and measles in Plymouth, Nottingham, Liverpool, London, and Leeds. Small-pox caused but 2 deaths in London.

Last week the rates of mortality per 1,000 in the principal large towns of the United Kingdom were—Brighton 17, Portsmouth 18, Sunderland 20, Edinburgh 22, Norwich 23, Bradford 23, Leicester 24, Sheffield 24, Leeds 25, Hull 25, Birmingham 26, Newcastle-upon-Tyne 26, Oldham 27, Glasgow 31, Wolverhampton 31, London 32, Salford 32, Nottingham 33, Manchester 36, Plymouth 37, Bristol 39, Liverpool 40, and the highest rate Dublin 49 per 1,000 of the population.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns were—in Calcutta 30, Bombay 35, Madras 45; Paris 34; Geneva 25; Brussels 34; Amsterdam 27, Rotterdam 32, The Hague 30; Copenhagen 36; Stockholm 23; Christiania 19; Berlin 22, Hamburg 27, Dresden 22, Breslau 27, Munich 31; Vienna 27; Buda-Pesth 28; Rome 41, Turin 33; Alexandria 34; New York 22 per 1,000 of the population. The deaths from small-pox in Paris which had been 29 and 28 in the two previous weeks, rose last week to 51; 38 deaths were also referred to typhoid fever in this city.

Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

Health of Edinburgh.—For the week ending the 20th inst. the mortality of Edinburgh fell from 106 to 91, and the death-rate thus stands at 22 per 1,000; 44 of the deaths were due to diseases of the chest, and 27 died above 60 years. The zymotic mortality was low, while the birth-rate was high.

St. Andrew's University.—After a very keen contest Dr. Benjamin Ward Richardson was re-elected on Saturday, the 20th inst., to the office of Assessor of the University Council, a post which he has already held for several terms. His opponent was Dr. Carpenter, ex-registrar of the London University. About two-thirds of the constituency polled, and the numbers were—Richardson, 542; Carpenter, 481.

Registrar-General's Returns.—The weekly return of births, deaths, and marriages for the week ending Saturday, December 20th inst., says:—The death-rate in the eight principal towns during the week ending Saturday, the 20th inst., was 28·5 per 1,000 of estimated population. This rate varies little from that of the preceding week, but is 5·3 below that for the corresponding week of last year. The lowest mortality was recorded in Greenock—viz., 18·9; and the highest in Paisley—viz., 39·3. The mortality from the seven most familiar zymotic diseases was at the rate of 3·7 per 1,000, almost the same as last week. Scarlet fever and whooping-cough appear to be the most prevalent. Acute diseases of the chest caused 247 deaths, or four above the number recorded for the previous week.

Glasgow Death-Rate.—The death-rate of Glasgow for the week ending the 20th inst. was at the rate of 31 per 1,000 per annum, against 31 in the preceding week, and 38, 27, and 24 in the corresponding weeks of 1878, 1877, and 1876.

The Managers of the Royal Infirmary, Edinburgh.—The following requisition has received over a hundred signatures:—Requisition from Contributors to the Royal Infirmary to Mrs. Russel, 4 West Circus Place; Miss Eliza Wigham, 5 South Gray Street. Ladies,—In view of the fact that nearly half of the patients and the whole nursing staff of the Royal Infirmary are women, we believe it to be highly desirable that at least two or three women should have seats on the board of management, and we think the present a peculiarly suitable moment to inaugurate such a measure, when the institution has just taken possession of its new premises, and has received in every quarter the most liberal support from contributions of both sexes. It happens, moreover, that at the forthcoming election it will be necessary to elect some new representatives of the court of contributors, as several of those now sitting are not eligible for re-election. Under these circumstances, we, the undersigned contributors, desire very earnestly to request your permission to place your names in nomination for election as infirmary managers at the annual meeting in January next.

Special.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, Dec. 15th.—For a long time the employment of chlorate of potash in the treatment of epithelioma has been proposed, but although some happy results were obtained, this treatment did not seem to gain many partisans. In one of the last meetings of the Therapeutic Society, M. Féréol cited three cases of this disease treated by this salt. In one case a gentleman came to consult Nélaton for a tumour on his lower lip, which the eminent surgeon speedily recognised as epithelioma. An operation was proposed, but postponed for a fortnight, in order to try the effects of the application of chlorate of potash. The treatment consisted in applying several times a day a collutory composed of honey and the salt, taking care to cover the tumour afterwards with a piece of fine linen in order to prevent the contact of the lips. At the end of the fortnight the appearance of the disease was so improved that the operation was considered unnecessary. On continuing the treatment the tumour entirely disappeared. M. Féréol in his hospital practice has had many opportunities for trying chlorate of potash in the above disease, and never had reason to regret its employment. But instead of a collutory or solution he applies directly upon the ulcer the salt in fine powder, the application being renewed every three days—at the same time he administers internally from a scruple to half a drachm of the same salt daily.

At the Surgical Society, M. Richard read a paper on the Treatment of Naso-pharyngeal Polypus by the injection of a solution of chlorlde of zinc. He cited a case in which a lad entered the hospital to be treated for epistaxis. On examination a large naso-pharyngeal polypus was observed compressing the velum and hindering deglutition. An operation having failed, the tumour was injected with a few drops of the chloride of zinc solution. At the end of a few days a large white slough was detached, and the injection was renewed. In three weeks the lad left hospital cured.

We have had very severe weather for the last week; snow fell in great quantity, and the misery which has been very great amongst the poor, is accordingly accentuated, as all out-door labour is at a standstill. The cold is intense, the thermometer marking 14° degrees below

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freezing point (Centigrade). Many deaths have occurred from this sudden lowering of the temperature. Two men who were employed in the streets in sweeping the snow fell dead suddenly yesterday from the exposure. The hospitals are full, every available space being occupied

Correspondence.

SOME QUASI-MEDICAL POPULAR FALLACIES OR BELIEFS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Familiar for many years back—ever since, indeed, I became aware of the import of such a question—with the fact that the masses are widely possessed of a belief in the efficacy, as a curative agent, of intercourse on the part of a diseased male with a virgin, and unable to trace this dangerous belief or prejudice to any tangible antecedent or cause, I am inclined to bring the matter to the notice of your readers through these pages, and to ask you to allow me to solicit the favour of their attention to it. Many years ago, while working a parish in Westminster, or, later on, when engaged as house-surgeon to a metropolitan hospital, I became aware of the fact that many young girls were infected in this way, or through this mistaken expectation. Instances have even come under my notice wherein sisters were so abused by their venereal-ised brothers; and though this myth or superstition can scarcely claim the same antiquity or universality as belong undoubtedly to the stories of Jason and the Golden Fleece, Cinderella and her Slipper, or even of Whittington and his Cat, yet has it attained a considerable prominence, and its influence for evil is, I think, much greater than is generally supposed. Further, having failed in all my endeavours to connect it with the old feudal institution or usage that was called in this country the *jus primæ noctis* and in France *Les droits de la première nuit*, I turned to such books on the history of the Middle Ages, or on Forensic Medicine, as came casually in my way, but to no purpose; and the subject is one which could scarcely be taken up in the lay press.

Some weeks ago, when on duty at Chester, I strolled into the Court House, which is situated in the Castle there, just as the jury in a case of rape had retired to consider its verdict. The defendant in the action, a lad of some nineteen or twenty summers, though he looked much younger, had, it was alleged, infected a little girl, or rather what appeared to be an overgrown child, who had been put to bed with him, for some domestic reason or other that did not transpire, in this way, and the imputation or assumption was that he had forcibly violated her. She said as much herself, and she bore unmistakeable evidence of violence and disease on her person. Her assailant was proved to be suffering from a gonorrhœa at this time, and there was no other known medium or means through which the girl could contract it. The jury found him guilty of the offence, but recommended him to mercy, chiefly, as I understood the foreman to say, that no female, however young she may be, ought to have been placed in the same bed with a boy of his age; and secondly, because he was shown by his counsel and others to have been influenced in his actions towards her by this belief or expectation. Mr. Justice Grove, who tried the case, and who is, as everybody knows, a very learned man, took this recommendation into account, and reducing the crime from thecategory of a felony to that of a misdemeanour, awarded him eighteen months' imprisonment with hard labour. He at the same time characterised this belief or superstition as "a vile and abominable one," but he did not combat or even try to discredit it, and I inferred from his language that it was one of common acceptance in these parts. I believe, in short, that the hope of an easy and speedy relief from a troublesome and tedious malady that this belief holds out acts as a direct incentive to the commission of rape in country districts, and there can be no reasonable doubt at all as to its wide-spread diffusion and popularity. Equally self-evident is the fact that it must, like other beliefs of the same kind, have some foundation in the history or practice of the past, but what that foundation is I am, for the reasons above given, unable to say, and I shall be glad to receive any or such communications on the point as your readers may be pleased to address to me.

Having read, some months ago, in India, a statement in a historical grave work—to wit, "The History of the Royal Sappers and Miners"—to the effect that an insane soldier of that corps had been actually put to death by suffocation, and finding that a belief in the existence and legality of such a process did also formerly obtain, I am inclined to advert to it here, and ask for such a summary of the evidence of the circumstance as may be now available. The passage runs as follows, and whatever complexion this belief may have formerly worn or assumed in England, there is no doubt in my mind that I used to hear of it, during my boyhood, in Ireland, and that is my principal reason for calling attention to it in the pages of this journal. Alluding, then, to the hopeless lunacy of one of his old comrades, Mr. Conolly says (vol. i., page 20.):—"Soon afterwards he was domiciled in a mad-house, where, his malady increasing, he was—it was then reported—smothered, according to the cruel practice then in vogue with regard to incurable cases;" and I have been as unsuccessful in my search after the truth in this case as I was in the foregoing instance. I question very much, however, whether any authentic example or illustration of this practice can be found within, say, the last hundred years or so in these islands; but I may be wrong, and in either case I shall be grateful for any or such light as the courtesy or erudition of your readers may be able to throw on it.

Alluding to the barbarous treatment employed for hydrophobia in Ireland in his day—*circiter anno* 1781—and after mentioning that "Such a dread had the Irish of the bite of a mad dog that they did not regard it as murder, but absolutely as a legal and meritorious act, to smother any person who had arrived at an advanced stage of that disorder, if he made a noise similar to barking his hour of suffocation was seldom protracted." Sir Jonah Barrington gives an illustration in point in his "Personal Sketches of His Own Times" (Routledge's Ed., vol. ii., pp. 203-7) which I will condense to the utmost to save space. Describing a friendly dinner which he partook of at the house of a magistrate in the Queen's County in the year named above, Sir Jonah proceeds to say that "We had scarcely finished dinner when a crowd came up to the door in great confusion and asked humbly to speak to his worship.

"Tom Palmer seemed to anticipate their business, and inquired at once if Dan Dempsey of the Pike was in the same way still?

"Twenty voices responded together 'Worse, your worship, worse nor ever; death's crawling up him; he can't *stop*, and what's the use in leaving the poor boy in his pains any longer, your worship? We have got two good feather beds at the Pike,' &c. . . . . .

"'Come in, then, any three of you who can clearly swear Dan Dempsey barks like a dog.' The selection was accordingly made, and the affidavit . . . . sworn . . . . Squire Palmer then directed them to go back to the Pike, and said they might smother Dan Dempsey, if he barked any more, in the morning, but told them to wait till then.

"The magistrate's directions were accurately obeyed. Daniel barked, and was duly smothered between two feather beds three hours after daybreak next morning by the schoolmaster's watch." He adds further on, p. 208, that "the matter was not at that day considered the least extraordinary, and was, in fact, never mentioned except in the course of common conversation, or as the subject of a paragragh in a local paper;" and I was myself quite familiar with the existence of this belief, farther south, many years later.

Mead is the only other writer who alludes to this measure, as far as I know, but he does so deprecatingly, or by way of contrast, and he implies that it was not unknown in England. But we will let him speak for himself; and I will only here add, on my own behalf, that barbarous as this proceeding undoubtedly was, it yet had some redeeming feature. It was, at least, more merciful, inasmuch as it was more speedy than many of the other cures and expedients that were then resorted to. But to the point. "At least," says our author ("On Poisons," p. 177), "there is more humanity in such a proceeding (forcible immersion, or rather submersion) than in stifling a miserable wretch between two feather beds, which, as I am informed, is the practice in a neighbouring country, *and sometimes in our*

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own." (The italics are mine.) Mead's testimony admits of no question. Not so, perhaps, that of Sir Jonah, who enjoyed, in his day, the somewhat doubtful repute of not being particular as to the manner in which he manipulated his facts. He was also said, though I believe unjustly, to have so exaggerated some ordinary colloquial phrases as that they assumed the dimension of grave historical statements, and he certainly invested some of his own personal adventures with an importance they did not deserve. But his style was attractive, his stories were amusing, and he raised a plain country gentleman, named Boyle Roche, to an almost equal pedestal with some of Shakespeares minor creations. He did more. Though a poor man, he resisted the corruption of the time, and retained his independence in what Macauldy has called the most corrupt assembly in the world—the Irish House of Commons. This is high praise, and I will not lightly believe that the man who could so demean himself in such an age would descend to the level of a hypocrite or a liar.

I am, Sir, your very obedient servant,

WM. CURRAN,
Surgeon-Major, A.M.D.

Warrington, December 2, 1879.

ARSENIC.

WHAT is the chemical cause of the poisonous properties of arsenic? Liebig at one time offered a theory on the subject, to the effect that arsenious acid and corrosive sublimate have in very high degree the power of forming solid combinations with albumen, and, when taken internally, they thus render the albumen of living tissue incapable of undergoing the transformations necessary to it, simply extinguishing the life of important parts. This view, however, though it still appears in some handbooks, Liebig gave up. In a recent note on this question to the Berlin Chemical Society, MM. Binz and Schulz point out that, in arsenic poisoning, it is precisely those tissues which are specially adapted to absorb and work up the *oxygen* of the blood (especially the protoplasm glands) that are the seat of the destruction. Now arsenious acid can easily be changed into arsenic acid, while arsenic acid is transformed still more easily into the other. The latter process is effected by albumen generally, the former by *living* albumen of animals and plants. From various experiments, the authors conclude that by reason of this transformation of the two acids into each other within the living albumen-molecule, causing a vigorous to-and-fro displacement of the oxygen atoms, the tissues are corroded and completely destroyed. Between arsenic and nitrogen there is an exact parallel in this respect. Nitrous oxide is very poisonous. By taking up oxygen, it is changed into the violently-oxidising hyponitric acid. It destroys the tissues, while, by taking up water, it can be partly transformed again into nitrous oxide. In the whole process, the nitrogen has no direct action; it is merely the inert carrier and distributor of the active oxygen atoms. The same *rôle* is played by arsenic as a carrier of active oxygen, *i.e*, there is a constant change going on from arsenious to arsenic acid.

POISONS AND ANTIDOTES.

IN an interesting article on this subject, by Dr. F. A. Falck, which we find referred to in Schmidt's *Jahrbücher* the writer points out that the so-called antagonism of opium and belladonna was noticed by Albinus and others as early as 1570. A real antagonism does not exist, according to Falck. His conclusions are as follows:—

1. Atropin is a true antidote for muscarin; but not the latter for the former.
2. Duboisin is also a true antidote for muscarin.
3. Atropin and duboisin are also antagonistic to pilocarpin.

Atropin and physostigmin,
Strychnin and chloral hydrate,
Chloral hydrate and atropin,
Morphine and atropin,

Are all respectively antidotal in a pharmacological sense, but not in a physiological one. That is, the one will diminish the symptoms caused by the other, but will not produce contrary physiological effects.

Medical News.

Royal College of Surgeons in Ireland.—At the examinations held Dec. 8th, and following days, the undernamed gentlemen passed their final examination, and were admitted licentiates of this College, viz.:—Robert Allman, John Richard Baker, Charles James Barry, James Henry Beattie, Robert Ettingsall Beatty, Charles Matthew Brady, Hubert Watson Brownrigg, Chas. Hayden Cox, James Davison, Mathew Digan, George Digby, George Phillip Elliott, Hubert Flanagan, John Gray, Arthur Greene, Arthur Robert Harper, Thomas Higgins, John Anderson Irwin, L'Estrange Isdell, James Kernan, Anthony Kidd, Patrick Joseph Lenihan, John Stephen M'Ardell, John M'Cullagh, John M'Loughlin, George Alexander Montgomery, Charles George Drummond Moss, John Murphy, Thomas Joseph O'Donnell, James Joseph O'Dwyer, John Pollock, William James Swanson, John Whittaker Tate, William Augustus West, Edward de Lacy Wickham, and John Wilson.

Association of Surgeons Practising Dental Surgery.—The annual general meeting of this Association for the election of the Officers and Council for the ensuing year, and for transacting the usual business, will be held on Wednesday, January the 28th, at 4.30 p.m. The following is a list of the names of Fellows proposed by the Council as Officers for 1880:—President: *Mr. W. A. N. Catlin. Vice-Presidents: Mr. J. A. Baker, Mr. Samuel Cartwright, Mr. Alfred Coleman, Dr. John Smith, F.R.S., *Mr. S. J. A. Salter, F.R.S. Treasurer: Mr. T. Edgelow. Hon Secretary: Mr. J. Hamilton Craigie. Council: *Mr. Edward Bartlett, Mr. S. H. Cartwright, Mr. J. Fairbank, Mr. F. Fox, Mr. W. Donald Napier, Mr. George Parkinson, Mr. W. G. Ranger, *Mr. Augustus Winterbottom.—An asterisk is prefixed to the names of those not holding the same office the preceding year. The Fellows of the Society and their friends will dine together in the evening at the Langham Hotel, at seven o'clock.

Bandaging the Infant.—As evidence in favour of dispensing with bandaging infants at birth, Dr. Langworthy, of Louisiana, writes that of late years he has entirely abandoned this ancient ceremony, and that in the now very large number of cases where he has not applied the bandage not one gave any subsequent trouble, so far as the condition of the umbilicus was concerned. In one or more cases which he can recall, he is of opinion that fatal attacks of trismus nascentium were directly due to the bandaging.

Origin of Plants.—Cabbage grew wild in Siberia; buckwheat originated in Siberia; celery originated in Germany; the potato is a native of Peru; the onion originated in Egypt; tobacco is a native of South America; millet was first discovered in India; the nettle is a native of Europe; the citron is a native of Asia; oats originated in North Africa; rye came originally from Siberia; paraley was first discovered in Sardinia; the parsnip is a native of Arabia; the sun-flower was brought from Peru; spinach was first cultivated in Arabia; the pear and apple are from Europe; the horse-chestnut is a native of Thibet; the quince came from Island of Crete; the radish is a native of China and Japan; the pear is supposed to be of Egyptian origin; the horse-radish came from the south of Europe.—*Chicago Med. Jour.*

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. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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DR. PANTALEONI, Rome.—Your letter will appear, if possible, in our next.

THE INDEX for the present volume will be given in our next.

DR. PEARSE, Plymouth.—Probably in our next.

SURGICAL SOCIETY OF IRELAND.—The Report of this Society reached us too late for insertion in present number.

DR. T. F. WOOD, Wilmington, U.S.A.—The remaining papers on "Syphilitic Urethritis," by Dr. Chas. Drysdale, will appear as soon as space permits.

PROF. LISTER and DR. ALEX. STEWART are thanked.

A PENNY POSTAGE STAMP OF A NEW DESIGN will shortly be issued. It is similar in its general features to the present stamp; the colour, however, is of a paler red. As the stamp is printed on thinner paper than that hitherto used, and as the gum is of a better kind, it will adhere more readily and securely to the letters. Some time may elapse before the stock of the present stamps is exhausted, so that both the old and the new stamps will be in circulation concurrently.

A NEW VIEW OF SMALL-POX.—On Christmas Day a letter appeared in the columns of the *Times* in which the writer, in very pompous and dictatorial language, calls upon the Legislature to at once repeal the Vaccination Act, to hang all opposing doctors and followers of "the half-witted Jenner," and all others to consider Mr. Ward as the new light in matters medical and vaccination in particular. We can only express our surprise that the Editor of the first newspaper in the world should have passed such a mad-brained effusion. Since then we have received a post-card from Mr. Morrison, of pill notoriety, stating that Mr. Ward's new theory !!! is not his at all, "having been proclaimed by the British College of Health (Morrison's Pill-making Establishment) for the last fifty years." Poor deluded Mr. Ward!

DOUBTFUL PRESCRIPTIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Enclosed prescriptions are from the pen of a dispensary physician, and have been compounded by the resident apothecary. As a matter of curiosity I should like to have your opinion as to their pharmaceutical accuracy. Please observe that in the compounding of that marked I. combustion ensues with the evolution of actual fire.

I am, &c.,

E. H. C.

No. I.

℞ Argent. oxyd., gr. vi.;
Acid carbolic, gr. vi.;
Pulv. opii, gr. iij.;
In pil., xij.

[*** This prescription might well excite the curiosity of our correspondent. Still, had he taken the trouble to refer to "Squire's Companion to the Pharmacopœia," 11th edit., page 51, he would have found that argenti oxidum, when prepared with creasote or similar substances, would take fire on being put together; and we presume the same thing would occur in regard to carbolic acid. We do not think it worth while to occupy our space with the other prescriptions, as Nos. III. and IV. are perfectly correct, and No. II. errs only on the score of maximum doses of croton-oil and castor-oil being combined, which is certainly a little unusual, but nothing beyond this.—ED.]

HARVEIAN SOCIETY OF LONDON.—Thursday, Jan. 8, at 8.30 p.m., Anniversary Meeting and Election of Officers.—President's Address.—Conversazione.

THE METRIC SYSTEM.

As we are frequently asked for information on the metric system, we shall publish the annexed and other tables from time to time, with the view of assisting our readers in what is rapidly becoming a difficulty, in consequence of the frequent use of the metric notation by writers, both in our own and other journals:—

METRIC MEASURES OF LENGTH.

Millimetre	0·001	of a Metre	equals	0·03937	inch
Centimetre	0·01	,,	,,	0·39370	,,
Decimetre	0·1	,,	,,	3·93707	,,
METRE	1	METRE	,,	39·37079	inches
Decametre	10	Metres	,,	393·70790	,,
Hectometre	100	,,	,,	3937·07900	,,
Kilometre	1000	,,	,,	39370·79000	,, (1 mile)
5 Kilometres	..	...	equals 3 miles		

METRIC MEASURES OF WEIGHT.

Milligramme	0·001	of a gramme	equals	0·015	grain
Centigramme	0·01	,,	,,	0·154	,,
Decigramme	0·1	,,	,,	1·543	,,
GRAMME	1	GRAMME	,,	15·432	grains
Decagramme	10	Grammes	,,	154·323	,,
Hectogramme	100	,,	,,	1543·234	,,
Kilogramme	1000	,,	,,	15432·348	,,

454 Grammes equal to 1 lb.

METRIC FLUID MEASURES.

When using the metric system, fluids are preferably prescribed by weight, employing the gramme, its multiples and sub-divisions, just the same as with solids, thus avoiding the errors due to refraction, adhesion, and inaccurate measuring vessels.

For practical purposes, four grammes of water may be regarded as equivalent to a fluid drachm of that liquid. And the same may be considered true of tinctures and infusions. Syrups, on the average, are about one-third heavier than water, so that a fluid ounce of a syrup will be approximately represented by 33 grammes. Fluids may be prescribed by volume in the metric, just as in the present system, using for that purpose the cubic centimetre, that is a volume represented by a cube, all of whose sides measure one centimetre.

One cubic centimetre (C.C.) equals 16·231 minims. It is approximately regarded as one-fourth of a fluid drachm.

Mem.—Approximate weights of 20 drops of the following:—

	GRAMMES.	GRAINS.
Ether Sulphuric at 66 deg.	0·35 equal to	5½
Liq. Hoffman	0·45 ,,	6¾
Alcohol at 80 deg.	0·45 ,,	6¾
Oil of Almonds	0·55 ,,	8¼
Acid Acetic at 10 deg.	0·60 ,,	9
Essential Oil of Peppermint	0·65 ,,	9¾
Distilled Water	0·75 ,,	11¼
Laudanum	0·70 ,,	11
Acid Sulphuric, 60 deg.	1·20 ,,	17½
Syrups at 35 deg.	1·50 ,,	23

VACANCIES.

Bedford Infirmary.—Resident Surgeon. Salary, £100, with board. Applications to the Secretary before Jan. 20.

Brompton Consumption Hospital.—Dental Surgeon. Honorary. Applications to the Secretary by Jan. 7.

Drogheda Union, Stamullen Dispensary.—Medical Officer. Salary, £110, with fees, and £20 as Sanitary Officer. Election, Jan. 12.

Killarney Union, Coom Dispensary.—Medical Officer. Salary, £100, with fees, and Sanitary salary. Election, Jan. 2.

London Hospital Medical College.—Warden and Secretary. Emoluments amount to between £300 and £350. Applications to the Acting Secretary before Jan. 5.

Manchester, Hospital for Sick Children at Pendlebury.—A Senior and a Junior Resident Medical Officer. Salary, £100 and £80 respectively, with board. Applications to the Chairman of the Medical Board before Jan. 4.

South Molton Union.—Medical Officer of Health. Salary, £130. Applications to the Clerk of the Guardians South Molton, before Jan. 9.

Sunderland Infirmary.—Physician. Honorary. Applications to the Secretary before Jan. 28.

St. Bartholomew's Hospital, London.—Assistant Surgeon on the Staff. Applications to the Clerk before Jan. 5.

Thurles Union, Templemore Dispensary.—Medical Officer. Salary, £100, with fees, and £10 as Sanitary Officer. Election, Jan. 14.

APPOINTMENTS.

FULTON, T., M.D., L.R.C.S.Ed., Certifying Factory Surgeon for the District of Saintland, co. Down.

HALL, J. C., M.B., Medical Officer to the Monaghan Union Workhouse.

HOLLIS, A. A., M.D., Medical Officer and Medical Officer of Health for the Yarmouth District of the Isle of Wight Union.

JOHNSON, C. H., M.R.C.S.E., Medical Officer to the Basingstoke Union Workhouse.

LENDON, A. A., M.B., House Surgeon to the Bristol Royal Infirmary.

LYON, F. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the No. 3 District of the Newbury Union, Berks.

MCCONAGHY, R., L.R.C.P.Ed., L.R.C.S.Ed., Certifying Factory Surgeon for the District of Castlefin, co. Tyrone.

MACKINTOSH, Mr. H. W. Professor of Zoology at the University of Dublin.

PLAYFAIR, J., M.B., F.R.C.P.Ed., an Extra Physician to the Royal Hospital for Sick Children, Edinburgh.

POWELL, E, M.R.C.S., &c., Medical Superintendent of the New Borough Lunatic Asylum, Nottingham.

RICE, G., L.R.C.P.Ed., Medical Officer for the North District of the Derby Union.

RIVINGTON, W., M.B. & M.Ch., F.R.C.S.E., Consulting Surgeon to the London Orphan Asylum, Watford.

SHUTER, J., M.B., F.R.C.S.E., Assistant Surgeon to the Royal Free Hospital.

Births.

COLLINS.—On Dec. 22, at 28 Harcourt Street, Dublin, the wife of E. W. Collins, M.D., of a son.

M'NAB.—On Dec. 24, at 4 Vernon Parade, Clontarf, the wife of W. R. M'Nab, M.D., F.L.S., of a daughter.

PRINGLE.—On Nov. 25, at Meerut, India, the wife of Surgeon-Major R. Pringle, M.D., Bengal Army, of a daughter.

STANISTREET.—On Dec. 25, at Llanion Terr., Pembroke Dock, the wife of Staff-Surgeon H. D. Stanistreet, R.N., of a daughter.

Marriages.

LILLEY—KELLY.—On Dec. 20, at St. John's, Bedminster, G. Herbert Lilley, M.D., M.R.C.P., of Brownhills, Staffs., to Mary Lucy Kelly, of Knole, Somerset.

Deaths.

COX.—On Dec. 14, at Nice, Williams Travers Cox, M.D., aged 71.

CUTLER.—On Dec. 22, suddenly, at Spa, Belgium, Thomas Cutler, M.D., aged 69.

DALZEL.—On Dec. 22, at 40 Kensington Park Gardens, Maria Palmer, wife of Surgeon-Major W. F. Dalzel, M.D., Bengal Army.

EMMERSON.—On Dec. 19, at Torquay, Charles Emmerson, M.D., of Sandwith, Kent, aged 64.

GIBSON.—On Dec. 12, at York, John Haydock Gibson, M.D., aged 53.

HUTCHISON.—On Dec. 12, at the Crescent, Norwich, Charles Hutchison, M.D., aged 84.

JACKSON.—On Dec. 21, at Grange Road, Darlington, Thomas Hayes Jackson, M.D., F.R.C.P., aged 69.

NOTT.—On Dec. 14, at Kennington Park, Wm. Francis Nott, M.R.C.S., aged 77.

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